

MAPP HHTS Segment End Date Reason Code/Category Crosswalk

Reason Code	Reason Code Description	Category Code	Category Description	Definition	Additional Explanation	Segment Type	Dates Code is Available for Use
01	Transferred to another HH	01	Transferred	Member or potential member is working with or wants to work with another Health Home agency	A transfer to another HH could be due to member choice, ability of a different Health Home to better serve the member or another reason.	Both	1/1/2012-current
02	Individual opted-out (pre-consent only)	03	Disenrolled	Individual has voluntarily opted out. Individual does not want to be a Health Home member and receive Health Home services	To be used for individuals who choose not to enroll into Health Home, as explained in Access to/Sharing of Personal Health Information (PHI) and the Use of Health Home Consents HH0009.	Outreach	1/1/2012-current
03	Transferred to another CMA	01	Transferred	Individual is working with another Care Management Agency within the same Health Home	A transfer to another CMA could be due to member choice, ability of a different CMA to better serve the member, or for another reason. This is not a disenrollment segment end code.	Both	1/1/2012-current
04	Individual deceased	03	Disenrolled	HH has been informed that the individual is deceased		Both	1/1/2012-current
05	Individual has a new CIN	02	Administrative Closure	The individual is assigned a new Medicaid CIN	If the Medicaid CIN changes for a Health Home enrolled/outreached individual, the segment should be: 1) ended under the old CIN using this reason, 2) the new CIN should be typed in the comments box, and 3) a new segment should be created using the new CIN.	Both	1/1/2012-current
06	Changed TCM/MATS/COBRA/CIDP slot type	08	Existed in Old System	Only existed in Old System	Only existed in Old System	N/A	Only existed in Old System

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07	Closed for Health, welfare and safety concerns for member and/or staff	03	Disenrolled	Disenrollment due to health, welfare, and safety concerns for member and/or staff (formerly for behavior)	Member can no longer be disenrolled from HH program for "behavior" or "non-compliance." Behaviors should be addressed by the HH care manager and/or the member's care team following protocols set out in Member Disenrollment From the Health Home Program HH0007.	Enrollment	1/1/2012-current
08	Member moved out of service county	03	Disenrolled	Member moved out of service county	No longer available for use	Both	1/1/2012-10/31/2018
09	Individual moved out of state	03	Disenrolled	Member moved out of New York State		Both	1/1/2012-current
10	Change in functional eligibility	08	Existed in Old System	Only existed in Old System	Only existed in Old System	N/A	Only existed in Old System
11	Individual incarcerated	03	Disenrolled	Individual is incarcerated where the length of stay is anticipated to be longer than 6 months	Individual should be disenrolled as addressed in Continuity of Care and Re-engagement for Enrolled Health Home Members HH0006.	Both	1/1/2012-current
12	Refused to sign or rescinded consent	03	Disenrolled	Member refused to sign consent (Segment End Reason currently not used)	No longer available for use	Enrollment	1/1/2012-10/31/2018

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13	Individual is in an inpatient facility	03	Disenrolled	Member is in an excluded setting and the length of stay is anticipated to be longer than 6 months	The individual is in an excluded setting such as inpatient, hospitalization, institution or residential facility, nursing home, etc.) as outlined in Continuity of Care and Re-engagement for Enrolled Health Home Members HH0006.	Both	1/1/2012-current
14	Enrolled Health Home member disengaged from Care Management services	03	Disenrolled	Member is considered disengaged when diligent and continued search efforts do not result in location of the member	Member is considered disengaged from care management services when diligent and continued search efforts do not result in location of the member as outlined in Continuity of Care and Re-engagement for Enrolled Health Home Members policy.	Enrollment	1/1/2012-current
15	Member dissatisfied with services	03	Disenrolled	Member dissatisfied with services (Segment End Reason currently not used)	No longer available for use	Both	1/1/2012-10/31/2018
16	Inability to contact/locate individual	03	Disenrolled	Individual is unreachable during outreach attempts	See Interim Guidance Addressing Outreach Modification, October 2017.	Outreach	1/1/2012-current
17	Member not interested in HH services	03	Disenrolled	Member not interested in services (Segment End Reason currently not used)	No longer available for use	Outreach	1/1/2012-10/31/2018
18	Member interested in HH at a future date	03	Disenrolled	For individuals not yet ready for HH services who express future interest	Individual in outreach is not interested in Health Home services, but indicates that they may be interested in Health Home services in the future.	Outreach	1/1/2012-current

