

NC MEDICAID
Long Term Services and Supports (LTSS)
MANAGED CARE DISENROLLMENT FORM
INSTRUCTIONS

GENERAL INSTRUCTIONS

1. To be completed by Health Plan unless marked as optional, ALL information must be completed.
2. If there are no current LTSS services, a LTSS Disenrollment Form is not necessary, unless one is requested due to pending CAP waiver enrollment.
3. If selecting "Other" as the disenrollment reason, please include information to explain the reason.
4. Complete this form once Health Plan is notified of pending disenrollment on 834 or if the form is requested due to pending CAP waiver enrollment.
5. Effective August 17, 2023, all completed LTSS Disenrollment Forms previously sent to the TCC email address should be emailed to NCLIFTSSTCC@acentra.com for processing.

SPECIFIC FIELD	INSTRUCTIONS AND NOTES
DISENROLLMENT/ RETURNING TO MEDICAID REASON	Select one reason for submission of disenrollment form. If selecting "Other", please include information to explain the reason.
DISENROLLMENT DATE	Enter disenrollment date. If disenrollment is due to CAP waiver enrollment, enter the Plan of Care (POC) date supplied by the State.
Section A: MEMBER INFORMATION	Enter the Member's first and last name, date of birth, gender
MEDICAID ID#	Member's Medicaid Identification Number (MID)
MEDICARE ID#	Member's Medicare Identification Number (if applicable)
ADDRESS	Members complete mailing address including County
CURRENT HEALTH PLAN NAME (Standard or Tailored)	Select One. Check the appropriate Health Plan to which the beneficiary is assigned. Indicate enrollment date and disenrollment effective date
MEMBER CURRENTLY RESIDES	Select One. If selecting "Other", please include information
Section B: LTSS SERVICE PROFILE	LTSS Disenrollment forms are required for members currently receiving LTSS services in Managed Care, or members disenrolling from Managed Care due to CAP/DA or CAP/C enrollment. If neither scenario applies, a LTSS Disenrollment form is not required. Check/Identify active LTSS service(s) received. Include Provider name and NPI, Primary Diagnosis Code, Currently Authorized Units and Date of active PA Authorization.
Section C: OPTIONS COUNSELING	LTSS Disenrollment forms requires the Options Counseling section to be completed if LTSS service is NF (Nursing Facility).
Section D: ATTESTATION	Signature of individual completing the form. Include credentials, date and printed name. An optional comments section is provided.