Summer 2024 MAPP HHTS Billing Block Issues and Clarifications

Updates made 9/10/24 in red. *Potential Health Home required action highlighted in yellow.*
Updates made 9/30/24 in purple
Updates made 10/9/24 in green

1. Members in Pended Segment Status Not Excluded From Billing Blocks (defect corrected 9/7/24)

Issue: Members in the pended segment status should be excluded from the POC and Appropriateness billing blocks, but there is currently a defect resulting in pended members incorrectly receiving validation codes Q: *Does not have Appropriateness Criteria submitted within 30 days of Consent to Enroll* and R: *Does not have Comprehensive Plan of Care submitted within 60 days of Consent to Enroll* on the Billing Support Download file.

Identifying Affected Records: Download the Billing Support Download file for 6/1/2024 – 8/1/2024 service dates. Download, save, and format the file as described in slides 3-15 of the POC document linked below. Filter the **Validation Code** field to 'R' and 'Q' and use the filter to exclude records that have a blank **Pend Reason Code** field.

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/plan-of_care_mapp_hhts.pdf

Fix: This issue was fixed in the 4.6 release (9/7/24). This fix changed how the system works in the future in addition to removing the billing blocks incorrectly applied to past service dates.

Listed below in *italics* are the workarounds suggested prior to defect remediation. Now that this system defect is fixed, **HEALTH HOMES MUST ADD BILLING INSTANCES FOR ANY CLAIMS SUBMITTED WITHOUT MAPP HHTS BI SUPPORT AS OUTLINED BELOW.**

Workaround for 6/1/24 service dates (defect fixed- workaround no longer needed)***:*** *To avoid timely filing issues submit a claim/encounter for each record affected by this defect with a 6/1/24 service date without MAPP HHTS BI support* ***ASAP****. MAPP HHTS data will be updated in release 4.6 (scheduled for 9/7/24) to remove the incorrect billing blocks. At that time, health homes must add the appropriate billing instances to support these claims/encounters.*

Workaround for service dates on or after 7/1/24 (defect fixed- workaround no longer needed)***:*** *Health Home can* ***EITHER:***

A. *Submit a claim/encounter for each record affected by this defect with a service date on or after 7/1/24 without MAPP HHTS BI support. MAPP HHTS data will be updated in release 4.6 (scheduled for 9/7/24) to remove the incorrect billing blocks. At that time, health homes must add the appropriate billing instances to support these claims/encounters.* ***OR***
B. *Delay submission of these claims/encounters until this issue is corrected in the MAPP HHTS release 4.6 (scheduled implementation 9/7/24). Once release 4.6 is implemented, be sure to submit affected claims/encounters within 90 days of the service date to avoid timely filing issues.*

2. Submitting CEST & POC for Members No Longer Enrolled With Health Home

Issue: Current rules require a Health Home have an active enrollment segment with a member to submit CEST or POC to the system. If a Health Home disenrolls a member before submitting CEST or POC needed to bill, the provider correctly is blocked from submitting the CEST & POC information and blocked from billing.

Upcoming System Change: In the MAPP HHTS release 4.7, scheduled to be implemented in Dec 2024, system rules will be changed to allow POC and CEST dates be submitted to the system for a closed segment if the submitted health home had an active enrollment with the member as of the CEST Start Date/POC Signature date.

Workaround: To submit CEST or POC that were completed/signed during the member's active enrollment with your health home, you need to modify the segment to remove the end date (therefore making the segment active), submit the CEST/POC information, and then end date the member segment. Once MAPP HHTS release 4.7 is implemented, these actions will not be necessary.

3. System Not Looking At Current Billing Instance For HH+ Expanded Population CEST Policy Exclusion

Issue: Members that have been in the expanded HH+ population for at least 1 month within the past year are supposed to be excluded from the CEST billing block. While the system is successfully excluding members identified as part of the expanded HH+ population in the past, the system is not currently excluding members that are newly (first month) in the expanded HH+ population when the billing instance is added to the system. This is a defect.

Reviewing a member's expanded HH+ status: To check review a member's expanded HH+ status, you'll need to download two Billing Support Download files, each spanning 6 months of service dates, to see what values have been submitted in the previous year in the **HH+ Minimum Services Provided** field for a member. Download, format, and save the files as described in slides 3-13 in the document linked below. Filter the **Member ID** field to the member's CIN and then look in the **Expanded HH+ population** field to see if the member has a value other than 'A' or '1' in the past year.

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/cest_mapp_hhts.pdf

Fix: In HHTS release 4.7, scheduled to be implemented in Dec 2024, the system will be updated to exclude members newly identified as part of the HH+ population from the CEST billing block that month.

