**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** |
|       |       |       |       |       |       |
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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.