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19	Individual doesn't meet HH eligibility/appropriateness criteria	03	Disenrolled	Individual does not/no longer meets eligibility criteria required for enrollment/continued enrollment	Individual does not/no longer meets the eligibility criteria of at least two chronic conditions or one single qualifying condition, and doesn't meet appropriateness criteria, per Member Disenrollment From the Health Home Program policy.	Both	1/1/2012-current
20	Switched Managed Care Plans	08	Existed in Old System	Only existed in Old System	Only existed in Old System	N/A	Only existed in Old System
21	Member has graduated from HH program	04	Step Down to Lower Level of Care	Individual can successfully self-manage and monitor their chronic conditions.	Individual no longer meets the appropriateness criteria, in that they can successfully self-manage and monitor the chronic conditions that made him/her eligible for the Health Home program, as referenced in Member Disenrollment from the Health Home Program policy as described in HH0007.	Enrollment	1/1/2012-current
22	Transition to FIDA program	08	Existed in Old System	Only existed in Old System	Only existed in Old System	N/A	Only existed in Old System
23	Member disenrolled	03	Disenrolled	Member disenrolled (Segment End Reason currently not used)	No longer available for use	Enrollment	1/1/2012-10/31/2018
24	Individual is not/no longer eligible for Medicaid	03	Disenrolled	Individual no longer qualifies or meets eligibility requirements for Medicaid.	This code should be used only when appropriate measures have been initiated to reinstate benefits, as noted in Member Disenrollment from the Health Home Program policy.	Both	1/1/2012-current

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Reason Code	Reason Code Description	Category Code	Category Description	Definition	Additional Explanation	Segment Type	Dates Code is Available for Use
25	Individual moved from Outreach to Enrollment	02	Administrative Closure	System generated – When an enrollment segment is created prior to the end of an outreach segment the system will automatically end date the outreach segment on the last day of the month prior to the start date of the enrollment segment using this reason code. User selected – When user ends an outreach segment because the individual has been found during outreach.	When user selected, end outreach segment when individual is found and eligible for Health Home services and begin enrollment segment.	Outreach	1/1/2012-current
26	No resources that speak the member's primary language	08	Existed in Old System	Only existed in Old System	Only existed in Old System	N/A	Only existed in Old System
27	Member not eligible for HH program	03	Disenrolled	Member not eligible for HH program (Segment End Reason currently not used)	No longer available for use	Both	1/1/2012-10/31/2018
28	Health Home change MMIS Provider ID	02	Administrative Closure	CMA or HH MMIS ID changes within MAPP HHTS	This code is used to indicate that the individual's segment is ended under the old ID and will be started under the new ID with no loss to Health Home services for the individual.	Both	1/1/2012-current

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Reason Code	Reason Code Description	Category Code	Category Description	Definition	Additional Explanation	Segment Type	Dates Code is Available for Use
29	Member withdrew consent to enroll	03	Disenrolled	Member chooses to disenroll from the Health Home program.	This code is used when the member chooses to disenroll from the Health Home program, as noted in Member Disenrollment From the Health Home Program policy.	Enrollment	1/1/2012-current
30	Hiatus to Closed	07	System Generated	For use when an outreach segment switches from hiatus to closed. This is a system generated End Date Reason	System generated end reason	Outreach	1/1/2012-current
31	Active to Hiatus	07	System Generated	For use when an outreach segment switches from active to hiatus. This is a system generated End Date Reason	System generated end reason	Outreach	1/1/2012-current
32	Provider closed	02	Administrative Closure	For use when HH or CMA closes business and member is transferred to another HH and/or CMA	Use when a Health Home or CMA closes business and member must be transferred to new Health Home and/or CMA.	Both	1/1/2012-current
33	Merger	02	Administrative Closure	For use in the instance of a merger between two HH or CMAs	This is used in the instance of a merger between two Health Homes or CMAs. Notification of Change Form is used to inform the NYS Department of Health of any changes made to Health Home from originally approved Health Home application and designation letter.	Both	1/1/2012-current

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34	Provider ID changed	02	Administrative Closure	For use when a provider ID is changed (Segment End Date Reason currently not used)	No longer available for use	Both	1/1/2012-10/31/2018
35	Member refused consent	03	Disenrolled	For use when a member refused to sign consent (Segment End Date Reason currently not used)	No longer available for use	Enrollment	1/1/2012-10/31/2018
36	Enrollment Requested to be Deleted	08	Existed in Old System	Only existed in Old System	Only existed in Old System	N/A	Only existed in Old System
37	Outreach Requested to be Deleted	08	Existed in Old System	Only existed in Old System	Only existed in Old System	N/A	Only existed in Old System
38	Active to Closed	07	System Generated	For use when an outreach segment switches from active to closed. This is a system generated End Date Reason	System Generated end reason	Outreach	1/1/2012-current
39	Segment pended	06	Pended	For use when a segment is pended	For use when a segment is pended	Both	1/1/2012-current
40	Pended segment closed	03	Disenrolled	For use when a pended segment is closed	No longer available for use	Both	1/1/2012-4/20/2016
41	Coverage not compatible	03	Disenrolled	Individual's Medicaid coverage is not compatible with HH	See Guide to Coverage Codes and Health Home Services for examples of Medicaid coverage that is not compatible with the Health Home program.	Both	11/1/2018- current

