



CCN Request for Member Disenrollment

To: Medicaid CCN Enrollment Broker

Fax to: 1-888-858-3875

From: _____

Print the Name of Member (Last, First, Middle Initial)	Birth Date	Medicaid ID Number or Social Security Number	Requested Disenrollment Date

Member has demonstrated a pattern of disruptive, unruly, abusive or uncooperative behavior to the extent that enrollment in the CCN seriously impairs the organization’s ability to furnish services to either the member or other members **and** the member’s behavior is not caused by a physical or mental condition. (Attach separate narrative with additional information including measures taken by the CCN to correct the member’s behavior prior to submitting the request for disenrollment)

Member’s utilization of services is fraudulent or abusive (e.g. member loans the CCN issued ID card to another person to obtain services). (Attach narrative with additional information including date of referral to Medicaid Program Integrity’s Fraud Hotline)

Member is placed in a long-term care nursing facility, ICF/DD facility, or becomes eligible for a Medicaid Home and Community-Based Services Waiver or hospice. Indicate which _____

Member has died or is incarcerated. Indicate which and date _____

Member has moved out of state. New Address: _____

Other _____

Health Plan Signature: _____ **Date:** _____

The Louisiana Department of Health and Hospitals will determine if the CCN has shown a good cause to disenroll the Medicaid/CHIP member. The Enrollment Broker will give written notification to the CCN of the decision. Medicaid/CHIP members have the right to appeal disenrollment decisions and request a state fair hearing with the Division of Administrative Law.

The CCN shall not discriminate against any Medicaid /CHIP member on the basis of their health status, need for health care services or any other adverse reason with regard to the member’s health, race, sex, handicap, age, religion or national origin.

Approved

Denied

DHH Signature: _____ **Date:** _____

Health Plan notified of decision.

Maximus Signature: _____ **Date:** _____