



Department
of Health

MAPP Health Home Tracking System Release 4.1 System Changes & Enhancements

System changes are scheduled to be implemented around 11/27/22

October 19, 2022

MAPP HHTS Release 4.1 Webinar Agenda

System changes scheduled to be implemented 11/27/22

Billing Support Changes

- Allow up to 3 Billing Instances for pended due to diligent search
- Restructure billing files (remove obsolete fields, change how HH qualifying conditions collected, update error file)
- Restriction on Billing Instances for DOS greater than two years

File Changes (non-billing)

- Add additional member program flags to files
- Add fields to the Enrollment Download file
- Add date field to the Potentially Incompatible Segments file
- Correct field name inconsistencies in files
- Update to the Provider Summary Report (PDF)

MAPP HHTS Release 4.1 Webinar Agenda Continued

System changes scheduled to be implemented 11/27/22

Screen and System Changes

- Eliminate all obsolete consent types in the HHTS
- HHTS will accept a gender value of 'X'
- Accept pending segments after one week
- Update “Quick links” in the menu for various MAPP role types
- Update to My Transfers screen filters
- Allow Segment Creation for Child in Foster Care by Non-VFCA Provider

General Updates and Reminders

Health Home Team Mailbox and LISTSERV

Health Home **policy** questions should be directed to the DOH Health Home Provider Line (518) 473-5569 or be submitted via the HH Team mailbox using the HH email web form: https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/mailHealthHome.action



Contact the DOH Policy team mailbox for Health Home policy related questions

Health Home policy updates and program announcements are distributed through the Health Home LISTSERV. Sign up as shown below, to receive these notifications.

Click on the link on the HH website and follow the instructions on screen.

Medicaid Health Homes LISTSERV

The purpose of the Health Home Listserv (HHomes-L) is to notify interested parties that new information has been posted on the Health Home website. The notices will alert subscribers to new information available on the Health Home website which will include: webinar announcements and materials, updated timelines, program updates, press releases and any other information of interest.

Subscribe

To subscribe send an email addressed to listserv@listserv.health.state.ny.us. In the body of the message, type:

SUBSCRIBE HHOMES-L YourFirstName YourLastName



Billing Support Changes

Allow up to 3 Billing Instances for Pended Due to Diligent Search

- New logic will apply to BIs associated with a segment that is "Pended due to Diligent Search".
- Member will only receive 3 months of BIs starting with the associated start date of the pended segment. Once a member enters 4th the system will create a BI that cannot be added as indicated by the following in the **Validation Code** field 'N'
PR07: Pended due to Diligent search.
 - Segment pended 2/1/23 with reason "*Pended due to Diligent Search*". On 5/1/23, member will have BIs for 2/1/23, 3/1/23, and 4/1/23 that can be added and a potential BI for 5/1/23 with **Validation Code = 'N' that cannot be added**.
 - This would also apply to subsequent BIs associated with this "Pended due to Diligent Search".
- New associated billing error: *Pended segment BI max number reached*

[Continuity of Care and Re-engagement for Enrolled Health Home Members #HH0006](#)

Restructure Billing Files: Remove Obsolete Fields

Remove obsolete files on the Billing Support Upload and Download Files

Fields removed from the BSD include:

- a. Adjusted Acuity Score as of Service Date
- b. Base Acuity Score as of Service Date
- c. Risk
- d. ACT Minimum Services Provided
- e. Member Housed

Fields removed from the BSU include:

- a. ACT Member
- b. ACT Minimum Services Provided
- c. CMA Direct Biller Indicator
- d. Member Housed

