MAPP HHTS Release 4.7.1 Summary:
Post 4.7 defect remediation release implementation date TBD

MAPP HHTS release 4.7.1 will be implemented in February to remediate defects introduced as part of the 12/28/24 MAPP HHTS release 4.7 in addition to two system enhancements. Below is a complete description of the enhancements, defects, and data fixes that will be implemented in the MAPP HHTS to correct post release 4.7 issues. An email will be sent to all system users to notify you when release 4.7.1 will be implemented and that release 4.7.1 has been successfully implemented. If you have any questions/comments/concerns about this document, please email MAPP Customer Care at mapp-customercarecenter@cma.com.

1. **Cannot accept HH-HH transfers on transfer screen (defect ID# 172294)**

Issue: Users cannot accept a pending HH-HH transfer using the transfer screen. Users can accept CMA-CMA transfers and able to conduct all other functionality on the transfer screen.

Fix: This issue will be fixed in the 4.7.1 release.

Workaround: Users should use the Act on Received Transfers Upload file to accept a pending HH transfer. Instructions for using this file are available on starting on page 144 of the file specification document:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/v4_7_1.pdf

2. **Odd value in the *Appropriateness Re-Submission Date* field (defect ID# 172295)**

Issue: Some member consent records on the Consent Download File will contain a value in the **Appropriateness Re-Submission Date** field even though an updated appropriateness code was not submitted for the member record.

Fix: This issue will be permanently fixed in the 4.7.1 release. By 1/20/25 there will be a daily data fix each night that will identify these bad data values and eliminate the incorrect values from the system. **Appropriateness Re-Submission Date** on the Consent Download File. This document will be updated once that daily data fix has been implemented.

Workaround: Please ignore this field until the daily data fix is implemented. Once the daily data fix has been implemented, and continuing until release 4.7.1 implementation, only download the Consent Download File in the morning before you've submitted a Consent and Member Program Status Upload file to the system.

3. **Non HH/CMA users cannot create Health Home referral (defect ID# 172297)**

Issue: Non HH/CMA users cannot create a Health Home referral using the adult or child referral portal. This defect <u>does not</u> impact HH or CMA users, who are able to successfully create a Health Home referral using the referrals portals.

Fix: This issue will be fixed in the 4.7.1 release.

Workaround:

A. **MCP users** should use the <u>MCP Final HH Assignment File</u> to create Health Home referrals. Instructions for using this file are available on starting on page 29 of the file specification document, <u>https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/v4_7_1.pdf</u> ***OR***:

B. **MCP and other non HH/CMA users** (such as LGU and LDSS referrers) should contact HHs directly outside of the HHTS to refer members to the Health Home program.

4. **In certain situations the *Appropriateness Re-Submission Date* field is not updated (defect ID# 172298)**

Issue: When a user submits an 'M' **Record Type** in the <u>Consent and Member Program Status Upload</u> file containing an initial appropriateness code that has already been submitted to the system for the member's consent record, the system continues to store that IA code but does not update the **Appropriateness Re-Submission Date** field on the <u>Consent Download File</u>.

Fix: This issue will be fixed in the 4.7.1 release.

Workaround: There is no workaround for this issue.

5. **Submitted appropriateness code is lost when member's associated consent record is withdrawn (defect ID# 172202)**

Issue: If a user withdraws a consent record which has an initial appropriateness code attached to it, the appropriateness information attached to that consent record will be lost. This results in some members incorrectly receiving an appropriateness related billing block (validation code 'Q' or <u>Billing Support Error</u> file **Error Reason** 'Appropriateness Criteria Required'.

Fix: This issue will be fixed in the 4.7.1 release. Developers are also working on a data fix that will identify the records with the missing appropriateness codes. The system will not be able to populate those records with the submitted appropriateness codes, but the system can identify affected consent records and update those affected records with appropriateness code 'D' that stands for *defect remediation* to document that the system lost the submitted appropriateness code. If you'd like a list of member billing instances affected by this defect, please submit an email to MAPP Customer Care Center (<u>mapp-customercarecenter@cma.com</u>) with:

A. **Subject line**: Request for [HH provider ID] BIs affected by defect ID# 172202 Missing IA
B. Submit one email per HH provider ID

C. The submitter must have an active *worker* or *read only* role with the submitted HH provider ID for MAPP CCC to securely send you a list of affected BIs.

Workaround: There is no work around for this defect.

6. **Some retroactive children's HCBS assessment billing instances were not created in the system (defect ID# 172136)**

Issue: Over the summer the system was updated to create children's HCBS billing instances going back in time based on a list of HCBS assessments released to Health Homes by the HHSC team. Some of these billing instances errored out upon creation within the system resulting in HHs not having billing instance support for all of their retroactive HCBS assessment claims/encounters.

