



Minnesota Health Care Programs (MHCP)

Initial Review Extended Psychiatric Inpatient Contract

Enter the information requested below when doing the initial review for a person entering inpatient treatment, including complete provider information, patient diagnoses, and commitment status.

Provider Information

CONTRACTING HOSPITAL	NPI/UMPI
CONTACT NAME	PHONE NUMBER
PHYSICIAN NAME	PHYSICIAN NPI/UMPI
MENTAL HEALTH CASE MANAGER OR ACT TEAM	PHONE NUMBER FOR ACT TEAM

Recipient Information

PATIENT NAME	DATE OF BIRTH	CONTRACT BED ADMIT DATE	PMI NUMBER (MA #)
READMISSION <input type="radio"/> Yes <input type="radio"/> No	JARVISSED <input type="radio"/> Yes <input type="radio"/> No	PREVIOUS DISCHARGE DATE FROM CONTRACT BED (if applicable)	

Diagnosis

PRIMARY	ICD CODE
SECONDARY	ICD CODE
TERTIARY	ICD CODE

Criteria to Access Funding under MA Contracts

Commitment Status (check only one)

- New commitment
- Stayed commitment
- Continuance of commitment (with inpatient services stipulated as condition of continuance)
- Revoked provisional discharge

DATE OF COMMITMENT	COUNTY OF COMMITMENT	COUNTY OF RESIDENCE	COUNTY OF FINANCIAL RESPONSIBILITY
--------------------	----------------------	---------------------	------------------------------------

- Voluntary return provisional discharge
- Voluntary in lieu of commitment (send acute admission summary to support medical necessity)

Fax (secure) this form to the medical review agent on the first day the patient meets any of the above criteria to access funding. If voluntary and patient signs a release, copies may also be sent to their MH-TCM or ACT team.