Workaround: the member's care manager must complete the CES Tool, despite the member technically being exempt by policy, in the same month that their CEST is due to the system. The care manager should add a note to the EHR indicating that regardless of the outcome of the CES Tool, because the member is HH+ eligible, the result is waived per DOH Interim Policy. CMAs will have to identify which members that have CEST validation code S or T are newly added to the expanded HH+ population in that month and have the Care Managers complete the CES Tool for those members. Once a CEST Outcome is submitted to the tracking system, the provider will be able to add the billing instance for the member. To

ensure that the member continues to be excluded from the CEST billing policy, the provider must indicate in the Expanded HH+ Population field why the member is part of the expanded HH+ population. This will ensure that the member is excluded from the CEST policy for at least a year.

Workaround for 6/1/24 service dates: Health Homes must proactively make the member part of the population excluded from the CEST billing rules. This can be done by submitting a new value '1' *Yes. Newly expanded HH+ pop next month* in the **HH+ Minimum Services Provided** field on the Billing Support Upload file for the member's 5/1/24 billing instance. This will exclude the member from the CEST billing policy for a year.

*Please note – members that submit this new value '1' to the tracking system for 5/1/24 and DO NOT have a value other than 'A' or '1' in the **HH+ Minimum Services Provided** field in their 6/1/24 billing instance ARE NOT eligible to bill for 6/1/24.*

If the member's 5/1/24 billing instance has not yet been added to the tracking system, the Health Home can use this new value of '1' when adding the billing instance for 5/1/24. If the member's 5/1/24 billing instance has already been submitted to the system the HH will need to void the member's 5/1/24 billing instance and then re-add the 5/1/24 billing instance with all the information originally submitted with the addition of a value of '1' *Yes. Newly expanded HH+ pop next month* in the **HH+ Minimum Services Provided** field. Once the 5/1/24 voided and added billing instance records are processed into the system the HH can add the 6/1/24 billing instance to the system. For these records to process correctly, the 5/1 records can be submitted together in on file and then the 6/1 record must be submitted is a separate file after the 5/1 records have been successfully processed into the system.

To avoid timely billing issues, make sure claims/encounters are submitted within 90 days of the service date.

Workaround for service dates on or after 7/1/24: Health Homes can **EITHER:**

A. Continue to follow the process outlined above to add value '1' *Yes. Newly expanded HH+ pop next month* in the **HH+ Minimum Services Provided** field in the month prior to the member becoming part of the expanded HH+ population **OR**
B. the member's care manager must complete the CES Tool, despite the member technically being exempt by policy, in the same month that their CEST is due to the system. The care manager should add a note to the EHR indicating that regardless of the outcome of the CES Tool, because the member is HH+ eligible, the result is waived per DOH Interim Policy. CMAs will have to identify which members that have CEST validation code S or T are newly added to the expanded HH+ population in that month and have the Care Managers complete the CES Tool for those members. Once a **CEST Outcome** is submitted to the tracking system, the provider will be able to add the billing instance for the member. To ensure that the member continues to be excluded from the CEST billing policy, the provider must indicate in the **Expanded HH+ Population** field why the member is part of the expanded HH+ population. This will ensure that the member is excluded from the CEST policy for at least a year.

To avoid timely billing issues, make sure claims/encounters are submitted within 90 days of the service date.

4. Clarification Regarding AOT CEST Exclusion

Policy Clarification: Members flagged in the tracking system as AOT by OMH are excluded from the CEST policy. Members that *are not flagged as AOT on the OMH feed* and are only flagged as AOT by the HH on the Billing Support Upload file, **are not excluded from the CEST policy**.

Identifying AOT Member per OMH: to identify the dates that a member is flagged as AOT per OMH, download, save, and format the Member Program Status Download as described in slides 3-13 of the document linked below. Filter field **Program Type** to 'AOT' and then look to the **Program Type Begin Date** and **Program Type End Date** fields to see the dates that OMH flagged the member as AOT. If the member is currently AOT, there will be a value of 'Y' in the **AOT Status Indicator** field. A member is only excluded from the CEST policy as an AOT member for billing instance service dates that fall between the dates a member was AOT per this file.

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/cest_mapp_hhts.pdf

Additionally, the files listed below contain the **AOT Member** field. Members flagged by OMH as AOT as of the date the file is downloaded are populated with 'Y' in this field. However, please note that this field is only correct as of the file download date (e.g. member newly flagged as AOT by OMH with an 8/7/24 begin date. If you download the files below on/after 8/7/24 the member will be flagged as AOT, but member would only be excluded from the CEST policy for service dates on or after 8/1/24, not for service dates prior to 8/1/24).

- Billing Support Download File
- CIN Search Download
- Enrolled Member Details Download
- Enrollment Download File
- My Member Download

Next Steps: Members that ***are not*** identified as AOT per OMH are ***not currently excluded from the CEST policy***. You must submit CEST for these members if you'd like to bill for these members. If a member recently became AOT, wait at least a week and check to see if the weekly Saturday feed received from OMH into the HHTS has been updated to flag the member as AOT. If the member continues to not be listed as AOT in the tracking system after a week, contact OMH (psyckes-help@omh.ny.gov) to ask them to ensure that the member's AOT information is correctly documented within PSYCKES. This is the source of OMH feed into MAPP HHTS. **THE AOT INDICATOR CANNOT BE ADDED OR REMOVED VIA MAPP CCC. YOU MUST CONTACT OMH DIRECTLY FOR ANY DISCREPANCIES**.

In the MAPP HHTS release 4.7, scheduled to be implemented in Dec 2024, the system and policy will be updated to allow the health home to indicate that a member is AOT on the Billing Support Upload file in the **AOT Member** field, to exclude them from the CEST policy. This change will be prospective from implementation of the MAPP HHTS release 4.7 and will apply to services dates on or after 12/1/24.

5. Some POC Grace Periods Too Short (defect corrected 9/7/24)

Issue: There are a few situations where the system is not giving a member their full POC grace period resulting in the system incorrectly applying Validation Code 'R' *Does not have Comprehensive Plan of Care submitted within 60 days of Consent to Enroll* on the Billing Support Download file.

Identifying Affected Records: Download the Billing Support Download file for 6/1/2024 – 8/1/2024 service dates. Download, save, and format the file as described in slides 3-15 of the POC document linked below (to ensure the rest of these instructions work, make sure that the following fields are formatted as date fields: **Service Date**, **Consent to Enroll Date**, and **Segment Begin Date**). Add 3 columns to the file between the **Segment Begin Date** and **Initial CEST Due Date** fields with the following names & formulas listed below. Records with a value of 'Yes' in the **R Validation Code Incorrect per issue #5?** field incorrectly received validation code 'R'.

1. **POC grace period start date** *=MAX(DC2:DD2)*
2. **POC grace period end date** *=DE2+60*
3. **R Validation Code Incorrect per issue #5?** *=IF(BZ2="R",IF(C2<DF2,"Yes","No"),"No")*

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/plan-of_care_mapp_hhts.pdf

Fix: This issue was fixed in the 4.6 release, implemented on 9/7/24. This fix changed how the system works in the future in addition to removing the billing blocks incorrectly applied to past service dates.

Listed below in *italics* are the workarounds suggested prior to defect remediation. Now that this system defect is fixed, **HEALTH HOMES MUST ADD BILLING INSTANCES FOR ANY CLAIMS SUBMITTED WITHOUT MAPP HHTS BI SUPPORT AS OUTLINED BELOW.**

Workaround for 6/1/24 service dates(defect fixed- workaround no longer needed)***:*** *submit a claim/encounter for members that incorrectly received validation code 'R' for their 6/1/24 billing instance (see Identifying Affected Records above to locate members). Submit these claims/encounters without MAPP HHTS BI support now to avoid timely filing issues. MAPP HHTS data will be updated in release 4.6 to remove the billing block. At that time, health homes must add the appropriate billing instance to support these claims/encounters.*

Workaround for service dates on/after 7/1/24 (defect fixed- workaround no longer needed)***:*** *Do not submit these claims/encounters until this issue is corrected in the MAPP HHTS release 4.6 is implemented (scheduled for 9/7/24). Once release 4.6 is implemented, be sure to submit affected claims/encounters within 90 days of the service date to avoid timely filing issues.*

6. CEST Billing Blocks Incorrectly Applied (defect corrected 9/29/24)

Issue: DOH discovered that the MAPP HHTS is incorrectly blocking some BIs from being added to the system. Members with a **CEST Outcome** submitted to the system during a segment that is now closed where the **CEST End Date** is greater than the end date of the segment during which that **CEST Outcome** was submitted to the system are incorrectly receiving **Validation Code** 'T'.

System Change (issue fixed as of 9/30/24): On 9/28/24 – 9/29/24, the system end dated any **CEST Outcomes** where the **CEST End Date** was greater than the end date of the segment during which the **CEST Outcome** was submitted using that closed segment's end date. This resulted in the incorrectly applied billing blocks to go away, which will allow providers to add these BIs to the system (see example #1 below). Each night, the system will flag any **CEST End Dates** that are greater than their associated segment's end date the following day which will trigger the system to end the CEST with the closed segment's end date to ensure that BIs are not incorrectly blocked (see example #2).

Example 1: Member has a closed enrollment segment from 1/1/24 – 7/31/24. The member has a **CEST Outcome** of 'M', a **CEST Start Date** of '6/24/24', and a **CEST End Date** of '8/23/24'. Member reenrolls in HH with an 8/1/24 enrollment segment. The member is allowed to add the BI for the 8/1/24 services date, but the member is incorrectly blocked from adding the 9/1/24 service date due to **Validation Code** 'T'. On 9/29/24, the system flagged this CEST record and changed the **CEST End Date** from '8/23/24' to '7/31/24', which will remove **Validation Code** 'T' from the 9/1/24 BI.

Example 2: Member has an enrollment segment from 11/1/2016 in the system and the following CEST record: **CEST Outcome** = 'C', **CEST Start Date** = '8/15/24' and a **CEST End Date** of '02/11/25'. On 10/2/24, the HH end dates the member's segment with 9/30/24 end date. Beginning late 10/2/24 and carrying into 10/3/24, the system will flag this member's CEST record and change the **CEST End Date** from '02/11/25' to '9/30/24'.