Restructure Billing Files: Change How HH Qualifying Conditions Collected

- This release will eliminate the existing **Health Home Qualifying Conditions** (collects qualifying condition codes) and replace it with multiple fields (#30-45) representing distinct HH qualifying conditions.
- A provider must respond 'Y' to **all applicable qualifying conditions** for that member month.
- If fields 42 or 44 (**Children's HCBS & Other conditions/Other Qualifying Condition**) are populated with 'Y', then **Description of "Other" Health Home Qualifying Condition** (field #45) must also be populated.
- If fields 30-34,44 (*representing single qualifying conditions*) are 'N', then at least two of fields 35-43 must be populated with 'Y' (*identifying the two chronic conditions that make a member eligible*).
- **These values will be used to analyze the Health Home program, so submit all that apply!**
- BIs submitted using the old format will be translated into the new format. A BI submitted prior to this release with '021016' in the **Health Home Qualifying Conditions** field will now have 'Y' in fields 35, 39, & 44 and the other qualifying conditions fields will be populated with 'N'.

30	SED/SMI	81	1	81	Alpha (Y/N)
31	HIV/AIDS	82	1	82	Alpha (Y/N)
32	Complex Trauma (under 21 years of age)	83	1	83	Alpha (Y/N)
33	Sickle Cell	84	1	84	Alpha (Y/N)
34	Children's HCBS Only	85	1	85	Alpha (Y/N)
35	Mental Health (excluding SMI/SED)	86	1	86	Alpha (Y/N)
36	Substance Abuse	87	1	87	Alpha (Y/N)
37	Asthma	88	1	88	Alpha (Y/N)
38	Diabetes	89	1	89	Alpha (Y/N)
39	Heart Disease	90	1	90	Alpha (Y/N)
40	Overweight	91	1	91	Alpha (Y/N)
41	One or More DD conditions	92	1	92	Alpha (Y/N)
42	Children's HCBS & Other conditions	93	1	93	Alpha (Y/N)
43	Adult HCBS and other conditions	94	1	94	Alpha (Y/N)
44	Other Qualifying Condition	95	1	95	Alpha (Y/N)
45	Description of "Other" Health Home Qualifying Conditions	96	40	135	Alphanumeric

Restructure Billing Files: Change How HH Qualifying Conditions Collected

The Billing Support Download (BSD) will be updated to reflect the changes made to the BSU.

84	SED/SMI	811	1	811	Alpha (Y/N)
85	HIV/AIDS	812	1	812	Alpha (Y/N)
86	Complex Trauma (under 21 years of age)	813	1	813	Alpha (Y/N)
87	Sickle Cell	814	1	814	Alpha (Y/N)
88	Children's HCBS Only	815	1	815	Alpha (Y/N)
89	Mental Health (excluding SMI/SED)	816	1	816	Alpha (Y/N)
90	Substance Abuse	817	1	817	Alpha (Y/N)
91	Asthma	818	1	818	Alpha (Y/N)
92	Diabetes	819	1	819	Alpha (Y/N)
93	Heart Disease	820	1	820	Alpha (Y/N)
94	Overweight	821	1	821	Alpha (Y/N)
95	One or More DD conditions	822	1	822	Alpha (Y/N)
96	Children's HCBS & Other conditions	823	1	823	Alpha (Y/N)
97	Adult HCBS and other conditions	824	1	824	Alpha (Y/N)
98	Other Qualifying Condition	825	1	825	Alpha (Y/N)
99	Description of "Other" Health Home Qualifying Conditions	826	40	865	Alpha/Blank

Restructure Billing Files: Billing Support Error File

The Billing Support Error file updates (adding some values from BSU and line number):

Format

Field #	Field	Start Pos	Length	End Pos	Format
1	Line Number	1	6	6	Numeric
2	Add/Void Indicator	7	1	7	Alpha (A/V)
3	Member ID	8	8	15	AA11111A, Alphanumeric
4	Service Date	16	8	23	MMDDYYYY, Numeric
5	Core Service Provided	24	1	24	Alpha (Y/N/Blank)
6	HH+ Minimum Services Provided	25	1	25	Alpha (Y/N/Blank)
7	Error Reason	26	40	65	Alphanumeric

