

Code	Enrollee Benefit closure Reason
001	Enrollee Deceased
002	Loss of Virginia Residence
003	Enrollee No Longer Eligible for Program
004	Provider No longer Eligible for Program
008	Benefit Added in Error
009	No Longer has Insurance Benefit
014	Enrollee Fraud
018	Data Entered Incorrectly
055	Corrected Information
090	Other
097	System Entered Due to Loss of Eligibility
098	System Entered Due to End Date in Past.
099	Unknown
100	No longer Medicare Eligible
200	Pre-existing relationship with non PCP
201	Too far to service area
202	Moved to a non managed care county
203	Recipient resides in a LTC facility
204	Managed care program closed
205	Not a valid aid category for this type of managed care
206	No PCP currently available
207	Foster child
208	Enrolled in another managed care program
209	MC provider requests approved disenrollment
210	Other -do not re-enroll in same MC program
211	Quality of service is not what was expected
212	Needed service not available
213	Waiting time too long for appointment
214	Not happy with HMO policies and procedures
215	Prefer benefit offered by another HMO
216	Prefer managed care PCP
217	No reason given for recipient
218	Enrolled in Medallion
219	Enrolled in an HMO or competitive plan
220	Engaged in disruptive, uncooperative behavior
221	Missed 3 consecutive appts within 6 months
222	Unreasonably refused treatment/excessive ER use
223	Enrollee has TPL
224	Provider withdrew
225	Hospital prior auth on file
226	Enrollee in NH or some other waiver/benefit pgm
227	Moved out of provider's area
228	Locality not in pre-assignment table
229	Benefit package exempt from managed care
230	Void Future Assignment
231	Assignment ended due to enrollee age/gender
232	Ended due to program expansion
300	Provider died
301	Provider moved/sold business
302	Provider requested change/do not reassign

303 Enrollee requested change/do not reassign
304 Provider locked out
305 Enrollee appealed
306 Provider failed to re-enroll
307 No abuse, used services properly
308 Add continued lock-in period
309 Enrollee entered long term care
310 Enrollee entered waived program
311 DMAS initiates Admin. Change
312 HMO assigned
313 Changed client med. Mgmt level
314 Lock-in diverted; eligibility cancelled
315 No abuse; track enrollee
316 Converted data
317 New DMAS provider number
318 New DMAS enrollee number
403 Changed Level of Care
410 Denied Active Treatment
411 Enrollee Discharged to Adult Home
412 Enrollee Discharged to Community Based Care
413 Enrollee DisCharged Home
414 Enrollee No Longer Eligible for Medicaid
415 Enrollee Transferred to Another Nursing Home
416 Enrollee Discharged to Hospital, Stayed More Than 30 Days
417 Enrollee Discharged, Destination Unknown
429 Nursing Facility Cancellation to Receive Hospice
430 Enrollee to Nursing Home
431 Community Based Care Termination
432 Community Based Care Transfer
433 Nursing Home to Community Based Care
434 Change in Hours
435 New Admission
436 Utilization Review -Office
437 Utilization Review -Home
438 6 Month Pre-authorization
439 Service Modification
440 Reopened Case
488 Auto Closure Due to Overlap
501 No Longer Employed
502 No Longer Cost Effective
503 No Longer Medicaid Eligible
504 Non-Compliant
600 Not Eligible for PACE