

## Instructions for Completing the HealthSystems of Mississippi MYPAC Reconsideration Request Form

### Section I Youth's Information

1. **Youth's Name** - Enter the youth's last and first name. If the youth has an active MS Medicaid number record the name as it appears on the Mississippi Medicaid ID card.
2. **MS Medicaid #** - If the youth has an active MS Medicaid number, enter the number that appears on the MS Medicaid ID card. If the youth does not have an active number, LEAVE BLANK.
3. **Check if Medicaid applied for** – Check the box if the youth does not have an active Mississippi Medicaid ID.
4. **Enter HSM Pseudo** - Enter the temporary number assigned by HSM in this space.
5. **Date of Birth** – Enter the month, date, and year of the youth's birth.
6. **Sex** - Indicate the sex of the youth.
7. **Age** - Enter the age of the youth at the time service is to be rendered.

### Section II Provider Information

1. **MYPAC MS Medicaid Number** - Enter the MYPAC Waiver Medicaid provider number.
2. **MYPAC Provider Name** - Enter the name of the MYPAC Waiver provider.

DO NOT COMPLETE THE “*For HSM Use Only*” section.

### Section III Request Information

1. **Request Date** - Record the date of the request in month, day, and year format.
2. **Method** – Indicate whether request is submitted by fax or mail.
3. **Requested By** - Indicate whether the MYPAC Waiver provider or beneficiary/representative made the request for reconsideration.
4. **Requester's Name** - Enter the name of the individual requesting the review.
5. **Requester's Telephone Number** - Enter the telephone number of the requester including area code and extension, if applicable.
6. **Attending Physician's Name** - Enter the name of the attending physician..
7. **Attending Physician's MS Medicaid #** - Enter the attending physician's Mississippi Medicaid provider number.

### Section IV Reconsideration Information

1. **Date of Denial Notification** - Enter the date of denial as printed on the letter.
2. **Date of Admission** - Enter the date the patient was admitted to the MYPAC Waiver provider, i.e., the first “from date”.
3. **Rationale for Request** - Enter the medical basis/rationale for disagreement with the denial determination.
4. **Additional information submitted** - Indicate whether additional information was submitted with the request for reconsideration.