

MCO HEALTHCHOICE DISENROLLMENT FORM

(LONG TERM CARE)

INSTRUCTIONS FOR MCOS

1. The MCO representative should complete this form when the recipient has arrived at the 31st day of an MCO authorized and medically approved Nursing Facility stay.
2. All sections of the form must be completed by the MCO representative who will be the contact for DHMH. The nine-digit MCO provider number must be placed in the appropriate box.
3. If the recipient was admitted to the facility prior to being enrolled into an MCO, the Long Term Care Facility can send or fax the approved 3871 or 257 directly to the HealthChoice Long Term Care Disenrollment Unit.
4. Disenrollment from the MCO will be processed within 3-5 days of receipt of the form by the Department. After the disenrollment is entered into MMIS, the HealthChoice Disenrollment form showing the disenrollment date will be returned to the MCO.

Mail or fax forms to: HealthChoice Long Term Care Disenrollment Unit
DHMH
201 W. Preston Street
Room L9
Baltimore, Maryland 21201
Phone: 410-767-5321
Fax: 410-333-7141

Note: All data is subject to confirmation by the Department through inspection of DHMH form 3871 or form 257 or other documentation. Please attach the Utilization Control Agent (Delmarva) certification of medical eligibility for LTCF services (from the 3871 or 257).