

## Inpatient Hospital Review Program 2.0 Post-Admission Questionnaire

1 . Member has a complex discharge/transition plan, does the hospital request outreach and assistance from the Member's RAE? \*

Yes  No

1.1.1 . Please explain: \*

2 . This submission is for information regarding Post Admission review: \*

- Day 6
- Day 30
- Day 60
- Day 90
- Day >120

3 . Has a Health-Related Social Needs Screening (HRSN) been completed? \*

Yes  No

3.1.1 . Please select which needs were identified? \*

- Housing
- Food
- Transportation
- Financial
- Interpersonal Safety
- No needs identified

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4 . What is the anticipated level of care upon discharge/transition? \*

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- SNF
- LTAC
- Home with skilled nursing
- ALF
- Home
- Other

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5 . Have any barriers for the member's discharge been anticipated or identified? \*

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Yes  No

5.1.1 . Please explain: \*

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6 . Are there identified comorbidities and/or chronic conditions that are affecting or preventing the members transition or discharge? \*

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Yes  No

6.1.1 . Please explain: \*

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7 . Is the Member expected to discharge/transition with more than 10 medications? \*

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Yes  No

7.1.1 . Please explain: \*

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8 . Member is pending transition/discharge but has new needs that may be a barrier to transition/discharge? \*

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- DME
- Supplies
- PDN
- Home Health
- Personal Care Services
- PT
- OT
- ST
- Other

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9 . Please provide specific information regarding the selections made above for transition/discharge barriers: \*

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10 . Has the hospital identified a risk of readmission for the member? \*

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Yes  No

10.1.1 . Please explain: \*

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11 . Please provide any additional information for the RAEs not previously mentioned: \*

DRG Post Admission Questionnaire

Point of Contact Information for RAE outreach

1 . Name: \*

2 . Hospital: \*

3 . Phone Number: \*

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