Date of Request:

NURSING FACILITY REQUEST TO DISENROLL
FROM MEDICAID HEALTH PLAN
Michigan Department of Health and Human Services

The nursing facility may only utilize this form to request disenrollment based on administrative error, i.e., the Medicaid beneficiary was residing in the nursing facility **prior to enrollment** in a Medicaid Health Plan. The nursing facility must contact the Medicaid Health Plan for disenrollment in **all** other instances. Medicaid Health Plans must use the Request for Administrative Disenrollment (form MSA-2008) to request disenrollment based on administrative errors.

INSTRUCTIONS:

- For each beneficiary disenrollment request, **complete and submit** this form and a copy of the Facility Admission Notice (form MSA-2565CV).

- MDHHS will return the form to the facility **ONLY** if the disenrollment is denied.

- **MAIL or FAX this request to:**

  MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
  ENROLLMENT SERVICES SECTION
  PO BOX 30479
  LANSING, MI 48909

  FAX: 517-373-1437

   Note: Only MDHHS processes disenrollment requests. MDHHS CANNOT remove LOC 07.

Beneficiary Name	Nursing Facility Name	
Beneficiary **mihealth** Card Number	Nursing Facility Contact Person	
Requested Effective Date of MHP Disenrollment (Disenrollment requests will not be retroactively approved for more than six months.)	Contact Person Phone Number	Facility Fax Number
Date of Discharge (if applicable)	Health Plan Name	

MDHHS USE ONLY **DO NOT WRITE BELOW THIS LINE.**

☐ **DENIED**

Reason for Denial:

☐ Beneficiary did not reside in nursing facility on date of enrollment in the Medicaid Health Plan
☐ Insufficient documentation
☐ Other, please specify