



Adirondack Health Institute

Lead Empower Innovate

Disenrollment Desk Guide

Member Status	Disenrollment Reason	End Reason in EHR	DOH Form to Use A=Adult C=Children
Outreach Only	Individual has voluntarily opted-out. Individual does not want to be a Health Home member and receive Health Home services	Outreach Only - Individual opted-out (pre-consent only)	DOH 5059
	Individual is unreachable during outreach attempts.	Outreach Only -Inability to contact/locate individual	
	For individuals not yet ready for HH services who express future interest.	Outreach Only - Member interested in HH at a future date	DOH 5059
Outreach or Enrolled	Member is working with, or wants to work with, another HH agency	O/E- Transferred to another Health Home	DOH 5058
	Individual is working with another CMA within the same HH.	O/E-Transferred to another CMA	Update to the DOH 5055(A) Updated DOH 5200 and 5201 (C)
	HH has been informed that individual is deceased.	O/E-Member Deceased	
	If Medicaid changes an individual's CIN, segment is ended under the old, and new segment created using the new CIN	O/E-Member has a new CIN	New DOH 5055 (A) New DOH 5200 and 5201 (C)
	Closed for health, welfare and safety concerns for member and/or staff	O/E-Closed for health, welfare, and safety concerns for member and/or staff	DOH 5058 or DOH 5235 (A) DOH 5202, 5204, 5230, or DOH 5235 (C)
	Member moved out of New York State	O/E-Member moved out of state	DOH 5058 or DOH 5235 (A) DOH 5202, 5204, 5230, or DOH 5235 (C)
	Individual is incarcerated where the length of stay is expected to be longer than 6 months	O/E- Member incarcerated	DOH 5058 or DOH 5235 (A) DOH 5202, 5204, 5230, or DOH 5235 (C)
	Member is in an excluded setting and the length of stay is expected to be longer than 6 mos.	O/E- Individual is in an inpatient facility	DOH 5058 or DOH 5235 (A) DOH 5202, 5204, 5230, or DOH 5235 (C)
	Individual does not/no longer meets eligibility criteria required for enrollment.	O/E- Member doesn't meet HH criteria	DOH 5058 or DOH 5235 (A) DOH 5202, 5204, 5230, or DOH 5235 (C)
	Individual no longer qualifies or meets eligibility requirements for Medicaid	O/E-Member is no longer eligible for Medicaid	DOH 5058 or DOH 5235 (A) DOH 5202, 5204, 5230, or DOH 5235 (C)
Enrolled Only	Member is considered disengaged when Diligent and Continued Search efforts do not result in location of member.	Enrolled Only -Health Home member lost to services	DOH 5235
	Individual can successfully self-manage and monitor their chronic conditions.	Enrolled Only -No longer requires HH services	DOH 5058 or DOH 5235 (A) DOH 5202, 5204, 5230, or DOH 5235 (C)
	When user selected, end of outreach segment when individual is found and is eligible for HH services.	Enrolled Only -Individual moved from Outreach to Enrollment	DOH 5055, 5234 (A) DOH 5200, 5201, FAQ, 5234, 5230, and 5203 (C)
	Member chooses to disenroll from the Health Home program.	Enrolled Only - Member withdrew consent to enroll	DOH 5058 or DOH 5235 (A) DOH 5202, 5204, 5230, or DOH 5235 (C)