Hospital Discharge Summary Form Instructions

This form is used to issue a Detailed Notice of Discharge, OMB Approval No. 0938-101. Click here to reference the Hospital Discharge Summary Form.

Section I.

- Record member's name and CarePartners of Connecticut member ID#.
- Record care manager/externally managed care manager's name, phone # and fax #.
- Record member's PCP name and their Medical Group/IPA #.
- Record the names of discharging facility, and attending physician.

Section II.

- Record the planned date of discharge.

Section III.

- Verify that all elements listed in this section are documented in the member's record. The member's record must support the decision to discharge. The decision to discharge must be based on the fact that the hospital level of care is no longer medically necessary, and the member is prepared for a safe discharge the next setting.

Facilities should be instructed to send the entire medical record to:

KEPRO
BFCC-QIO Program
5700 Lombardo Center Drive, Suite 100
Seven Hills, OH 44131
Fax #: 833.868.4055
Phone: 888.319.8452

Section IV.

- Place a check next to the applicable Medicare and/or managed care policies.
- If necessary, you may also use the selection "Other" to list other applicable policies, guidelines or instructions.
- Policies should be written in full sentences and in plain language.

Note: Medicare does not cover inpatient hospital services that are not medically necessary. Therefore, the primary response will be this option.

Section V.

Fill in the blanks with the appropriate member information. The information you provide will be directly inserted into the Detailed Notice of Discharge issued to the member/representative, and copied to KEPRO.

- Record the date the member was admitted.
- Record the member's presenting symptoms upon admission.
- Record the member's primary diagnosis.
- Record the member's treatments (e.g., medications, wound care, procedures).
- Record tests performed and the results.
- Record consultant/therapist who evaluated and treated the member and any recommendations.
- Record the current treatment plan for the member, and status of medical issues.
- Record where the member's care can safely be provided (in a facility or at home).
- Record the member's discharge plan, and any follow-up care included (e.g., VNA, medications, PCP visits).

Section VI.

- Print the name of the person who completed the form.
- The person completing the form needs to provide their signature, phone # and fax #.

CarePartners of Connecticut Provider Services: 888.341.1508