

RETURN TO:
 HealthSystems of Mississippi
 175 E. Capitol Street
 Suite 250, Lockbox 13
 Jackson, MS 39201
WWW.HSOM.ORG
 TOLL FREE: 1-888-557-1923
 FAX: 1-888-557-1927

**MISSISSIPPI MEDICAID:
 MATERNITY REPORTING - ADMISSION FOR
 DELIVERY**

*Use to report delivery with length of stay (LOS) of:
 2 days or less – Vaginal
 4 days or less - Cesarean*

Effective 7/01/2005

FACILITY INFORMATION:		Medicaid #:	<input type="text"/>
Facility Name:		Date:	<input type="text"/>
Reported By: (Print Name)		Phone #:	<input type="text"/>
		E-mail:	<input type="text"/>

BENEFICIARY INFORMATION:			
Medicaid #:	<input type="text"/>	Admit Date:	<input type="text"/>
Name: Last:	<input type="text"/>	Discharge Date:	<input type="text"/>
First:	<input type="text"/>	Delivery Date:	<input type="text"/>
Birth Date:	<input type="text"/>	Age:	<input type="text"/>
Attend M.D. Medicaid #:	<input type="text"/>	Delivery Type: Check below.	
Attending Last Name:	<input type="text"/>	Attending First Name:	<input type="text"/>
ICD-9-CM Dx. Codes:	<input type="text"/>	<input type="text"/>	<input type="text"/>
ICD-9-CM Procedure Codes	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Vaginal – LOS 2 days or less <input type="checkbox"/> Cesarean – LOS 4 days or less	

BENEFICIARY INFORMATION:			
Medicaid #:	<input type="text"/>	Admit Date:	<input type="text"/>
Name: Last:	<input type="text"/>	Discharge Date:	<input type="text"/>
First:	<input type="text"/>	Delivery Date:	<input type="text"/>
Birth Date:	<input type="text"/>	Age:	<input type="text"/>
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ICD-9-CM Procedure Codes	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="checkbox"/> Vaginal – LOS 2 days or less <input type="checkbox"/> Caesarean – LOS 4 days or less	