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42	Program not compatible	03	Disenrolled	Individual chooses to move to another program not compatible with HH program	Individual chooses to move to another program not compatible with Health Home program or individual is found to be currently enrolled in non-compatible program. See the Guide to Restriction Exception (RE) Codes and Health Home Services for examples of programs that are not compatible with the Health Home program.	Both	11/1/2018- current
43	Individual moved between HHSC and HHSA	01	Transferred	When a member who previously received services as a child transitions to adult, or an adult transitions back to a HHSC	An individual previously receiving Health Home services as a child or adult is transitioned to the other program based on individual preferences or age (i.e. child in HHSC services transitions to adult HH services).	Both	11/1/2018- current
44	Segment Correction	02	Administrative Closure	For use only if directed by DOH in order for HH RE codes to be correctly attributed to the member	Only use if directed by DOH - This code should be used when it is necessary to end a segment and create a new one in order for Health Home RE codes to be correctly attributed to the member.	Enrollment	11/1/2018- current
45	Member Re-engaged	02	Administrative Closure	For use when a member is re-engaged in HH services when in a pended segment.	This code should be used when ending a pended segment because the member is re-engaging in health home services and a new segment should be created.	Enrollment	7/1/2019-current

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46	Transitioned to PCMH or other Healthcare Provider Care Management	04	Step Down to Lower Level of Care	Member is transitioning to PCMH or other Healthcare Provider Care Management services	This code should be used when a member is stepping down to PCMH or other Healthcare Provider Care Management Services as described in HH0007.	Enrollment	12/1/2020-current
47	Transitioned to MCO or MLTC Care Management	04	Step Down to Lower Level of Care	Member is transitioning to MCO or MLTC Care Management services	This code should be used when a member is stepping down to MCO or MLTC Care Management Services as described in HH0007.	Enrollment	12/1/2020-current
49	Transitioned to Standard HHCM	04	Step Down to Lower Level of Care	Member is transitioning to Standard HHCM services	This code should be used when a member is stepping down to Standard HHCM services as described in HH0007.	Enrollment	12/1/2020-current
50	Transitioned to ACT Team	05	Step Up to Higher Level of Care	Member is transitioning to the ACT Team services	This code should be used when a member is stepping up to the ACT Team as described in HH0007.	Both	11/1/2021-current
51	Transitioned to HH+ for AOT	05	Step Up to Higher Level of Care	Member is transitioning to HH+ for AOT services	This code should be used when a member is stepping up to HH+ for AOT for a more intensive level of HHCM as described in HH0007.	Both	11/1/2021-current
52	Transitioned to HH+ for HIV	05	Step Up to Higher Level of Care	Member is transitioning to HH+ for HIV services	This code should be used when a member is stepping up to HH+ for HIV services for a more intensive level of HHCM with as described in HH0007.	Both	11/1/2021-current
53	Transitioned to HH+ for SMI	05	Step Up to Higher Level of Care	Member is transitioning to HH+ for SMI services	This code should be used when a member is stepping up to HH+ for SMI services for a more intensive level of HHCM as described in HH0007.	Both	11/1/2021-current

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54	Transferred to a CCO/HH	01	Transferred	Member is transitioning to a CCO/HH	This code should be used for a member transferring to the CCO Health Home program.	Both	11/1/2021-current
55	No longer HCBS eligible	03	Disenrolled	Member is no longer HCBS eligible	This code should be used when a member is disenrolling because they are no longer HCBS eligible.	Both	11/1/2021-8/8/2022
56	Disenrolled from HH and HCBS	03	Disenrolled	Member is disenrolled from Health Home services and HCBS services.	This code is available for Child segments only.	Enrollment	7/27/2022-current
57	Disenrolled from HH only, continue HCBS	03	Disenrolled	Member is disenrolled from Health Home services but continues in HCBS.	This code is available for Child segments only.	Enrollment	7/27/2022-current
98	Invalid end date reason at conversion	07	System Generated	Invalid end date reason at conversion. This is a system generated End Date Reason	System Generated end reason	Both	1/1/2012-current
99	Other	09	DOH Only	Reason not listed. Comments related to end reason must be included. This can only be used by DOH.	"Other" cannot be used by Health Homes – For DOH Only. Reach out to DOH if you are unable to find the appropriate code.	Both	1/1/2012-current