

HealthSystems of Mississippi
Medicaid
Review Request
Forms
(For Inpatient Acute Care Provider Use)

External Review Forms (each followed by instructions)

1. HSM Medicaid Admission Review Form
2. HSM Medicaid Concurrent Review Form
3. HSM Additional Medical Information Form
4. HSM Medicaid Psychiatric Residential Treatment Facility Precertification Plan of Care Form
5. HSM Medicaid Psychiatric Residential Treatment Facility Concurrent Plan of Care Form
6. Psychiatric Residential Treatment Facility Medicaid Monthly Census Report
7. HSM Out-of-State PRTF Referral Form
8. HSM Medicaid Swing Bed Precertification Form
9. HSM Medicaid Swing Bed Concurrent Form
10. HSM Retrospective Review Form
11. HSM Reconsideration Request Form
12. HSM Quality Re-review Request Form