

Mississippi Medicaid Hospice Disenrollment/Transfer Form

To be completed upon **disenrollment/transfer**.



Go to : **Health Systems of Mississippi (HSM)** and select the link www.hsom.org for Hospice Provider Manual submission instructions.

Health Systems of Mississippi

Questions: Phone Toll Free 1-866-740-2221

Beneficiary Information

1. *Name (Last, First and Middle Initial)*

2. *Beneficiary's Medicaid ID #*

3. *Hospice Provider's Name*

4. *Hospice Medicaid's Provider #*

NPI #

5. *Effective Date of Disenrollment*

6. *County where services were rendered*

7. *Social Security Number*

8. Reason Codes for Disenrollment:

1 Voluntary Disenrollment

4 Seeking treatment other than palliative in nature

2 No longer meets hospice requirements

5 Death

3 Hospitalization unrelated to terminal illness

6 Other _____

If box 6 (Other) is due to a **TRANSFER TO ANOTHER HOSPICE**, complete the following:

Name of New Hospice (Please Print)

Effective Date of Transfer

Note: Transfer of Hospice can only be made once in an election period and does not forfeit the remaining days in the current election period.

THIS DISENROLLMENT/TRANSFER FORM MUST BE COMPLETED, SIGNED AND DATED, FILED IN PATIENT'S MEDICAL RECORD, AND A COPY TRANSMITTED TO HSM (DOM DESIGNEE) WITHIN 48 HOURS OF THE DISENROLLMENT, OR THE HOSPICE WILL BE RESPONSIBLE FOR ANY OR ALL CHARGES INCURRED BY THE BENEFICIARY.

The beneficiary forfeits coverage for any remaining days in that election period. The beneficiary may not designate an effective date earlier than the date that the revocation was made.

Upon revoking the election of Medicaid coverage of hospice care for this particular election, I understand that I resume Medicaid coverage of benefits waived when hospice care was elected, providing I remain eligible for Medicaid coverage. I also understand that I can re-elect hospice coverage for any other hospice benefits for which I am eligible

*Beneficiary/Legal Guardian/Representative's
Signature*

Date

Signature of Hospice Representative

Date

Below This Line DOM Use Only

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Instruction for Completing the Mississippi Medicaid Hospice Disenrollment/Transfer Form:

1. Enter the Beneficiary's name exactly as it appears on his/her Medicaid ID Card.
2. Enter the Beneficiary's Medicaid ID #
3. Enter the Hospice provider name.
4. Enter the Hospice Provider's Medicaid ID # and NPI #
5. Enter the effective date of disenrollment.
6. Enter the county where services were rendered.
7. Enter the Beneficiary's Social Security Number.
8. Indicate the reason code for disenrollment. If box 6 (other) is selected, please explain.
9. Allow the beneficiary/legal guardian/representative time to read the form. Have the beneficiary/legal guardian/representative sign and date the form.
10. Have the provider's representative sign and date the form.