



Department
of Health

MAPP Health Home Tracking System Release 3.3 System Changes & Enhancements

February 5, 2020

Release 3.3 will be Deployed to MAPP HHTS on 3/12/2020

Release 3.3 will include the following changes:

1. Consent to Enroll will be required for adult enrollment segments (screen and file).
2. MAPP Referrer Users will have access to the *Adult Referral Quick Link*.
3. HH and CMA workers will not be able to create segments via the tracking file for Medicaid ineligible members.
4. ACT members will be prevented from entering the MAPP HHTS.
5. Updates to the Billing Support Upload (BSU) and Billing Support Download (BSD) Files and Some Rate Logic.
6. System wide update to file field naming convention for consistency across all upload and download files.
7. The **Acuity Download File** will be removed.
8. The Provider Relationship Download File will be available to MCPs, HHs and CMAs to export their HHTS provider relationships.
9. Validity checks for dates on incarceration release date, substance abuse discharge date, and mental illness discharge date in the HML assessments will be added.

***Consent to Enroll* Required for Adult Enrollment Segments (screen and file)**

New Enrollment Segments:

When entering a new Enrollment Segment for an adult either on a screen or by a file, **Consent to Enroll will be required.**

Existing Enrollment Segments (active, pended, and closed):

All existing enrollment segments created before Release 3.3 Go Live, that do not have a **Consent to Enroll** that covers the entirety of the segment, the system will add a temporary consent. The new values will display as “Adult Consent Date Required”, with “System” as the consenter.

HHs and CMAs must submit **Consent to Enroll dates for all members with active segments.**

The “Adult Consent Date Required” consents cannot be created or modified, but DOH will periodically end date these temporary consent segments if a provider has uploaded Consent to Enroll for that member.

***Consent to Enroll* Required for Adult Enrollment Segments (screen and file)**

MAPP HHTS Notes:

- When creating a **new segment** for a member using a file, providers must upload the initial consent date using the **Consent** field #15 on the Segment Tracking File. This field was formally obsolete. The system will only accept a value in this field when creating a new enrollment segment for an adult member.
- When modifying consent using a file, providers must use the consent file. Consent **cannot** be modified using the Segment Tracking File.
- When creating or modifying a segment on screen, the system will now require **Consent to Enroll** for all members. If the submitted consent does not cover the segment period the system will not allow a user to create the segment.

Questions about Adult Consent Policy:

Adult Consent Policy

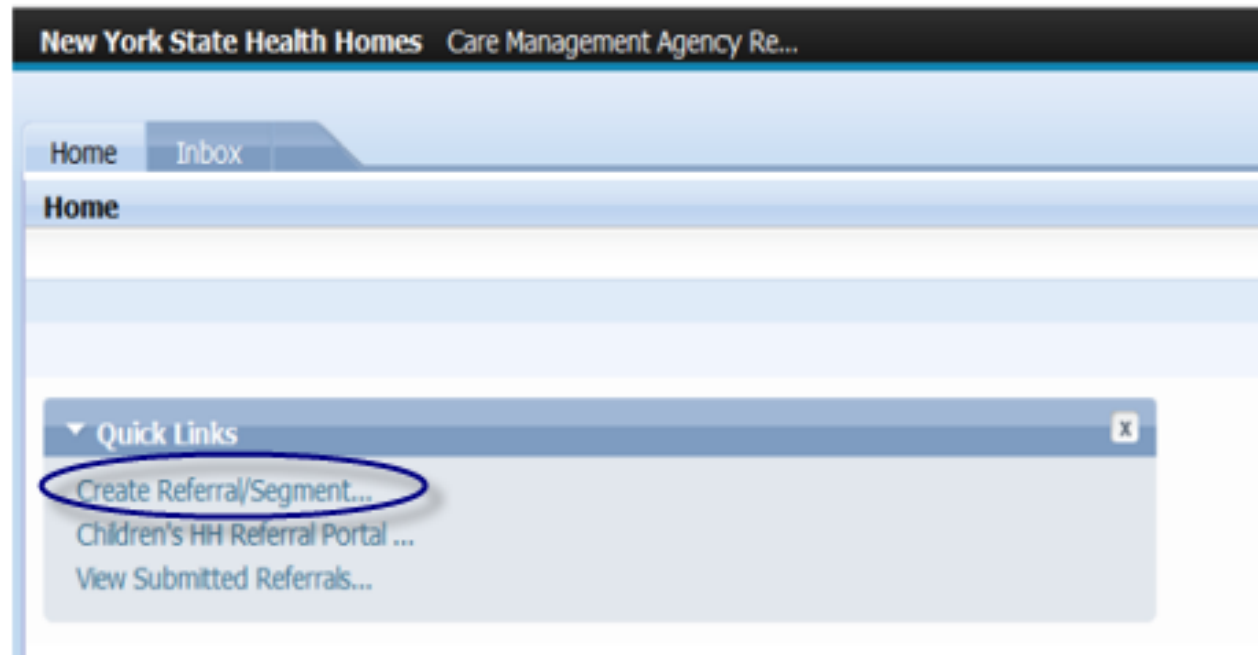
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/hh0009_phi_and_consent_policy.pdf