Fix: This issue will be corrected using a data fix. This document will be updated once that data fix is ready for implementation with more information.

Workaround: There is no workaround for this defect.

7. **Change to how system flags a member as excluded from CEST billing blocks based on AOT status (enhancement ID# 172137)**

Current System Logic: The system currently flags a member as excluded from the CEST billing block based on the member's OMH AOT status based purely on the member's AOT start date as provided by OMH. This means that if a member's AOT Start date as supplied by OMH is 1/2/25, the member **IS NOT** considered OMH AOT excluded from CEST billing block for their 1/1/25 service date (exclusion would begin 2/1/25).

As a reminder, the system relies solely on the OMH AOT flag to exclude AOT members from the CEST billing block for service dates prior to 12/1/24; for service dates on and after 12/1/24, the system looks to *either* the OMH AOT flag *OR* the value submitted in the **Provider Supplied AOT** field on the Billing Support Upload file.

4.7.1 Enhancement Logic: The system will consider the member OMH AOT for the entire month that OMH identifies them as starting and ending AOT. This change will be applied retroactively for billing instances not yet added to the system. This means that after release 4.7.1 is implemented, if a member's AOT Start date as supplied by OMH is 1/2/25, the member **IS** considered OMH AOT excluded from CEST billing block for their 1/1/25 service date.

8. **Update to how updated date fields on the *Consent Download* file are populated (enhancement ID# 172138)**

Current System Logic: The system currently updates both the **Updated Date** and the **Appropriateness Submission Date** in the Consent Download file every time the member's consent record is updated. That means that if the members consent to enroll was submitted to the system on 12/1/24 and the record was modified on 12/15/24 to add an appropriateness code, both the **Updated Date** and the

Appropriateness Submission Date will display 12/15/24, meaning that the date the initial consent record was created is not listed in the Consent Download file.

4.7.1 Enhancement Logic: The system will maintain the date the member's consent was created/last updated separately from the date the initial appropriateness was submitted to the system. This means that if the consent records was created on 12/1/15, the record was modified on 12/15/24 to add an appropriateness code, and then modified again on 3/26/25 with another appropriacies code as the member reengaged in service after being pended for diligent search, the updated dates on the file would be populated as shown below:

   A. **Updated Date**: 12/1/24
   B. **Appropriateness Submission Date**: 12/15/24
   C. **Appropriateness Re-Submission Date**: 3/26/25

If the consent date is then modified on 4/2/25 without making a change to the appropriateness code, the fields would be populated as shown below:

   D. **Updated Date**: 4/2/25
   E. **Appropriateness Submission Date**: 12/15/24
   F. **Appropriateness Re-Submission Date**: 3/26/25

These examples will be included in the next update of the MAPP HHTS File Specifications Document.

9. **Values listed in the *Excluded from CEST Policy as Exp HH+* value reversed (defect ID# 172260)**

Issue: On the Billing Support Download file, the value in the **Excluded from CEST Policy as Exp HH+** field is switched, meaning that records with an 'N' value should be 'Y' and records with a 'Y' value should be 'N'. This defect only impacts the **Excluded from CEST Policy as Exp HH+** field; it **DOES NOT** impact the rate calculation and application of the CEST billing block.

Fix: This issue will be fixed in the 4.7.1 release.

Workaround: Until release 4.7.1 is implemented, reverse the meaning of values 'N' to 'Y' and 'Y' to 'N' for all billing instances.

10. **Some members identified as enrolled as HFW missing from the *Member Program Status Download* file**

Issue: The Member Program Status Download file is excluding HFW members that have a segment with the downloading provider in the *closed* status. This issue **DOES NOT** affect billing, meaning that if a member's HFW status was successfully submitted to the system and the member is in a *closed* segment status, the member *will not* be included in the Member Program Status Download file but will be flagged as HFW on the appropriate service date billing instances on the Billing Support Download file and will be eligible for the HFW rate assuming all other HFW requirements are satisfied.

Fix: This issue will be fixed in the 4.7.1 release.

Workaround: For HFW members that currently have a closed segment, you can look to the member HFW fields available in the following files for members <u>not actively enrolled in you HH</u> *(for members actively enrolled in your HH, all files that contain HFW flags are working correctly as designed)*:

A. <u>Billing Support Download</u> *the field will identify if the member was HFW as of the billing instance's service date.*
B. <u>Member Summary Report</u> *will show the member's HFW start and end date in the system.*