



Department
of Health

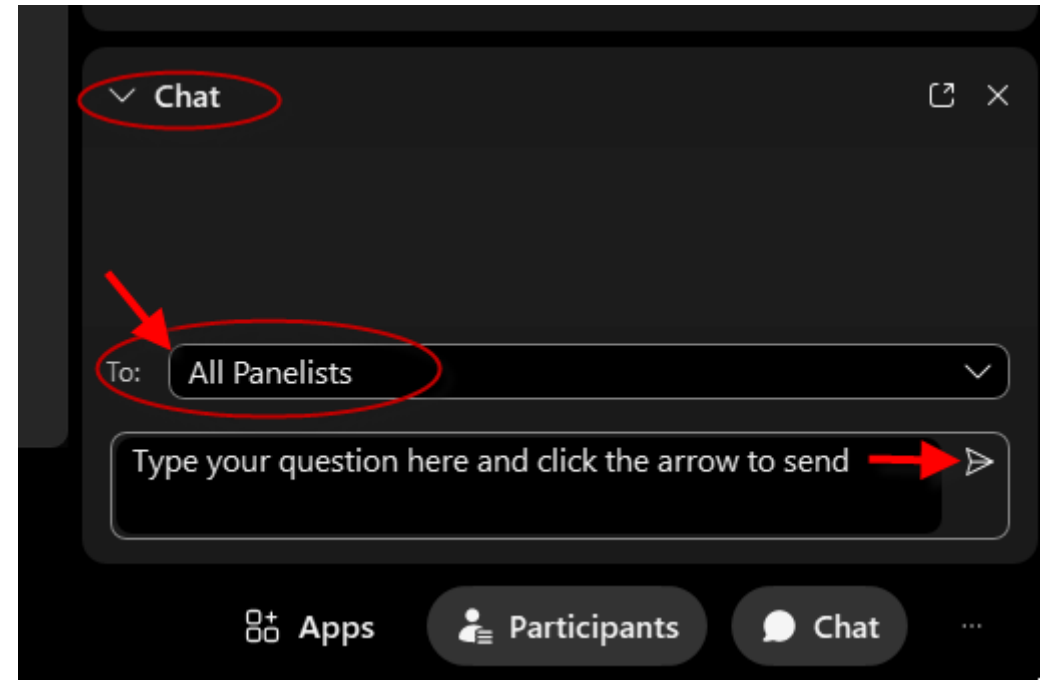
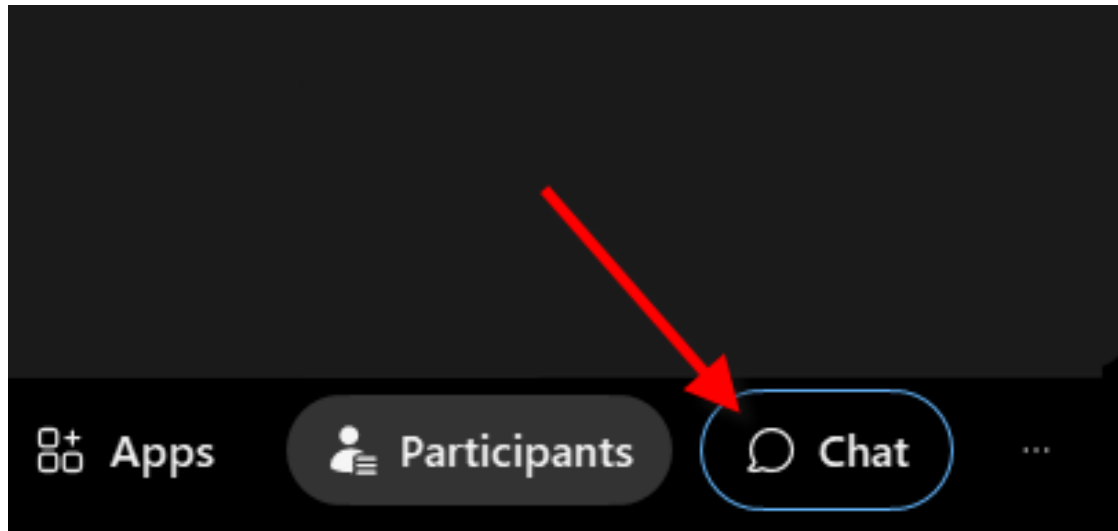
MAPP HHTS Release 4.7

System Changes & Enhancements

December 2024

If you have questions during the Webinar...

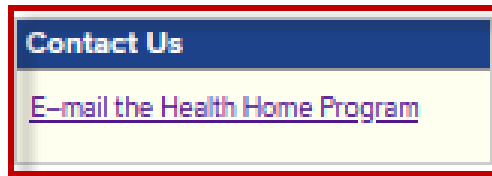
Please send in your questions to “**All Panelists**” using the Chat feature shown below.



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/pubpal/builder/email-health-homes>



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.

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

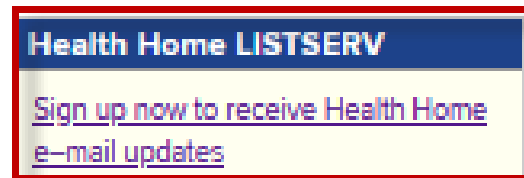
Medicaid Health Homes LISTSERV

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



Webinar and Reference Documents

The MAPP HHTS reference documents, guides and webinars can be found on the MAPP portion of the Health Home website. The updated Release 4.7 File Specs .xlsx and PDF documents are posted.

The screenshot shows the Medicaid Analytics Performance Portal (MAPP) website. The left sidebar contains a navigation menu with the following items: Home, Find a Health Home, Frequently Asked Questions, Health and Recovery Plan (HARP)/Managed Care Transition, Health Homes Serving Children (HHSC), Children's Medicaid System Transformation, 1915c Children's Waiver and 1115 Waiver, Health Homes Serving Individuals with Intellectual and/or Developmental Disabilities (HHIDD), Lead Health Home Resource Center, Managed Care Organizations, Medicaid Analytics Performance Portal (MAPP), and Performance Management. The 'Medicaid Analytics Performance Portal (MAPP)' item is highlighted with a red box and an arrow pointing to it from the text below.

The main content area is titled 'Medicaid Analytics Performance Portal (MAPP)' and includes a breadcrumb trail: 'You are Here: Home Page > Medicaid Health Homes > Medicaid Analytics Performance Portal (MAPP)'. Below the title is a description of the MAPP HHTS system. There are two buttons: 'Expand All' and 'Collapse All'. A list of categories is displayed, each with a play button icon:

- Health Home Tracking System
- Member Assignment and Enrollment
- Tracking System Updates and File Formats (highlighted with a red box and an arrow pointing to it from the text: 'The MAPP HHTS File Specifications Documents (Word and xls) can be found here')
- MAPP Webinars (highlighted with a red box and an arrow pointing to it from the text: 'Recent and past webinars are located here and are organized by date and title')
- Archive

At the bottom of the page, there is a note: 'MAPP HHTS related information is found on this section of the DOH Health Home Program website.' with an arrow pointing to the 'Medicaid Analytics Performance Portal (MAPP)' item in the sidebar.

MAPP HHTS Release 4.7 Webinar Agenda

System changes scheduled to be implemented on 12/28/24

System Changes & Enhancements

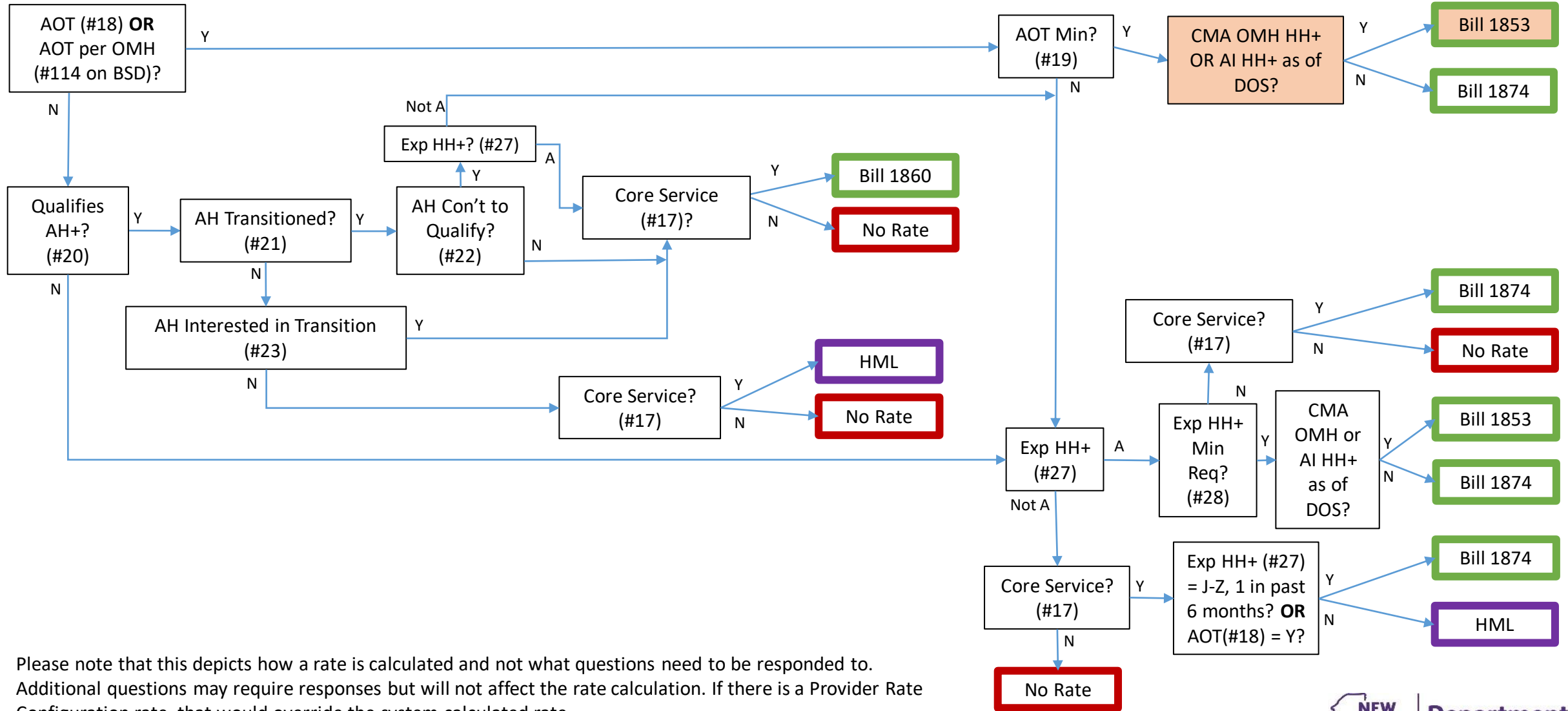
- Assisted Outpatient Treatment (AOT) Rate Codes
- New field in the Plan of Care (POC) file for HCBS Eligibility Assessment Results
- Fair Hearing information & functionality enhancements
- Continued Eligibility for Services Tool (CEST) Outcomes now included online
- Billing Support Download (BSD) File Updates
- Consent Download File Updates
- Update HHTS relating to information received from the Uniform Assessment System (UAS)
- Provider Contact Download updates
- System Defect Resolutions included in this release

New AOT Rate Code

New AOT Rate Code 1876 *pending approval*

- The HHTS was updated to incorporate the new Assisted Outpatient Treatment (AOT) rate code, **which is currently turned off**. Once this rate is approved it will be implemented retroactively to 4/1/24.
- When this or any rate is implemented retroactively providers will need to void and then re-add billing instances that are eligible for the rate.
- To get the AOT rate:
 - The member must be identified as AOT by *either* the OMH data feed (**AOT Member per OMH on BSD = 'Y'**) **OR** by the Provider (**Provider Supplied AOT Indicator on BSU/BSD = 'Y'**).
 - The HH met the minimum services requirement for that month (**AOT Minimum Services Provided on BSU/BSD = 'Y'**).
 - The member is enrolled with an OMH HH+ designated CMA (**CMA OMH HH+ on BSD = 'Y'**).

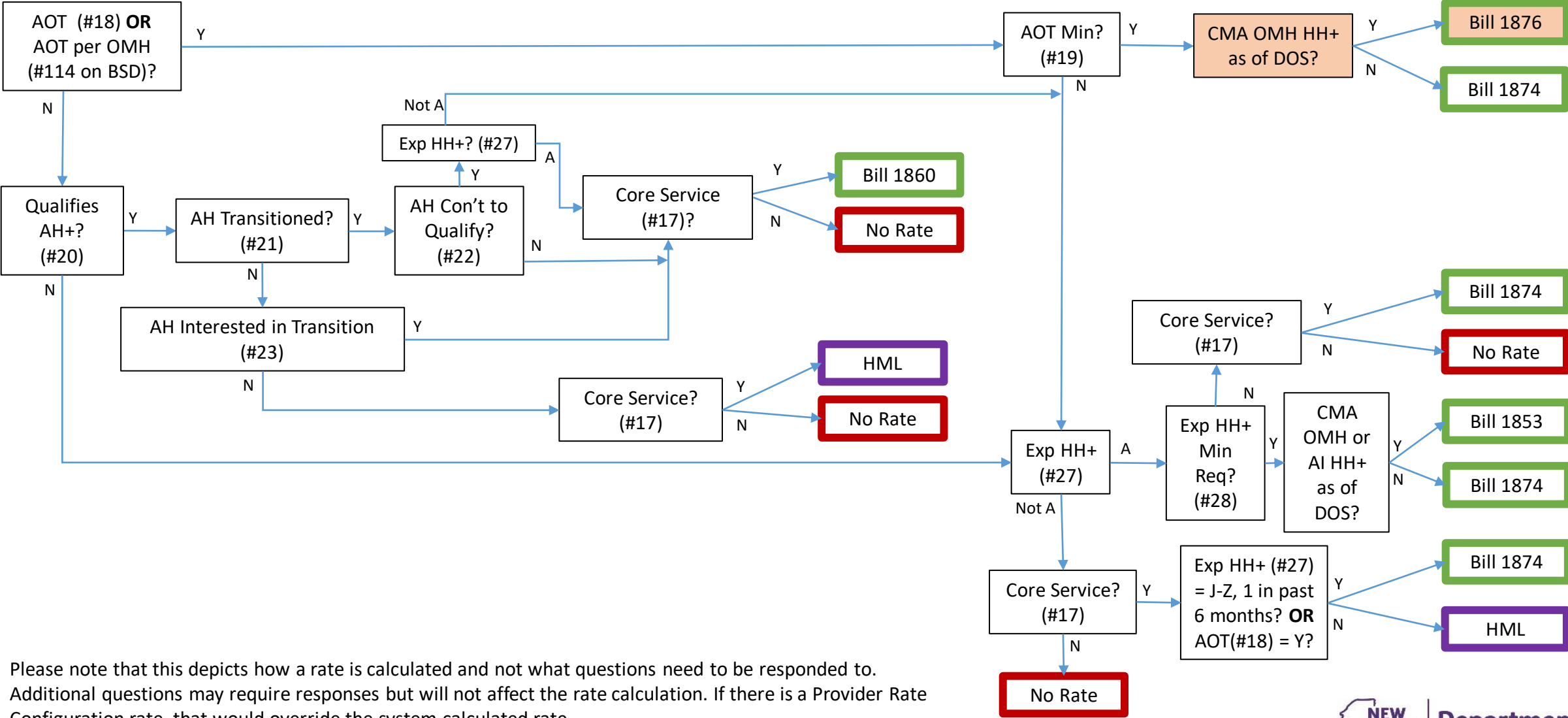
Special Population Logic *field values per 4.7 Billing Support Upload file prior to AOT Rate Approval*



Please note that this depicts how a rate is calculated and not what questions need to be responded to. Additional questions may require responses but will not affect the rate calculation. If there is a Provider Rate Configuration rate, that would override the system calculated rate.

Special Population Logic

field values per 4.7 Billing Support Upload file on/after AOT Rate Approval



Please note that this depicts how a rate is calculated and not what questions need to be responded to. Additional questions may require responses but will not affect the rate calculation. If there is a Provider Rate Configuration rate, that would override the system calculated rate.

OMH Supplied AOT Information in MAPP HHTS

1) AOT information supplied by OMH for members in MAPP HHTS can be found under the member's profile, in the **Personal Information** tab.

The screenshot shows the MAPP HHTS interface. The 'Personal Information' tab is selected in the top navigation bar. On the left sidebar, 'Personal Information' is also highlighted. The main content area displays a table of AOT (At-Risk of Opioid Transfer) information. The table has columns for Type, Description, Source, Notes, and Latest Activity. A dropdown menu is open for the 'Type' column, showing 'AOT' selected. The table contains three rows of AOT records, with the top row highlighted in yellow.

Type	Description	Source	Notes	Latest Activity
AOT	AOT Details - Start Date: 11/21/2023 End Date: 11/21/2024	Person Record		Applied by NYS Department of Health on 12/10/2023
AOT	AOT Details - Start Date: 11/21/2023 End Date: 11/21/2024	Person Record		Applied by NYS Department of Health on 12/10/2023
AOT	AOT Details - Start Date: 2/10/2022 End Date: 10/10/2022	Person Record		Applied by NYS Department of Health on 12/10/2023

2) The fields below will contain a 'Y' if a member has been flagged by OMH as AOT.

File	Field Name
Billing Support Download File	AOT Member per OMH
CIN Search Download	AOT Member
Enrolled Member Details Download	AOT Member
Enrollment Download File	AOT Member
HH Assignment Download File	AOT Member
MCP Assignment Download File	AOT Member
Member Program Status Download	AOT Status indicator
My Member Download	AOT Member

3) There is an 'AOT' program filter value on the **My Members** screen.

New field in the Plan of Care (POC) file for HCBS Eligibility Assessment Results

New Field in POC File

A new field was added in the Plan of Care (POC) file for HCBS Eligibility Assessment Results. The new column titled ***HCBS Eligibility Assessment Result***, will be included in:

- POC Upload File
- POC Download File

POC Upload File

Adult HCBS Services Identified: this field is conditionally required through policy for adult Health Home enrolled members receiving HCBS services.

Acceptable responses are:

- R: Currently receiving adult HCBS
- I: Interested in receiving adult HCBS
- C: Currently receiving CORE services
- E: Interested in receiving CORE services
- N: No
- [Blank] If this field is left blank, the POC Download file will contain a value of 'N' in this field.

Fair Hearing

Summary of Fair Hearing Information in MAPP HHTS

This enhancement includes multiple changes:

- New screen within a member's case to view fair hearing information
- New download file: Fair Hearing Download
- Members' current fair hearing (FH) information (fields below) added to the following files: My Members, Member Search Report Download, Enrollment Download File (see file specifications documents for more information on these new fields)

Current Fair Hearing

Fair Hearing Number

Fair Hearing Start Date

Fair Hearing End Date

Fair Hearing Notice Type

Fair Hearing Notice Type Start Date

Date Fair Hearing Scheduled

- New pend reason codes that only DOH can create/affect have been added to identify a member's current HHSA/HHSC fair hearing status.

Fair Hearing Information in MAPP HHTS

Beginning with release 4.7 DOH will start incorporating into the MAPP HHTS basic information regarding members that have requested a fair hearing (FH) for the **Program Type** listed below.

- CCO/HH
- CYES
- HCBS Children
- HHSA
- HHSC

Upon 4.7 implementation, the system will contain basic FH information for members that are awaiting a FH in the programs above as of 12/12/24. Between 12/28/24 through Jan 2025, DOH will start entering real time FH information into the tracking system daily and members awaiting a FH for the health home program will be placed by DOH into the new pend reason code *Pended for HH Fair Hearing Aid Continuing*

Fair Hearing Information in MAPP HHTS Continued

FH communications will continue to be sent from DOH to providers using the current process. However, initial FH requests, communication updates, and dispositions will be documented in the tracking system:

Program Type CCO/HH, CYES, HCBS Children, HHSA, HHSC

Fair Hearing Notice Type

Request for fair hearing

Supplemental notice

Schedule of fair hearing

Disposition (*approved, denied, withdrawn*)

Date Fair Hearing Scheduled

Comments

Key dates to indicate when change occurred & when change entered into system

Fair Hearing Information in MAPP HHTS Download Files

The new Fair Hearing Download file for HH/CMA will contain FH records where the FH start/end dates overlap with provider's enrollment segment with the member. For an MCP user, the file will contain FH records where the FH start/end dates overlap with member's enrollment dates with the MCP. This file will and the new fields added to existing files will contain FH information for the 5 programs listed on slide 16.

For the FH fields added to existing files, the fields will be populated for member's actively enrolled in the downloading provider with the member's most recent FH status information as long as the FH is still awaiting disposition. If a member's most recent FH has received a disposition, that record will be included in these files for 90 days after the **FH End Date**.

My Member Screen – Fair Hearing

A *Fair Hearing Program Type* filter was added to the **My Members** screen. The drop-down contains the following options: CCO/HH, HCBS Children, CYES, HHSA, and HHSC.

Disenrollment Reason

Segment Begin Date

Disenrollment Categories

Segment Begin Date Condition

Network Type

Children's Waiver Services

Fair Hearing Program Type

Fair Hearing Information Screen

The Fair Hearing information can be found in the **Personal Information tab** of the member's profile (access by searching for the member on **My Members** screen & clicking on the member's name). Fair hearing can be viewed by clicking on the **Fair Hearing** inner tab.

Millie Hubble
SYRACUSE, New York, 13206
Female
Born Age
315

AA0000X

Home **Personal Information** Cases Administration

Fair Hearing

Fair Hearing Number	Program Type	Fair Hearing Notice Type	Fair Hearing Notice Type Start Date	Fair Hearing Notice Type End Date	Date Fair Hearing Scheduled	Disposition
▶ 888888X	HCBS Children	Disposition	11/16/2024	11/16/2024		Withdrawn
▶ GP123456	HCBS Children	Request for fair hearing	11/2/2024			

Personal Information
Last 5 Services
R/E Code Details
Notes
Chronic Conditions
Restrictions
Member Program Inform...
MCP Comments
Fair Hearing

Fair Hearing Information Screen

To see additional detail about the FH record, expand the arrow:

Fair Hearing Number	Program Type	Fair Hearing Notice Type	Fair Hearing Notice Type Start Date	Fair Hearing Notice Type End Date	Date Fair Hearing Scheduled	Disposition
888888X	HCBS Children	Disposition	11/16/2024	11/16/2024		Withdrawn

Member Name per Fair Hearing
Member DOB per Fair Hearing
Fair Hearing Number: 888888X
Program Type: HCBS Children
Notice Type: Disposition
Notice Type Created By: DOH staff Name
Notice Type Created On: 11/18/2024 08:23 AM
Notice Type Start Date: 11/16/2024
Notice Type End Date: 11/16/2024
Disposition: Withdrawn
Date Fair Hearing Scheduled
Fair Hearing Comments (most recent): test

History

Event Type	Member Name per Fair Hearing	Member DOB per Fair Hearing	Updated By	Update Date	Notice Type End Date	Aid To Continue?
Created					11/16/2024	Yes

Awaiting Fair Hearing Pend Reason Code

When DOH receives notice that a member requested a fair hearing with aid continuing for the HHSA/HHSC programs, DOH will pend that members' segment using an updated pend reason code ***12 Pended for HH Fair Hearing Aid Continuing***.

This updated pend reason code works differently than previous pend codes:

- 1) Only DOH can pend a segment with this pend reason
- 2) Only DOH can affect a segment with this pend reason (i.e. HH cannot end, modify, pend, or create a new segment over a segment pended with this code).
- 3) HHs can bill while members are in this pended status
- 4) While a member is pended with this code the member is exempt from the IA, POC, and CEST billing blocks. However, this pend code does not necessarily exempt members from these policies. Please see policy guidance for more information.

Fair Hearing *Disposition Outcome* Pend Reason Codes

When DOH receives notice that a member's fair hearing has occurred, DOH will pend that members segment again with a pend start date that equals the first of month following the day DOH learns that the FH was decided using a **new series of *disposition outcome* pend reason codes that describe the FH disposition**

14: Pended for Approved Fair Hearing

15: Pended for Denied Fair Hearing

16: Pended for Withdrawn Fair Hearing

17: Pended for Administrative Change

These new *disposition outcome* pend codes work differently than other pend codes:

- 1) Only DOH can pend a segment with these pend reasons, but HHs can end, modify, pend, or create a new segment over a segment pended with these codes.
- 2) HHs can bill while members are in these pended statuses.
- 3) While a member is pended with these codes the member is exempt from the IA, POC, and CEST billing blocks. However, these new pend codes do not necessarily exempt members from these policies. Please see policy guidance for more information.

HH Action: FH *Disposition Outcome* Pend Reason Codes

The new *Disposition Outcome* pend reason codes will be used to signal to a HH that the member's FH occurred and that the HH must update the member's segment:

14: Pended for Approved Fair Hearing – HH must create an active enrollment segment for the member with a begin date that equals the first of the month following the *Pended for Approved Fair Hearing* segment's **Pend Start Date**. This new segment created by the HH is subject to all IA/CEST/POC requirements based on the new segment's begin date.

15: Pended for Denied Fair Hearing or 16: Pended for Withdrawn Fair Hearing – Once the HH has followed guidance for disenrolling member, HH must end date the segment pended with codes 15 or 16 as of the last day of the month during with the member was officially disenrolled.

17: Pended for Administrative Change – This code will only be used by DOH for “one off” administrative reasons. Prior to pending a segment with this pend reason code, DOH will instruct the HH what to do with this member segment.

Member moving through FH pend reasons *Approved*

- HH enrollment segment began 1/1/24
- 8/28/24 member requested fair hearing aid continuing
- DOH notified 9/2/24 that member requested fair hearing aid continuing
 - *DOH will pend segment using code 12 Pended for HH Fair Hearing Aid Continuing with **Pend Start Date** of 9/1/24.*
- 10/30/24 Fair Hearing occurs & is approved and DOH is notified 10/31/24
 - *DOH will pend segment using code 14 Pended for Approved Fair Hearing with **Pend Start Date** of 11/1/24.*
 - *HH will create new enrollment segment with begin date of 12/1/24*

The table below shows how these segments will be displayed in certain fields of the enrollment download file on 12/1/24

Begin Date	End Date	Status	Segment End Date Reason Code	Segment End Date Description	Segment Pend Reason Code	Segment Pend Reason Description
12/1/2024		Active				
11/1/2024	11/30/2024	Closed	40	Pended Segment Closed	14	Pended for Approved Fair Hearing
9/1/2024	10/31/2024	Closed	39	Segment Pended	12	Pended for HH Fair Hearing Aid Continuing
1/1/2024	8/31/2024	Closed	39	Segment Pended		

Member moving through FH pend reasons *Denied/Withdrawn*

- HH enrollment segment began 1/1/24
- 8/28/24 member requested fair hearing aid continuing
- DOH notified 9/2/24 that member requested fair hearing aid continuing
 - DOH will pend segment using code 12 *Pended for HH Fair Hearing Aid Continuing* with **Pend Start Date** of 9/1/24.
- 10/30/24 Fair Hearing occurs and is denied and DOH is notified 10/31/24
 - DOH will pend segment using code 15 *Pended for Denied Fair Hearing* with **Pend Start Date** of 11/1/24.
 - HH closes segment *Pended for Denied Fair Hearing* with 11/30/24 **End Date**

The table below shows how these segments will be displayed in certain fields of the enrollment download file on 12/1/24

Begin Date	End Date	Status	Segment End Date Reason Code	Segment End Date Description	Segment Pend Reason Code	Segment Pend Reason Description
11/1/2024	11/30/2024	Closed	40	Pended Segment Closed	15	Pended for Denied Fair Hearing
9/1/2024	10/31/2024	Closed	39	Segment Pended	12	Pended for HH Fair Hearing Aid Continuing
1/1/2024	8/31/2024	Closed	39	Segment Pended		

Continued Eligibility for Services Tool (CEST) Outcomes now in Member's Case

CEST Outcome Information in Tracking Updates




Online

- A new tab was added in the member's page to display CEST Outcomes (search for member on **My Members** screen and click on member's segment link).
- This new read only CEST Assessment screen is located on the *Assessment* Inner tab of the member's page and will display the CEST Assessment records of the member.
- The screen will include the historical information of those CEST records.

File

- The Consent and Member Program Status upload file will now accept CEST records for members with closed segments, as long as the member was enrolled with the uploaded HH as of the **CEST Start Date**.

CEST Outcome Information on Screen

Home Segments Consent Plan Of Care Assignments Child Referral Info Transaction History Tasks Assessments																														
Assessments    																														
HML Assessments Children's Questionnaire CANS-NY Assessments Children's HCBS Eligibility ... Community Mental Healt... CEST Assessment Outco...	<table border="1"> <thead> <tr> <th>Assessment Outcome</th> <th>CEST Start Date</th> <th>CEST Submission Date</th> <th>CEST End Date</th> <th>CEST Submitted By</th> <th>Record Status</th> </tr> </thead> <tbody> <tr> <td>▶ C - Recommend Continued Services</td> <td>10/2/2024</td> <td>11/13/2024</td> <td>10/31/2024</td> <td></td> <td>Active</td> </tr> <tr> <td>▶ E - Recommend Disenrollment</td> <td>8/22/2024</td> <td>8/22/2024</td> <td>10/1/2024</td> <td></td> <td>Active</td> </tr> <tr> <td>▶ C - