

## NURSING FACILITY REQUEST TO DISENROLL FROM MEDICAID HEALTH PLAN

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-2565-C).
- MDCH will return the form to the facility **ONLY** if the disenrollment is denied.
- **MAIL or FAX this request to:**

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
ENROLLMENT SERVICES SECTION  
PO BOX 30479  
LANSING, MI 48909**

**FAX: (517) 373-1437**

**NOTE: Only MDCH processes disenrollment requests. DHS CANNOT remove LOC 07.**

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

**MDCH 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

**Authority:** P.A. 368 of 1978.

**Completion:** Required. Failure to file this report may result in regulatory actions as permitted under P.A. 368, or sanctions as permitted under the MHP contract.

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