Restriction on Billing Instances for DOS Greater Than Two Years

- The time period to restrict Billing Instances (BIs) will be set to two years at the time of implementation, which is tentatively scheduled for November 27, 2022.
- This new validation will exist for both children and adult BI submissions, for screen and file uploads.
- A validation code (M) will be displayed for BIs for DOS greater than two years, “Service Date No Longer Available to Add”.
- New associated billing error: *Service Date no longer available to add*

File Changes (non-billing)

Add Additional Member Program Flags to Files:

Added to the Enrolled Member Detail file:

- OMH HH+
- AOT
- ACT
- Adult Home
- HARP

Added to the Enrollment Download file:

- OMH HH+
- AOT
- ACT
- Adult Home
- EI
- HFW
- CYES

Added to All Assignment Download files:

- OMH HH+
- AOT
- ACT
- Adult Home
- EI
- HFW
- CYES

Added to CIN Search Download file:

- EI
- HFW
- AOT
- Adult Home

(File already includes ACT, HARP, CYES, and OMH HH+ Flags)

Add Fields to the Enrollment Download File

In addition to the member program flags that were added to Enrollment Download File (OMH HH+ Eligible, AOT Member, ACT Member, Impacted Adult Home Member, EI Member, HFW Member and C-Yes Member) we have also added the following county information fields:

- Member Fiscal County Code
- Member Fiscal County Description

Add Date Field to the Potentially Incompatible Segments File

- A new column which has a heading of “*Date Added to File*”, has been added on the **Potentially Incompatible Segments** file. This should be helpful to the user that is downloading the file, to identify any new members that will need to be reviewed.
- If there is more than one reason for the member to be included on this file, the date corresponds with the first time the member was added to the provider’s file.
- The file captures the date a member was first included on a file downloaded by the provider. See following slide for example.

Potentially Incompatible Segments File Date Field Examples

1. Oliver, enrolled in HH1/MCP2, dies on 9/12/22. Oliver's death is reported to MDW/tracking system on 10/2/22.
 - a. If HH 1 downloads this file on 9/25/22, Oliver will not be on the file.
 - b. If MCP 2 downloads the file on 10/3/22, Oliver will be on the file with '09122022' in field #5 **Date of Death** and 10/3/22 field # 30 **Date Added to File**.
 - c. If HH 1 downloads the file on 10/6/22, Oliver will be on the file with '09122022' in field #5 **Date of Death** and 10/6/22 field # 30 **Date Added to File**.

2. If HH 1 downloads the file again on 10/15/22, Oliver will be on the file with '09122022' in field #5 **Date of Death** and '10062022' field # 30 **Date Added to File**. Liam is FFS and enrolled in HH 1 as of August 2022. On 9/12/22, an RE code that is incompatible with the Health Home program was activated for him and 10/1/22 he enrolled in a new MCP that is incompatible with the Health Home program.
 - a. If HH 1 downloads this file on 9/15/22, Liam will be on the file with 'Y' in field #25 **Medicaid Recipient Exemption Code Incompatible**, fields 26-28 will be populated with the incompatible RE code information, and '09152022' will be in field # 30 **Date Added to File**.
 - b. If HH 1 downloads this file again on 10/15/22, Liam will be on the file with 'Y' in field #19 **MCP Incompatible**, 'Y' in field #25 **Medicaid Recipient Exemption Code Incompatible**, fields 26-28 will be populated with the incompatible RE code information, and '09152022' will be in field # 30 **Date Added to File**.

Correct Field Name Inconsistencies in Files

The field names in multiple files have been changed to be consistent with the same value's field names elsewhere in the system.

For example, a field could be named "HFW Indicator" on one file but be named "HFW Member" on another file.

We have made updates to keep the field name consistent from file to file. This update only affects the field name labels and will not change the actual data contained in the fields.

Please refer to the MAPP HHTS File Specifications to see these corrections.

