

Mississippi Medicaid Hospice Disenrollment/Transfer Form

To be completed upon disenrollment.

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



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.