



Department
of Health

MAPP HHTS Release 4.6

System Changes & Enhancements Effective
September 7, 2024

Updated: August 13, 2024

Agenda:

System updates

- Updates to the My Members Screen
- Updates to the CIN Search Screen and Member Search Report
- Updates to the Member Summary PDF
- POC file naming convention change
- Improved functionality
- Childrens HSBC assessment fee billing instance creation
- CEST outcome information included in additional download files

System defect Remediation




- Members in Pended Segment Status Not Excluded From Billing Blocks
- Some POC Grace Periods Too Short

Updates to the My Members Screen

- Add a new filter for Gender
- Program filter and segment status will be multi-select capable
- Add custom Segment Begin Date and Segment End Date filters to allow user to select date conditions:
 - equal to
 - on and after
 - on and before
- Change field name *Reason* to *Disenrollment Reason* with added *Disenrollment Categories* under the drop-down menu
- Display results of search in the order results are listed on the screen

Updates to the My Members Screen

My Members

*required field

First Name	<input type="text"/>	Last Name	<input type="text"/>	Gender	<input type="text"/>
Min. Age (Years)	<input type="text"/>	Max. Age (Years)	<input type="text"/>	Language	<input type="text"/>
County	<input type="text"/>	Zip Code	<input type="text"/>		
Member Status	<input type="text"/>	Consent	<input type="text"/>	Consenter	<input type="text"/>
Segment	<input type="text"/>	Segment Status	<input type="text"/>	Program	<input type="text"/>
Disenrollment Reason	<input type="text"/>	Segment Begin Date	<input type="text"/>	Segment End Date	<input type="text"/>
Disenrollment Categories	<input type="text"/>	Segment Begin Date Condition	<input type="text"/>	Segment End Date Condition	<input type="text"/>
Network Type	<input type="text"/>	Children's Waiver Services	<input type="text"/>	Record Last Updated	<input type="text"/>
Canceled Segment	<input type="checkbox"/>				

Segment Status dropdown menu:

- Active
- Closed
- Hiatus
- Pended

Program dropdown menu:

- ACT
- AOT
- Adult Home
- CYES

Select All **Deselect All** (for Segment Status)

Select All **Deselect All** (for Program)

New My Member Filters Example

The screen shot below shows how you can use the new filter functionality to locate pending segments that began on or after 6/1/24.

The screenshot displays a web-based filter interface for member segments. The filters are organized into several sections:

- Personal Information:** First Name, Last Name, Gender, Min. Age (Years), Max. Age (Years), Language, County, Zip Code, Member Status (set to 'All'), Consent, and Consenter.
- Segment Information:** Segment (set to 'Enrollment'), Segment Status (dropdown menu with 'Active', 'Closed', 'Hiatus', 'Pending' selected, and 'Pending Active' visible), Program (dropdown menu with 'ACT', 'AOT', 'Adult Home', 'CYES', and 'Early Intervention' visible), Disenrollment Reason, Disenrollment Categories, Network Type, and Canceled Segment (checkbox).
- Date and Condition Filters:** Segment Begin Date (set to '6/1/2024'), Segment End Date, Segment Begin Date Condition (set to 'on and after'), Segment End Date Condition, and Record Last Updated.
- Children's Waiver Services:** A dropdown menu with options 'equal to', 'on and after' (circled in green), and 'on and before'.

Yellow highlights are used to emphasize the 'Enrollment' segment, the 'Pending' status, the '6/1/2024' date, the 'on and after' condition, and the 'on and after' option in the Children's Waiver Services dropdown.

Updates to the CIN Search Screen and Member Search Report

- Sort results on the CIN Search Screen with the most recent start dates at top
- Remove Direct Bill column
- Add Column for Segment End Date Reason
- Add Member Date of Birth (DOB) to the Member Search Report available through the CIN Search screen

Member Search Report	
Member	[REDACTED]
Member DOB	11/26/1965
Generated On	8/7/2024

Health Home History

Assigned Health Home	Care Management Agency	Type	Status	New Column Segment End Date Reason	Newest First Start Date	End Date
ADIRONDACK HEALTH INSTITUTE INC	GLENS FALLS HOSPITAL	Enrollment	Active		10/1/2022	
ADIRONDACK HEALTH INSTITUTE INC	GLENS FALLS HOSPITAL	Enrollment	Closed	Segment Pended	11/1/2016	9/30/2022
ADIRONDACK HEALTH INSTITUTE INC	GLENS FALLS HOSPITAL	Outreach	Closed	Individual moved from Outreach to Enrollment	9/1/2016	10/31/2016

Updates to the Member Summary PDF

- This document is available for download from the member's page
- Removed obsolete fields from the *Billing Support Information* section
- Added a column to separate CANS assessments and HCBS assessments, into two distinct columns
 - **CANS Completion Date:** Date when the assessor performed the Sign/Finalize process, and the CANS was locked from any further modification in the UAS
 - **HCBS Completion Date:** Date when the assessor performed the Sign/Finalize process and the HCBS was locked from any further modification in the UAS

Billing Support Information Submitted to MAPP HHTS in the Past 12 Months

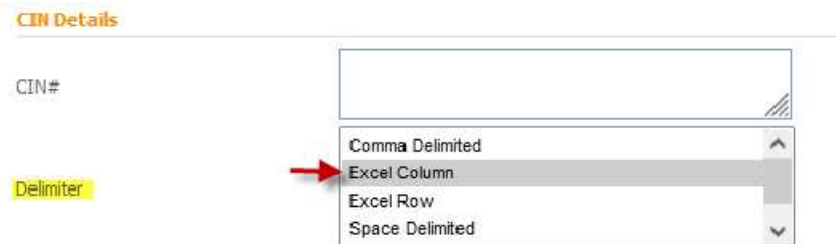
Service Date	MCP MMIS ID	HH MMIS ID	CMA MMIS ID	Medicaid Eligible on Date of Service	Billing Status (A/V)	Billable Service	CANS Completion Date	HCBS Completion Date	Rate Code	Rate Code Desc	Rate Amt	Claim Rate Code = HML Rate Code	Validation Code Description	Latest Transaction Date
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POC File Naming Convention Change

- The naming convention used to name the Plan of Care Download file will be updated so that the name indicates what filter was used when requesting the file.
<File Abbreviation>_<File ID>_<Provider ID >_<POC Download Filter Name>_<Criteria start date >-<Criteria end date >_<File Generation Date >_<File Generation Time>
- Filter type values are - **ED**: POC Effective Date, **CURRENT**: Current POC, **TD**: Last Transaction Date, **UPCOMING**: POC with Upcoming End Date, **EXPIRED**: Recently Expired POC
- If HH 01234567 downloads a POC file on 5/1/2024 at 1:03pm using the “Recently Expired Plan of Care” as the filter, the file would be named:
POC_1000001_01234567_EXPIRED_050124_1303
- If HH 12345678 downloads a POC file on 5/1/2024 at 1:03pm using the “Last Transaction Date” as the filter, where the Effective Start = 1/1/2024 and the Effective End = 3/31/2024, the file would be named:
POC_1000001_01234567_TD_010124-033124_050124_1303

Improve Functionality

- Improved screen refresh speed
- Standardize file field names to be consistent in download files (e.g. DOB vs. Date of Birth)
- Update screens to default to **Excel Column** delimiter for CIN entry input boxes on CIN search, My Member search, My Assignment search, and Manage Assignment search.



Creation of an HCBS Assessment Fee BI

The system will change the way the system creates billing instances for an HCBS assessment fee for children.

Prior to 4.6 implementation, all HCBS assessment fees in the system will be removed from the system.

Two different methods will be used to create the correct HCBS assessment fee BIs based on the HCBS assessment competition date:

April 1, 2021 – Dec 31, 2023: HCBS assessment fee billing instances will be created for the HH/CMA that a member was enrolled with as of the date the HCBS assessment was completed. These BIs will be created using the data emailed to Health Homes by the NYS DOH HHSC team via email. This is based on information from the UAS.

On and after Jan 1, 2024: triggered by feed from UAS and new logic explained on the following slide

Creation of an HCBS Assessment Fee BI

For HCBS assessments completed on or after 1/1/2024, the system will create an HCBS assessment fee billing instance based on information from the Uniform Assessment System (UAS), if the following conditions are met:

- There is no other HCBS assessment fee BI for the member with the same finalized date
- No other HCBS assessment fee BI exists in past 300 days (10 months), from the new HCBS assessment finalized date
- The new HCBS assessment finalized date is within 365 days from the finalized date of existing latest HCBS Assessment (*this means re-assessments MUST be completed within a year OR providers WILL NOT BE ELIGIBLE FOR ASSESSMENT FEE*)
- The **Assessment Reason** from UAS is '0' *Initial Assessment* or '1' *Re-assessment*
- If an HCBS assessment is finalized prior to a HH's segment begin date with the member and the assessment was finalized within 45 days prior to the member's segment begin date, the system will create an HCBS assessment with that new HH. If the HCBS assessment date is more that 45 days prior to the member's segment begin date, the system will not create an HCBS assessment fee BI with the HH.

Example: 1st HCBS Assessment Finalized Date is 8/1/23

The system creates HCBS Assessment Fee BI for the 8/1/23 HCBS assessment.

- If the provider completes another HCBS assessment on 8/2/24, the system will display that within the HHTS but **will not** create an HCBS Assessment Fee BI (**past 365 days**). The 8/2/24 HCBS assessment becomes the new “start date” to determine when the next HCBS Assessment Fee BI can be created.
- If next HCBS assessment created 5/1/25, the system will display assessment within HHTS and system **will not** create an HCBS assessment Fee BI (**less than 300 days from 8/2/24**)
- If next HCBS assessment created 6/1/25, the system will display assessment within HHTS and system **will** create an HCBS assessment BI (**Greater than 300 days from 8/2/24 and less than 365 days from 8/2/24**)
- If next HCBS assessment created 8/13/25, the system would bring in the assessment but **will not** create an HCBS assessment BI (**Greater than 365 days from 8/2/24**)

Note: If a HCBS Assessment, upon Active or Pended Enrollment Segment was created on another CIN **for the same GUID Assessment ID**, then a HCBS Assessment Fee BI will not be created on the new CIN.

HCBS Assessment Fee Logic Example

Last HCBS Assessment Completed	Next HCBS Assessment completed Date	Assessment Fee BI Created?	Reason Assessment Fee BI is <u>or</u> is not Created
None	8/1/2023	Y	First assessment submitted
8/1/2023	8/2/2024	N	> 365 Days from 8/1/2023 date
8/2/2024	5/1/2025	N	< 300 days from 8/2/2024 date
8/2/2024	6/1/2025	Y	> 300 days and < 365 days from 8/2/24 date
8/2/2024	8/13/2025	N	> 365 Days from 8/1/2023 date

CEST Outcome Added to Additional Files

CEST Outcomes will now be available in the following download files:

- Provider Summary File
- Provider Summary PDF
- Segments Potentially Incompatible download

System Defects Corrected in 4.6

Members in Pended Segment Status Not Excluded From Billing Blocks

- **Issue:** Pended segments should be excluded from POC billing block but there is currently a defect resulting in pended members receiving the billing blocks.
- **Fix:** This issue will be fixed in the 4.6 release (9/7/24). This issue will change how the system works in the future in addition to removing the billing blocks incorrectly applied to past service dates.
- **Workaround:** Refer to the resource document at the following link:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/mapp_hhts_issues.pdf

System Defects Corrected in 4.6

Some POC Grace Periods Too Short

- **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.
- **Fix:** This issue will be fixed in the 4.6 release (9/7/24). This issue will change how the system works in the future in addition to removing the billing blocks incorrectly applied to past service dates.
- **Workaround:** Refer to the resource document at the following link:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/mapp_hhts_issues.pdf

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>
- HHSC questions are directed to the HH Team mailbox:
<https://apps.health.ny.gov/pubpal/builder/email-health-homes>, using the dropdown selection of “Care Management/Health Home Core Services – HHSC ONLY”.
- Member AOT status disputes should be securely directed to psyckes-help@omh.ny.gov