VIVA Health Discharge Information Fax
Fax Completed Information To: (205) 449-7049

***Important Reminder*:** VIVA Health, Inc. participates in the HEDIS measure *Follow-Up After Hospitalization for Mental Illness (FUH)*. We ask you to help us promote this measure to increase wellness and decrease recidivism for VIVA members across commercial and Medicare product lines.

One of the key components of the FUH measure is follow-up visits after discharge from inpatient treatment. We ask that a follow-up visit with a therapist be conducted within five (5) days post-discharge and with a psychiatrist within 30 days post-discharge. **Please remember that Medicare members must see a LCSW or Ph.D. for therapy, as Medicare does not cover treatment by LPCs or LMFTs.**

Today's Date:	**Date of Admission:**	**Date of Discharge:**
Patient Name:	**Patient DOB:**	**Patient Phone #:**
Patient ID Number:	**Facility:**	

Discharge To: Address:

- ☐ Home
- ☐ Boarding Home
- ☐ Group Home
- ☐ Skilled Nursing Facility
- ☐ Other (Please Specify)

Step Down To:

- ☐ Partial Hospitalization Program
- ☐ Intensive Outpatient Program
- ☐ Outpatient
- ☐ Mental Health Center
  - ☐ Jefferson Blount Shelby Mental Health Authority

Catchment:

County:

Orders For:

- ☐ **Follow-up With Therapist Within Five (5) Days**
- ☐ **Follow-up With MD Within 30 Days**
- ☐ Home Health
- ☐ Physical Therapy
- ☐ Occupational Therapy
- ☐ Other (Please Specify)

Medication Orders

Name	*Dosage*	*Frequency*	*Route*

The Following Information is Required for the *HEDIS FUH Measurement*

Counselor Follow-Up Counselor Name: Phone #:

Appointment Date and Time: 5 days or less from date of discharge? ☐ Y ☐ N

If Appointment Not Within Five (5) Days From D/C Date, Please Explain Why:

MD Follow-Up MD Name: Phone #:

Appointment Date and Time: 30 days or less from date of discharge? ☐ Y ☐ N

If Appointment Not Within 30 Days From D/C Date, Please Explain Why:

Support System

Name: Phone #:

Name: Phone #:

UR Contact:	**Phone #:**	**Fax #**