

Instructions for Completing the HealthSystems of Mississippi Medicaid Quality Re-review Request Form

Section I Beneficiary Information

1. **Beneficiary Medicaid #** - Enter the beneficiary's last and first name as it appears on the MS Medicaid ID card.
2. **Beneficiary Name** - Enter the beneficiary's last and first name as it appears on the MS Medicaid ID card.
3. **Date of Birth** - Enter the month, date, and year of the beneficiary's birth.
4. **Sex** - Indicate the sex of the patient.
5. **Age** - Enter the age of the beneficiary at the time service is to be rendered

Section II Provider Information

1. **Provider's Name** - Enter the name of the billing provider that will render the treatment.
2. **Provider's MS Medicaid Number** - Enter the provider's Mississippi Medicaid provider number.
3. **Physician's/Treating Clinician's Name** - Enter the name of the physician or (treating) clinician rendering the service.
4. **MS Medicaid #** - Enter the physician's/treating clinician's Mississippi Medicaid provider number.
5. **Physician Tel #** - Enter the telephone number of the physician/treating clinician including area code.

Section III Requester's Information

1. **Requested By** - Indicate whether the physician/treating clinician or facility made the request.
2. **Requester Name** - Enter the name of the individual requesting the review
3. **Requester Tel #** - Enter the telephone number of the requester including area and extension.

Section IV Request and Notification Dates

1. **Request Date** - Record the date of the request.
2. **Admission/ Service Start Date** - Enter the date the patient was admitted or the service start date (for non-inpatient care settings)
3. **Date of Quality Issue Notification** - Enter the date denial letter was issued.

Section IV Rationale/Medical Reason For Disagreement

1. **Rationale for Request** - Enter the medical basis/rationale for disagreement.
2. **Additional information submitted** - Indicate whether additional information was submitted with the request.