Update to the Provider Summary PDF

The Provider Summary PDF has new sections added that will provide an overview of member counts for:

- Qualifying Conditions (based on member's current BI – current or previous month)
- MCP Provider Type Summary

Qualifying Condition Summary

Qualifying Conditions	Count of Members	% of Total Active Enrollment Segments
SED/SMI	248	1.8%
HIV/AIDS	573	4.1%
Complex Trauma (under 21 years of age)	1	0.0%
Sickle Cell	0	0%
Children's HCBS Only	0	0%
Mental Health (excluding SMI/SED)	1,298	9.3%
Substance Abuse	444	3.2%
Asthma	586	4.2%
Diabetes	733	5.3%
Heart Disease	465	3.3%
Overweight	405	2.9%
One or More DD conditions	23	0.2%
Children's HCBS & Other conditions	0	0%
Adult HCBS and other conditions	14	0.1%
Other	1,417	10.2%

Qualifying Condition Summary	Count of Members
Members with a Single Qualifying Condition	736
Members with Multiple Single Qualifying Conditions	43
Members with Single Qualifying and Chronic Conditions	664
Members with just Chronic Conditions	1503

MCP Provider Type Summary

MCP Provider Type Summary	Count of Members	% of Active Enrollment Segments
Fee For Service	2,072	14.9%
Non-Mainstream Managed Care Plan - MLTC	2,862	20.5%
Non-Mainstream Managed Care Plan - FIDA	1	0.0%
Non-Mainstream Managed Care Plan - OTHER	14	0.1%
Non-Mainstream Managed Care Plan - MAP	755	5.4%
Managed Care Plan - SNP	1,088	7.8%
Managed Care Plan - HMO	377	2.7%
Managed Care Plan - HARP	2,656	19.1%
Managed Care Plan - PHSP	4,105	29.5%

Screen and System Changes

Eliminate all Obsolete Consent Types in the HHTS

Consent to Share Information (Consent type '02') and Consent to Share Information and Protected Services (Consent type '03') has been removed from MAPP HHTS.

These consents will no longer be visible on the screen or on the Consent Download File.

Additionally, the Consent and Member Program Status Upload file has been updated so that the file will no longer accept information related to Consent to Share Information (Consent type '02') or Consent to Share Information and Protected Services (Consent type '03').

This system update was made in response to an update of the consent forms (DOH 5200 was eliminated). The updated consent form DOH 5201 (released in March 2022), is now used for both HH enrollment and information sharing, for children under 18.

HHTS Will Accept a Gender Value of 'X'

An update has been made in the Medicaid systems to allow for a value of "X" for members that identify as a gender that is not male or female (i.e.; nonbinary, agender, or gender nonconforming).

Due to this update in the state and federal information systems, we have made the necessary changes in MAPP HHTS. All areas in the MAPP HHTS where the gender is collected or displayed, will allow for a value of X in addition to the currently accepted values of M,F,U.

Accept Pending Segments After One Week

If a CMA adds/makes changes to a segment within the tracking system and is not set up with “automatic approval” with the HH on the segment, the system will perform the CMA’s request, but place the segment into the *pending* status until the associated HH accepts the action.

- After this release, the HHTS will accept any segments in the pending status (*pending active, pending closed, pending canceled, pending pending*) after the segment is in that status for a week.
- For example, if a segment is in a “pending active” status, after one week it will update to an “active” status. A segment in a “pending closed” status, after one week it will update to a “closed” status.

*Instructions for how HHs make edits to the Auto Approval for a HH-CMA relationship is located on slide 26 of the following presentation:

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

Update to “Quick links” in the menu for various MAPP roles

MAPP Worker Role

Currently Live in the System

- ▼ Quick Links
- My Assignments...
- My Members...
- My Transfers...
- Member CIN Search...
- Provider Supplied Program Information...
- Manage Assignments...
- Member Opt-Out...
- Upload File...
- Download File...
- Create Referral/Segment...
- Children's HH Referral Portal ...
- View Submitted Referrals...
- Billing Support...
- Daily Digest...

