

Patient Transition Documentation List

GOAL: The following information and documentation is required to successfully transition the patient to Synapse Health and maintain continuity of care.

Data Requested to Support Member Transitions to Synapse Health:

- Member Name
- Member Date Of Birth
- Member Delivery Address
- Member Phone Number
- Member Gender
- Member secondary insurance (*as applicable*)
- Member Alternate Phone Number
- Email Address on file
- Member UHC Plan Name
- Member UHC Group ID
- Member Prior Authorization on File and Expiration Date
- Member DX Codes on File
- Members with Equipment Rental in last 3 months
- HCPCS for Items on rent, accessories/components and/or supplies
- Product Description including manufacturer, style and sku if available

Ordering Provider Contact Information:

- Name
- Address
- Phone Number
- Fax Number
- NPI

Rental Month for each item currently on rent:

- Member Prior Authorization on File and Expiration Date for Each Product on Rent
- Member DX Code on File Associated with Each Item on Rent: Member's RX/CMN on File for Items on Rent
- Members with Any Recurring Supply Item in the last 6 billing months: HCPCS for each supply item provided in LTM
- Product Description for Each Supply Item including manufacturer, style, size, model, and SKU

Resupplies:

- Member Prior Authorization on File & Expiration ate for Recurring Supply of Products
- Member DX Code on File Associated with Each Recurring Supply Product
- Member's RX/CMN on File for Recurring Supply Items in LTM

Additional Data Requested to Support Member Transitions:

- Any face-to-face chart notes within the last 6 months on file
- Clinical Supporting Chart Notes for rental and ongoing supply needs
- Compliance documentation to support sleep therapy devices
- Home Health Assessment for any support surfaces actively renting