Hospice Discharge/Hospice Revocation Form

MISSISSIPPI DIVISION OF MEDICAID

Beneficiary Information	
Name:	Date of Birth:
Address:	Medicaid ID Number:
	Medicare Number:
Contact Number:	Social Security Number:
Name of Guardian/Legal Representative: Relationship:	
Name of Beneficiary's Attending Physician:	Attending Physician Contact Number:
Hospice Provider Information	
Name:	Medicaid Provider Number:
Address:	NPI Number:
	Contact Number:

Reason: (Check appropriate boxes)

☐ **Hospice Discharge**

The above named beneficiary was admitted to hospice on____/_____/____and discharged on____/_____/____ for the following reason:

- □ Beneficiary deceased on ____/_____/____.
- □ The beneficiary is no longer eligible for Medicaid.
- □ Beneficiary's condition has improved and is no longer certified as terminally ill.
- □ Beneficiary moved out of state/service area.
- □ Safety of beneficiary or hospice staff is compromised. (Explanation must appear below)
- □ Beneficiary is non-compliant. (Explanation must appear below and documentation efforts to counsel the recipient must be attached).
- □ The beneficiary has revoked the hospice benefit. (Complete the revocation statement below)
- □ The beneficiary has transferred to another hospice provider. (Complete the transfer form)

Explanation:_____

_____

_____

☐ **Beneficiary Revocation Statement:**

a) The Medicaid Hospice Program has been explained to me. I have been given the opportunity to discuss the services, benefits, requirements and limitations of this program and the terms of the revocation of these services,

b) I understand that by signing this revocation statement I will, if eligible, resume Medicaid coverage of benefits waived when the hospice care was elected,

c) I will forfeit all hospice coverage days remaining in this benefit period,

d) I may at any time elect to receive hospice coverage for any other hospice benefit period for which I am eligible.

_____ _____

Signature of Beneficiary or Guardian/Legal Representative *Date*

_____ _____

Signature of Hospice Staff *Date*