Part of Release 4.1 Updates

- ▼ Quick Links
- My Assignments...
- My Members...
- My Transfers...
- Member CIN Search...
- Provider Supplied Program Information...
- Manage Assignments...
- Member Opt-Out...
- Upload File...
- Download File...
- Create Referral/Segment...
- Children's HH Referral Portal ...
- View Submitted Referrals...
- Billing Support...
- Daily Digest...
- My Providers...

MAPP Gatekeeper Role

Home Administration

Home

Currently Live in the System

- ▼ Quick Links
- User Search
- My Providers...

Home Administration

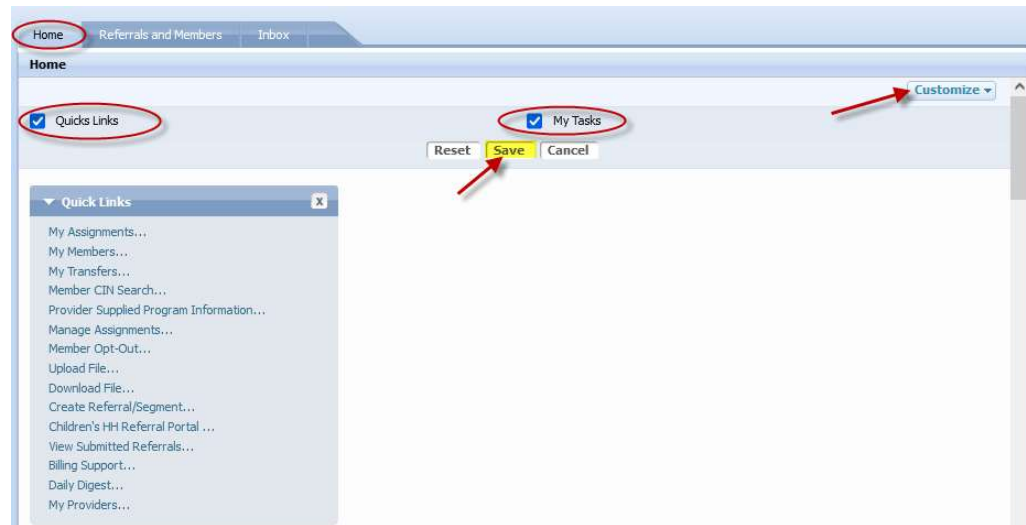
Home

Part of Release 4.1 Updates

- ▼ Quick Links
- User Search
- My Providers...
- Download File...

How to Hide or Display Quick Links

- On the MAPP HHTS Home tab, your *Quick Links* and *My Tasks* menus should be displayed by default. The MAPP User can hide or display their *Tasks* and *Quick Links*, on this screen.
- To hide or display your *Quick Links* or *My Tasks* menu:
 - First click on “customize”. This will display the drop-down menu for selections.
 - Then select or unselect the check box.
 - Next click save and the screen will be updated.



Update to the My Transfers Screen Filters

Home Referrals and Members Inbox

My Transfers x

My Transfers **Currently Live in the System**

Transfer Requests refresh print help *required field

Search

CIN

Search Reset

Member	Type	MMISID - Provider Name	Transfer Recipient	Effective Date	Create Date	Reason	Status

Home Referrals and Members Inbox

My Transfers x

My Transfers **Part of Release 4.1 Updates**

Transfer Requests refresh print help *required field

Search

CIN # First Name Last Name

Min. Submitted Date Max. Submitted Date

Created by Organization Created by User Name Transfer Status

Search Reset

Member	Transfer Type	MMISID - Provider Name	Transfer Recipient	Effective Date	Create Date	Reason	Status

Update to the My Transfers Screen Filters

Several additional search fields have been added to the “My Transfers” Screen. The enhancement will allow to search by submitted date or date range, member name, the transfer status, and by MAPP user.

Search

CIN # First Name Last Name

Min. Submitted Date Max. Submitted Date

Created by Organization Created by User Name Transfer Status

Member	Transfer Type	MMISID - Provider Name	Transfer Recipient	Effective Date	Create Date	Reason	Status
▶ [REDACTED]	Incoming Transfer From	03457054 - NORTH SHORE UNIVERSITY HOSPITAL	Care Management Agency	5/1/2022	5/2/2022 03:25 PM	Other	Canceled
▶ [REDACTED]	Incoming Transfer From	03457054 - NORTH SHORE UNIVERSITY HOSPITAL	Care Management Agency	5/1/2022	4/8/2022 11:50 AM	Member requested Transfer	Canceled
▶ [REDACTED]	Incoming Transfer From	04277941 - CHHUNY LLC	Health Home	4/1/2022	3/30/2022 04:15 PM	Member requested Transfer	Canceled
▶ [REDACTED]	Incoming Transfer From	04277941 - CHHUNY LLC	Health Home	4/1/2022	3/30/2022 04:15 PM	Member requested Transfer	Canceled

Allow Segment Creation for Child in Foster Care by Non-VFCA Provider

Non-VFCA HHs/CMAs will be able to create a segment for a child in Foster Care after consultation with the LDSS through the Children's Referral Portal.

The provider enrolling the child will need to attest that they have spoken with the LDSS about this member and provide the LDSS contact to move forward with creating the segment.

Respond 'Yes' to 'Is child in Foster Care?'

5. As the referring entity, provide your contact information.

6. Provide contact information for the Parent/Guardian/Legally Authorized Representative or the individual (i.e., the individual was able to self-consent) that provided you the consent to make the referral

7. If you are a designated Health Home to serve adults, referrals must be made to a designated Health Home to serve children.

If you have read, understand, and agree to the above terms and conditions please check the box to proceed with the referral.

I Agree*

Is child in Foster Care?*	Yes
Please indicate the individual from whom you have obtained consent to refer a child to the Health Home Program.*	Legally Authorized Representative
Enter member's CIN number*	[REDACTED]
Was the referral received by an organization on paper or by phone by a referring entity outside of the MAPP/HHTS?*	No

Respond to Attestation to Create Segment

Children's Health Home Referral Portal

Attestation

You have indicated that the member that you are enrolling in an outreach/enrollment segment is in Foster Care.

Please confirm that you have discussed enrolling this member in Health Home services with the LDSS.*

Yes

LDSS County*

--Please Select--

LDSS Contact Name*

LDSS Phone number*

General Updates and Reminders

General MAPP HHTS and Program Updates & Reminders

- File Uploads should be limited to lines that are changing, rather than a complete file replacement each time it is uploaded.
- Health Homes: Are there any CMAs listed in your provider relationships, that are no longer providing HH services for your HH?
 - The HH can download the “Provider Relationship Download” file and look at column P, “Active Enrollment”. This will show you how many members that are enrolled with each CMA. Then filter that column to show any that have a value of 0. If you are no longer using this CMA, they should be removed from your provider relationships in MAPP HHTS.
 - To remove the CMA, a [Notification of Change](#) (NOC) form should be submitted to the HH mailbox (see slide 31) to remove them from your network. The DOH Security and Privacy team should be notified as well, so that the DUA can be updated.

Defect Resolution

- Add line numbers to the Consent Error File

DOH Health Home Team Contact Information

- MAPP HHTS resources and past presentations can be found here: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm
- MAPP HHTS issues and questions should be directed to MAPP Customer Care Center at (518) 649-4335 or MAPP-CustomerCareCenter@cma.com
- Health Home **policy questions** and **Notification of Change (NOC) forms** should be submitted to the DOH Health Home team mailbox found here: <https://apps.health.ny.gov/pubpal/builder/email-health-homes>
- Questions relating to the billing of transitioning Children's HCBS services should be submitted to the HHSC team at HHSC@health.ny.gov