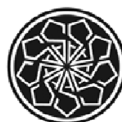
NEW HAMPSHIRE MEDICAID



SCHALLER ANDERSON
MEDICAL ADMINISTRATORS, INCORPORATED

NH MEDICAID ENHANCED CARE COORDINATION PROGRAM
HOSPITAL DISCHARGE NOTIFICATION

*****PLEASE PRINT OR TYPE ALL INFORMATION*****

RECIPIENT NAME: ______________________________ **RECIPIENT MEDICAID ID:** ________________________

RECIPIENT DOB: _____/_____/__________ **RECIPIENT PHONE #:** ____________________________

RECIPIENT ADDRESS: ____

HOSPITAL INFORMATION

WAS ELIGIBILITY VERIFIED THROUGH AUTOMATED VOICE RESPONSE (AVR)? ❑ **YES** ❑ **NO**

FACILITY NAME: ________________________ **CONTACT PERSON:** ___________________________________

TELEPHONE #:____________________________ **FAX #:** ____

DISCHARGE INFORMATION

DISCHARGE DIAGNOSIS (written and ICD-9 code) **DISCHARGE DATE:** _____/_____/__________

MEDICAL: ____

BEHAVIORAL/PSYCH: ____

AXIS I: ___________________________________ **AXIS II:** ____

AXIS III: ________________________________ **AXIS IV:** ___________________________________ **AXIS V:** _____

ACTIVITIES AND ADLs **Please list any limitations**
____
____

DIETARY RESTRICTIONS / NUTRITIONAL NEEDS
____
____

DME REQUIRED (describe): ________________________
SUPPLIER NAME/PHONE: ________________________
____

VNA / HOME CARE NEEDED? ❑ **YES** ❑ **NO**
AGENCY NAME/PHONE: ________________________
____

AFTER CARE INFORMATION

DISPOSITION: ❑ **HOME** ❑ **REHAB** ❑ **SNF** ❑ **TRANSFER** ❑ **OTHER**
____

DISCHARGE MEDICATIONS **Please attach med sheet and circle any medications new since admission**

CAREGIVER NAME: ____________________________ **PHONE #:** ____________________________________

CASE MANAGER: ______________________________ **PHONE #:** ____________________________________

PCP/PRIMARY CARE: ___________________________ **PHONE #:** ____________________________________

FOLLOW UP APPOINTMENTS **Please indicate name of provider and date, time and location of appointment**

PCP/PRIMARY CARE: ____

BEHAVIORAL/PSYCH: ____

CASE MANAGER: ____

SPECIALIST/OTHER: ____

PLEASE FORWARD THIS INFORMATION TO SCHALLER ANDERSON BY FAX OR MAIL

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