**REMI Discharge Report**

Date:       Page:       of

Provider:

Contact Person:       Phone:

Please send this completed form on or before the **second (2nd) Friday** **of October, January, April, and July**:

Via REMI messaging system to the Utilization Management Distribution List

No outstanding discharges to report. (By checking this box you are certifying that all open client files for your agency have had at least one treatment date within the last **60 days for outpatient services or within the last 5 days for detox and residential services.**

The following client admissions remain open:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client Name** | **REMI PHIP Case #** | **Admit Date** | **Last TX Date** | **Outstanding Discharge Reason Code**  **(see below)** | **Comments** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Please use additional pages as needed.

**Outstanding Discharge Reason Codes:**

**A** - Authorization expired, pended, etc. Provide delayed billing log treatment dates and authorization dates.

**B** - Billing was missed, biller is behind, billing was lost. Please explain.

**C** - Client is involved in co-occurring treatment.

**I** - Client’s primary insurance is being billed, spend –down issues, waiting for EOBs, any insurance issues. Provide delayed billing log Tx dates.

**L**- Letter warning of discharge has been sent to client. Provide date letter was sent and date client must respond by before discharging.

**M** - MSHN has been contacted regarding billing/CareNet issue. Please explain.

**R** - Client has no showed/rescheduled. Please provide dates of missed appointments and date of new appointment.

**O** - Other: Please contact MSHN UM Department at 844-405-3095 for approval.

**NOTE:** “Client will be discharged” is not an acceptable reason for lapse. Please discharge these clients before submitting this report.