

Instructions for Completing the HealthSystems of Mississippi Medicaid Retrospective Review Request Form

Section I Beneficiary Information

1. **Beneficiary Name** - Enter the beneficiary's last and first name as it appears on the Medicaid ID card
2. **Beneficiary Medicaid #** - Enter the beneficiary's last and first name as it appears on the Medicaid ID card.
3. **Date of Birth** - Enter the month, date, and year of the beneficiary's birth. (Use two-digit numbers)
4. **Sex** - Indicate the sex of the beneficiary.
5. **Age** - Enter the age of the beneficiary at the time service is to be rendered.
6. **Is this a K-baby review?** Indicate whether this review is for a K-baby.
7. **Mother's Name**- Enter the mother's name if this review is for a K-baby.
8. **Date of Birth**- Enter the mother's date of birth if this review is for a K-baby.
9. **Medicaid #** - Enter the mother's MS Medicaid number if this review is for a K-baby.

Section II Provider Information

1. **Facility MS Medicaid Number** - Enter the facility's Mississippi Medicaid provider number.
2. **Facility Name** - Enter the name of the facility that will render the treatment.

Section III Admission Information

1. **Review Setting** – Indicate whether the review setting is an Acute Inpatient Hospital or Swing Bed. For psychiatric admissions to general medical surgical hospitals, indicate bed type Acute Med/Surg, ICU, Geri-Psych, or other (specify type of bed if other is checked).
2. **Admit Date** – Enter date beneficiary's admission.
3. **Discharge Date** – Enter date of beneficiary's discharge.
4. **Request Date** - Record the date of the request.
5. **Length of Stay**- Indicate the number of days requested for this stay.
6. **If service dates are greater than one year** - Indicate the TCN if applicable.
7. **Requested By** - Indicate whether the physician or facility made the request.
8. **Requester Name** - Enter the name of the individual requesting the review
9. **Requester Tel #** - Enter the telephone number of the requester including area code and extension number.
10. **Physician Name** - Enter the name of the physician rendering the service.
11. **Physician MS Medicaid #** - Enter the physician's Mississippi Medicaid provider number.
12. **Reason for Retrospective Review** – Indicate the reason why case was not reviewed while beneficiary was in the hospital. If this is a baby's review where the baby stayed longer than the mother, indicate the mother's discharge date.