



# Hospital Discharge Supplement

*for the Passport Health Plan Prior Authorization (PA) Request Form*

*- and -*

*the Passport Advantage Coverage Determination Request Form*

**Directions:**

For each drug class specified below, **please attach the corresponding information or include on the request form in the appropriate field.** *Note: Do not fax this sheet to the Plan. It is meant to be an informational guideline only.*

Did You Include?	Drug Class	Required Information
<input type="checkbox"/>	<b>Behavioral Health Medication</b>	<ul style="list-style-type: none"> <li>Indicate if the request is for continuing therapy, i.e., medication(s) begun prior to discharge. If yes, specify under "Previous Therapy."</li> <li>Indicate if other medications in class were tried during the hospital stay. Specify under "Previous Therapy."</li> <li>You may also provide medication log/progress notes.</li> </ul>
<input type="checkbox"/>	<b>Anti-infective</b>	<ul style="list-style-type: none"> <li>Copies of Cultures/Sensitivities. Check the box for "Lab or medical results are attached."</li> <li>If medication is infused, call (502) 585-7320 for assistance in arranging home health care.</li> </ul>
<input type="checkbox"/>	<b>Anti-coagulant</b>	<ul style="list-style-type: none"> <li>INR and expected transition time to oral agent. Check the box for "Lab or medical results are attached."</li> </ul>
<input type="checkbox"/>	<b>Respiratory Agents</b>	<ul style="list-style-type: none"> <li>Other medications in class which were tried and found not effective during this hospital stay. Specify under "Previous Therapy."</li> </ul>

Fax all hospital discharge-related Prior Authorization or Coverage Determination requests to:

**PASSPORT HEALTH PLAN (877) 693-8476**

**PASSPORT ADVANTAGE (866) 533-5491**

**Questions?**

If you have any questions about this supplemental sheet or the hospital discharge process, please call (800) 578-0898 for Passport Health Plan or (866) 533-5490 for Passport Advantage.