

Instructions for Reporting a Discharge

This document is for informational purposes **only**. Do not mail or fax back to Tufts Health Plan.

1. Go to [Home](#) page to login to the secure Provider [website](#) using your **Facility ID**.
2. Click the **Mental Health Facility Online Discharge** link.
3. Enter the patient's Tufts Health Plan Member ID number (include suffix without "-" or space)
4. **Date of Birth:** Enter on calendar.
5. **Admission Date:** Enter on calendar.
6. **Submit.**
A success message will display with the Member ID, Name, and Member's age.
7. Press **Continue** if correct. Press **Cancel** if incorrect.

For Tufts Medicare Preferred HMO member Only

8. Indicate where the patient resided prior to this admission:
 Home
 Assisted Living
 Nursing Facility
9. **Discharge Date:** Enter on calendar
10. Indicate from where the Member is being discharged:
 Inpatient Care
 Acute Residential
 Partial Hospital
 Intensive Outpatient

If discharged from ART, partial hospital or intensive outpatient care:

11. Enter the number of days the member attended:
12. Indicate where the member was discharged to:
 Residential or Acute Residential (not a covered level of care for Medicare Preferred)
 Partial Hospital
 Intensive Outpatient
 Skilled Nursing Facility
 Another Inpatient Facility
 Home with VNA Services
 Home
 Other
13. Indicate admission class:
 Mental Health
 Substance abuse
14. Enter any primary, secondary, medical conditions and psychosocial and environment problems.
Enter NA for fields that are not applicable:
Primary Diagnosis Code:
Secondary Diagnosis Code:

Medical Conditions:

Psychosocial and Environmental Problems:

15. Does the patient have comorbid substance abuse and psychiatric conditions? Yes No

If yes, please specify: _____

16. Was the PCP notified of this admission? Yes No, if not, why: Member refused No PCP
 Other

For Tufts Medicare Preferred HMO members discharged from inpatient to home:

17. Was a post discharge appointment scheduled for the member with their PCP? Yes No

Enter the date of the PCP appointment: Enter on calendar

18. Was an aftercare review session held with the patient on the day of discharge: Yes No

- Enter the Date of the aftercare review session: Enter on Calendar
- Name and credentials of person conducting the aftercare review session:

19. Was a post discharge aftercare appointment scheduled for the patient with a mental health or substance abuse provider within 7 days: Yes No

20. Was the patient given the name, appointment date, time and phone number of the outpatient provider they will see following discharge? Yes No

21. Was there a conversation with the patient's outpatient provider during admission? Yes No
 NA

22. Was medication reconciliation completed with patient or the patient's caregiver as part of the discharge?

Yes No Not Discharged on Medication

- Was the patient given the name, appointment date, time and phone number for MD/RNCS who will follow their medication?: Yes No
- Discussed when and how to take medication: Yes No
- Discussed when and how the patient will refill medication: Yes No

23. Is the patient taking five or more medications of any class Yes No

24. Were barriers identified to the patient successfully following their discharge plan? Yes No

- Were strategies discussed with the patient to deal with any identified barriers? Yes No

25. Is the patient or caregiver able to explain why the member was hospitalized? Yes No

26. Does the patient or caregiver understand what they need to do to prevent another hospitalization?
 Yes No

27. Was this a readmission (within 30 days of a previous admission)? Yes No

If yes:

- Did communication with the patient's outpatient providers (PCP, MH/SA treatment team) occur during prior admission? Yes No Unknown

- Was an outpatient follow-up appointment scheduled within seven days of the prior discharge?

Yes No Unknown

- Did the patient attend their outpatient appointment? Yes No Unknown

- Following their prior discharge was the patient medication compliant? Yes No Unknown

- Did the patient experience significant decline in their cognitive status since last admission?

Yes No

- Prior to these last two admissions was the patient hospitalized for MH/SA in the last six months at any facility? Yes No Unknown

28. Submit.

An option to print the completed form with a confirmation number is available.

[Provider Services](#)