Disenrollment End Reason Codes Definitions Chart

END REASON CATEGORY	DEFINITION	END REASON CODE #	END REASON CODE	Applicable Segment	How/When to Use?	Required Forms?
Transferred	Segment is closed, but member continues to receive Health Home Care Management in NYS	1	Transfer to another HH	Outreach/Enrolled	Member wants to enroll with another Health Home.	Not applicable
		3	Transferred to another CMA	Outreach/Enrolled	Member wants to enroll with another Care Management Agency, within the same HH.	Not applicable
		54	Transferred to a CCO/HH	Outreach/Enrolled	Member with a Developmental Disability wants to enroll with a CCO/HH	Not applicable
		43	Individual moved between HHSC and HHSA	Outreach/Enrolled	Member 18-21 moves from a children's HH to adult HH (or vice versa).	Not applicable
Administrative Closure	Segment is closed, but member continues to receive Health Home Care Management from their current CMA and HH	25	Individual moved from Outreach to Enrollment Status	Outreach	Can be system generated or user selected. Ends the segment due to enrollment in HH services.	5234
		5	Individual has a new CIN	Outreach/Enrolled	Used to close case and open a new one if member's CIN changes. Ensure there are transitional notes in the old and new case explaining the closure and CIN change.	Not applicable
		44	Segment Correction	Outreach/Enrolled	Only if directed by NYS DOH in order to correct RE codes	Not applicable
Disenrolled	Segment is closed, and member is no longer receiving Care Management in NYS	4	Individual Deceased	Outreach/Enrolled	Member has died.	Not applicable
		7	Closed for health, welfare, and safety concerns for member and/or staff	Outreach/Enrolled	Administrative decision- CMA should assess if hospitalization/arrest is indicated, should provide any appropriate referrals. Must consult with HH first.	5235 or 5236
		9	Individual moved out of state	Outreach/Enrolled	Member/other informs CMA that they no longer reside in New York state.	If Enrolled, no forms if conversation is with the member, 5235 if it is not.
		11	Individual incarcerated	Outreach/Enrolled	Member arrested and detained in prison or jail (excluded setting). Confirm with WebCrims/Inmate Look-Up. For Enrolled, can only use if member will not be released within six months from the 1st day of incarceration.	5235 or 5236
		13	Individual is in an inpatient facility	Outreach/Enrolled	Member is residing in a long term care facility (excluded setting) such as nursing home, long-term rehab facility, state Psychiatric hospital. For Enrolled, can only use if member will not be released within six months.	5235 or 5236
		14	Enrolled Health Home member disengaged from care management services	Enrolled	Member not found after 1-3 months of Diligent Search.	5235
		24	Individual is not/no longer eligible for Medicaid	Outreach/Enrolled	Member has inactive Medicaid and has not taken steps to re-activate it, or is ineligible for Medicaid.	5235 or 5236
			Coverage Not Compatible	Outreach/Enrolled	Member does not have the right kind of Medicaid coverage for the HHCM program	5235 or 5236
		29	Member withdrew consent to enroll	Enrolled	Member voluntarily disenrolls from the HH program. CMA should first attempt to resolve any dissatisfaction with services.	Not applicable
		42	Program not compatible	Outreach/Enrolled	Member enrolls in a community based program not compatible with Health Home	5235 or 5236
		2	Individual opted-out (pre-consent only)	Outreach	Member does not want to enroll, and does not want to be re-outreached in the future.	Not applicable
		16	Inability to contact/locate individual	Outreach	Member cannot be located after a period of time as determined by the CMA	Not applicable
		18	Member interested in Health Home at a future date.	Outreach	Member states "not at this time".	Not applicable
		19	Does not meet eligibility requirements	Outreach/Enrolled	Member does not have Qualifying Conditions or a Significant Risk Factor supporting a need for services.	5235 or 5236
Step Down to Lower Level of Care	Segment is closed, and member is receiving Care Management in NYS at a Lower Level of Intensity, or able to meet their Healthcare and SDOH needs on their own.	47	Transitioned to MCO or MLTC Care Management	Enrolled	Member's MCO or MLTC has accepted them into their Care Management program.	Not applicable
		46	Transitioned to PCMH or other Healthcare Provider Care Management	Enrolled	Member's PCMH or other healthcare provider has accepted them into their Care Management program.	Not applicable
		49	Transitioned to Standard HHCM	Enrolled	Member moved from the HH+ Level of Care to the Standard HHCM Level of Care **	Not applicable
		21	Member has Graduated from Health Home Program	Enrolled	Member met their Care Management goals, i.e. can self-manage and monitor their chronic condition(s), or can do so with natural supports.	No forms if it voluntary , 5235 if it is not.
Step Up to Higher Level of Care	Segment is closed, and member is receiving Medicaid funded Care Management in NYS at a Higher Level of Intensity.	50	Transitioned to ACT Team	Enrolled	Member has been accepted by an ACT Team.	Not applicable
		51	Transitioned to HH+ for AOT	Enrolled	Member has been accepted by a HH+ for AOT CMA.**	No forms if it voluntary , 5235 if it is not.
		52	Transitioned to HH+ for HIV	Enrolled	Member has been accepted by a HH+ for HIV CMA.**	Not applicable
		53	Transitioned to HH+ for SMI	Enrolled	Member has been accepted by a HH+ for SMI CMA.**	Not applicable

**At this time the Step Up/Step Down codes related to HH+ are only used if the member is moving into (or out of) a HH+ program with a different CMA. HH+ Level of Care changes within the same CMA do not require a segment ending. If the member is transferring to a new CMA due to move into or out of HH+, CMAs should use the HH+ Step Up/Down codes, NOT the CMA Transfer code.