

MAPP HHTS Release 5.1 System Enhancements

SUBJECT TO CHANGE

The Department is committed to sharing upcoming release details with the Health Home provider community as early as possible. Below is a list of MAPP HHTS enhancements that are scheduled to be implemented in release 5.1, tentatively scheduled for December 2026. This release is still in the development phase, which means that the information below is subject to change.

Tentative Dates Related to Release 5.1:

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| ➤ Summary of 5.1 | July 2026 |
| ➤ Draft file specifications documents (Word and Excel) | September 2026 |
| ➤ Final draft of specifications documents | October 2026 |
| ➤ Release Webinar | November 2026 |
| ➤ Implementation Date | December 2026 |

Draft Release 5.1 Enhancement List:

Please note that additional details will be provided closer to implementation and the list below is subject to change.

1. Prohibit Health Homes from ending a segment for a member with and open active Fair Hearing with Aid Continuing for HCBS Children.
2. Field name consistency in Health Home and CMA name fields to allow the display of "&" in organization name in all fields in the system.
3. Display the **Billing Support Upload (BSU)** File ID on screen for added Billing Instances (BI).
4. Add Fields to **Assessment Download File**:
 - a. Deactivation Date
 - b. Deactivation Rationale
 - c. Reactivate Date
 - d. Assessment GUID ID
 - e. MF Definition UAS
 - f. MF Definition Description UAS
 - g. MCCM Eligibility UAS
 - h. MCCM Eligibility Description UAS
 - i. HFW Eligibility UAS
5. Review fields that are populated in **Billing Support Download (BSD)** file on voided and potential BI records to identify source (system logic vs. provider submission) and determine if any updates are needed.
 - a. New BSD field from UAS data: MF Per UAS
6. Include Medically Complex Care Management (MCCM) Eligibility Screening Data received from the UAS, in download files and on screen for child members. The MCCM_ELIGIBILITY value from UAS will flag a member as potentially eligible for the MF

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rate. This value will replace current system logic that uses Member Program Type code '06' to flag a member as potentially eligible for the MF rate.

- a. MF_DEFINITION: Does this child/youth meet the New York State definition of Medically Fragile/Medically Complex as defined in the help file (answered in UAS by provider).
 - b. MCCM_ELIGIBILITY: (Medically Complex Care Management Eligibility).
Indicates the outcome of the MCCM screening in UAS for each member
7. Members in outreach in HHTS will no longer receive A1 & A2 codes and all existing A1 & A2 codes for members in outreach as of implementation will be end dated.
 8. Remove Medically Fragile/Complex wording from the adult HML (MF applies to HHSC only).
 9. Create an email notification to specific HHTS users whenever a Release Information document is added or modified in the HHTS.