Or Contact the HH Policy Team BML with questions/concerns

<https://apps.health.ny.gov/pubpal/builder/email-health-homes>

MAPP Referrer Users Will Have Access to the *Adult Referral Quick Link*

MAPP Referrer Users will now be able to refer adults directly into the system via the Adult Referral Quick Link. These referrer roles include: CMA Referrer, HH Referrer, MCP Referrer, Other Referrer, LDSS Referrer, LGU SPOA Referrer.



HH and CMA Workers Will Not Be Able to Create Segments Via the Tracking File for Medicaid Ineligible Members

HH and CMA workers will continue to be able to create segments for adult members without Medicaid through the adult referral portal.

If a provider attempts to create a segment via the Tracking File for a *Medicaid Ineligible Member*, the segment will not be created and the provider will receive the error “As of <MMDDYY> the member is not eligible for Medicaid”.

ACT Members Will be Prevented from Entering the MAPP HHTS

- Any member currently identified as ACT by OMH will be prevented from entering MAPP HHTS (*logic will be based on ACT members no longer eligible for Health Home services effective 8/1/19*).
- If a HH or CMA tries to create or modify a segment for a member enrolled in the ACT program, the system will display an error.
- New fields have been added to the CIN Search and CIN Search download file to assist providers in identifying current ACT members.

106	Pending Transfer Receiver MMIS ID	2247	8	2254	Numeric
107	Pending Transfer Receiver Organization	2255	40	2294	Alpha
108	Pending Transfer Create Date	2295	8	2302	MMDDYYYY, Numeric
109	Pending Transfer Effective Date	2303	8	2310	MMDDYYYY, Numeric
110	Pending Transfer Reason	2311	75	2385	Alpha
111	Pending Transfer Comment	2386	300	2685	Alphanumeric
112	Medicaid Recipient Exemption Code 6 to 16	2686	32	2717	Alphanumeric (space delimited)
113	ACT Member	2718	1	2718	Character (Y/N)

On Screen ACT Flag on CIN Search

Member Search Report

Member
Generated On: 2/3/2020
Latest Address
Latest Phone
Medicaid End Date
Assigned Health Home
Enrolled Health Home
Managed Care Plan
ACT Member: Yes
Coverage Code: 01

[Print](#) [Transfer-Out Member...](#) [Transfer-In Request...](#)

Last 5 Unique Providers

Service Date	Provider	Address 1	Address 2
10/31/2019	BETH ISRAEL MEDICAL CENTER	10 NATHAN D PERLMAN PL	10 BERNSTEIN PAVILLION

Member CIN Search

When entering more than one CIN, identify which format was used to delimit the CINs.

Search Criteria

CIN:

Delimiter:

Download File Format

File Format:

Zip Download File:

[Search](#) [Reset](#) [Download Search Results](#)

Search Results (Number of Items: 3)

Member	Program Participation	DOB	Medicaid End Date	Coverage Code	Managed Care Plan	Health Home	Care Management Agency	ACT Member	HARP
				01				Yes	No
				30	AGEWELL NEW YORK LLC - 03481827			No	No
				30	METROPOLIS HEALTH PLAN INC - 04033201	MONTEFIORE MEDICAL CENTER - 03460400		No	Enrolled

Updates to the Billing Support Upload (BSU) and Billing Support Download (BSD) Files

These updates include:

1. New field on BSD that captures the **Managed Care Plan (MCP) type**.
2. CANS Completion Date will display for Potential Billing Instances.
3. Rate description (not rate code) will be populated on BSD for Potential BIs if there is a completed CANS.
4. The following fields will no longer be populated on the BSD: *Adjusted Acuity Score as of Service Date, Base Acuity Score as of Service Date, Risk, and Member Housed (this field will no longer be collected through the BSU – see next slide)*.
5. Field # 17 on the BSD will be renamed **Payor** and will be populated with 'P' if the member's plan is the responsible payor and 'F' if Medicaid fee for service is the responsible payor.
6. **Insert Date** and **Provided Service Indicator** will be populated for CANS BIs.

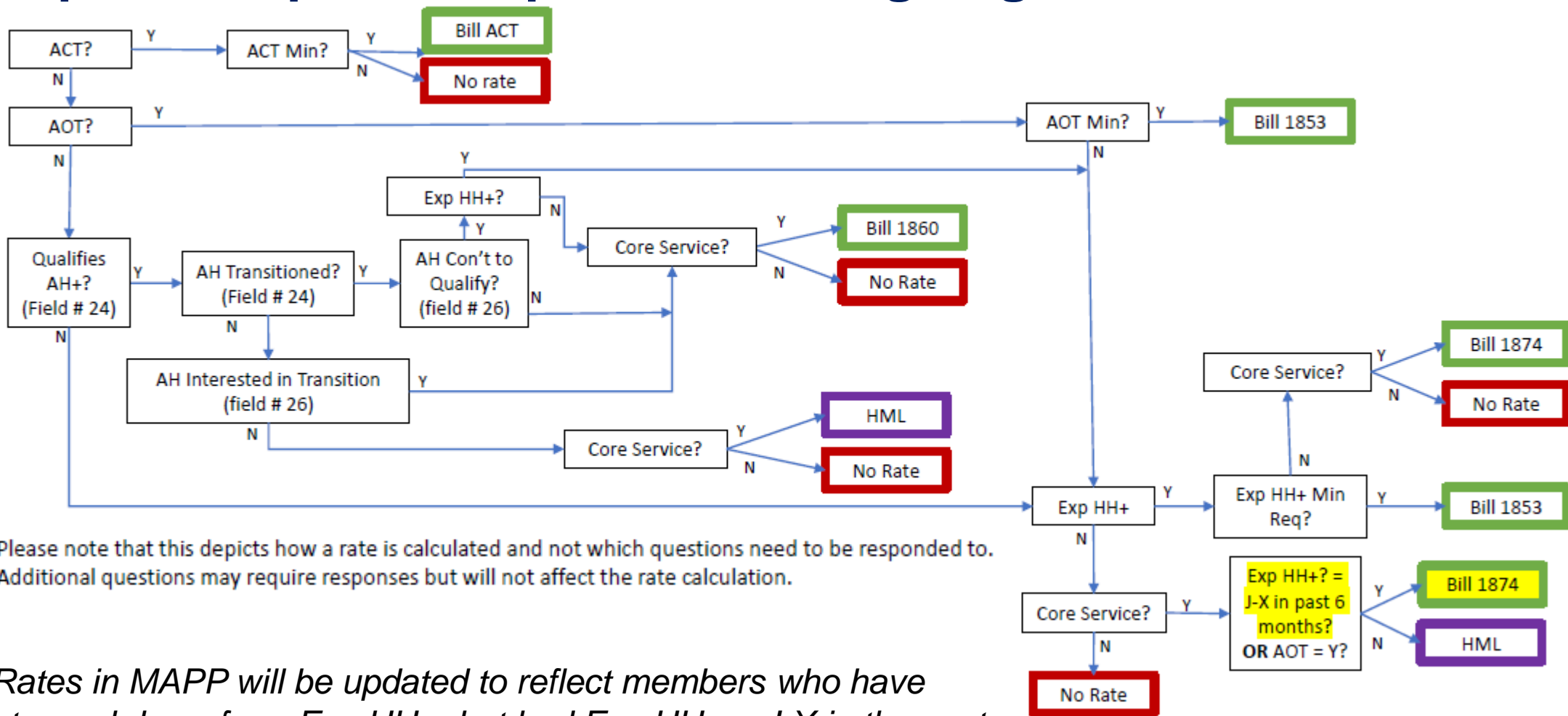
Billing Support Rate Logic

These updates include:

1. Please familiarize yourself with the **Special Population Billing Logic** flow on the next slide. It describes what billing questions must be responded to and shows what rate code members are eligible for based on their billing question answers.
2. Adjusting questions for Adult Home members
 - a. No longer required to respond to field #26 **AH Member continues to qualify** on BSU for a member with the following responses: field #24: 'Y', field #25: 'N', field #27: 'Y'
3. When completing a billing instance for Children's outreach, provider will no longer need to respond to the *AOT* and *child in foster care* questions.
4. **Member Housed** field #31 on the BSU should no longer be populated and is now an obsolete field.
5. If a member has stepped down from the SMI Expanded HH+ within the past 6 months (field #31 **Expanded HH+ population** populated with J-X within the past 6 months) will now be placed into rate code 1874 High Risk/High Need per policy:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/special_populations/docs/hh_plus_high_need_smi_guidance.pdf

Updated Special Population Billing Logic



Please note that this depicts how a rate is calculated and not which questions need to be responded to. Additional questions may require responses but will not affect the rate calculation.

Rates in MAPP will be updated to reflect members who have stepped down from Exp HH + but had Exp HH+ = J-X in the past 6 months to be in agreement with the policy.

System Wide Update to File Field Naming Convention for Consistency

This update applies to both upload files and download files.

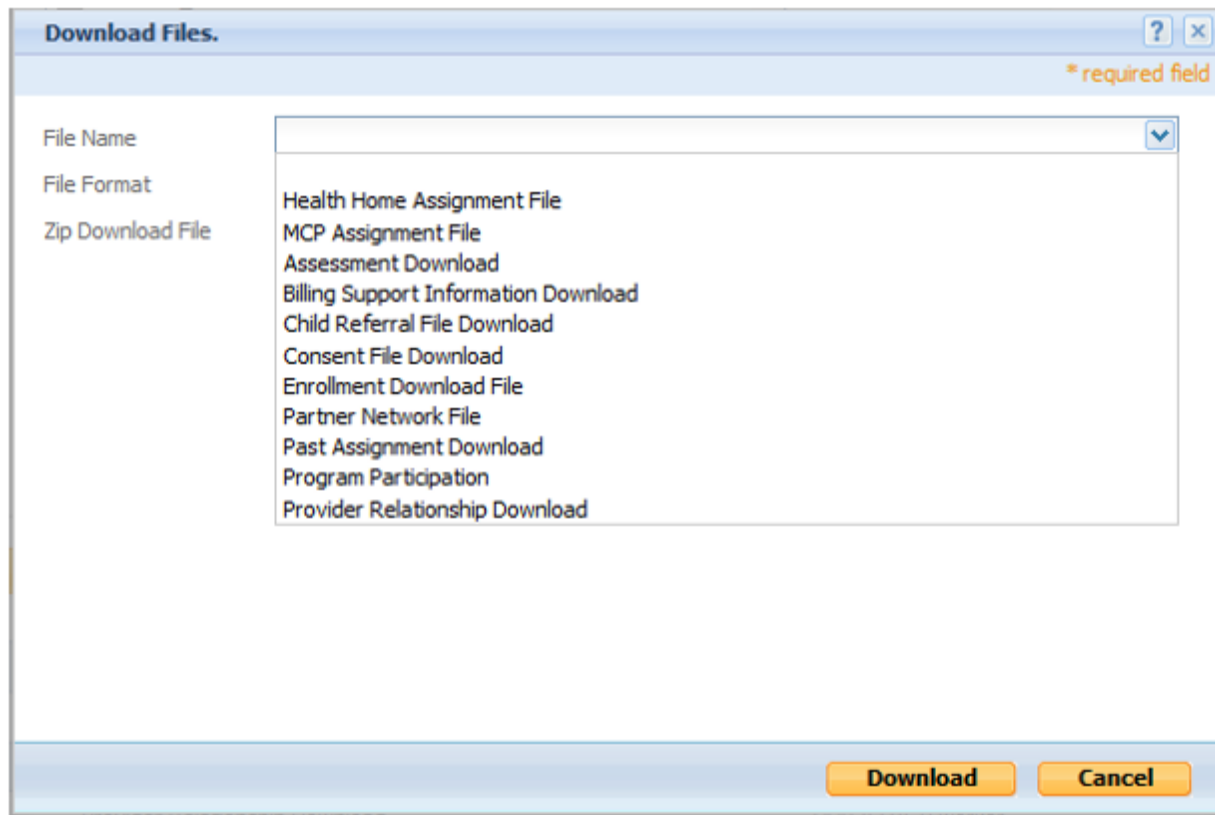
Please refer to 'MAPP HHTS File Specifications v10.0' and 'MAPP HHTS File Specifications Document v3.3'. The documents will be found at the following link on the MAPP section of the DOH Health Home Program website:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm

Click to expand the heading titled, "*Tracking System File Formats*" to find the latest version of these documents.

The *Acuity Download File* Will be Removed

The acuity file is no longer available to be downloaded by providers since the information available is not up to date and has not been updated for many years.



The screenshot shows a 'Download Files' dialog box with a title bar containing a help icon and a close button. Below the title bar, there is a red asterisk and the text '* required field'. The dialog contains a list of file types for download, with a 'File Name' field and a 'File Format' dropdown menu. The file types listed are:

- Health Home Assignment File
- MCP Assignment File
- Assessment Download
- Billing Support Information Download
- Child Referral File Download
- Consent File Download
- Enrollment Download File
- Partner Network File
- Past Assignment Download
- Program Participation
- Provider Relationship Download

At the bottom of the dialog, there are two buttons: 'Download' and 'Cancel'.

The *Provider Relationship Download File* Available to MCPs, HHs and CMAS to Export HHTS Relationships

A new download file is being added to allow providers to export their provider relationship connections from the MAPP HHTS.

Provider Relationship Download File					
Field #	Field	Start Pos	Length	End Pos	Format
1	Managed Care Plan	1	40	40	Alpha
2	MCP MMIS ID	41	8	48	Numeric
3	Health Home	49	40	88	Alpha
4	HH MMIS ID	89	8	96	Numeric
5	Care Management Agency	97	40	136	Alpha
6	CMA MMIS ID	137	8	144	Numeric
7	Begin Date	145	8	152	MMDDYYYY, Numeric
8	End Date	153	8	160	MMDDYYYY, Numeric
9	Relationship Status	161	8	168	Alpha
10	Reason	169	40	208	Alphanumeric
11	Auto Approval	209	3	211	Alpha
12	Direct Bill Override	212	3	214	Alpha

Validity Checks for Dates on HML Assessments Will be Added

- The following fields on the HML assessment will have validity checks:
 - incarceration release date,
 - substance abuse inpatient stay discharge date,
 - mental illness or physical health inpatient discharge date.
- No dates in the future, no dates before 2012, no dates before DOB will be allowed by the system.
- If an invalid date is entered, provider will get error message “Release Date cannot be in future/prior to DOB/prior to 2012.”

System Bugs to be Fixed:

1. POC display on consent download file.
2. Update DOH links on Children's Referral Portal.
3. Correct file naming convention/requirement for BSD.
4. Correct the error message when the txt format file size is incorrect to be "Invalid record type format".
5. Correct the error message when a CMA worker tries to enter POC information.
6. Add validation to prevent an upload file to pend "Closed" status enrollment.
7. Medicaid R/E code description will no longer be blank.
8. Correct Service Address line 1 and 2 on the MCP Assignment File.
9. Correct the error message for when creating a children's referral (assignment or segment) when the start date is after Medicaid eligibility end date.
10. No active segments will have pend reasons.
11. Correct overlapping HH assignments.
12. Update Billing Module to allow for an AH member with NH code (end date unknown) to be able to add a billing instance via file.
13. Update the My Members screen search to consider only foster care CMAs in case of the OFCS user.
14. Update Provider Management Module for Program Name to be edited.

2020 MAPP HHTS Release Schedule

- DOH is planning four MAPP HHTS releases in 2020.
- The next release (3.4) should occur in June 2020.
- A detailed DRAFT schedule of releases will be posted to the website and distributed via the Health Home listserv.
- This schedule includes dates when the following items will be released:
 - Broad outline of proposed changes
 - Webinar to discuss release
 - Updated MAPP HHTS Specifications Document

Health Home Contact Information

- For Questions regarding billing of transitioning Children's HCBS services contact the children's team at HHSC@health.ny.gov
- For MAPP HHTS issues, contact: MAPP Customer Care (518) 649-4335 or email MAPP-CustomerCareCenter@cma.com
- For HH policy questions, contact the DOH Health Home Provider Line (518) 473-5569 or submit an email using the HH email web form:
https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action
- For MAPP HHTS resources and presentations:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm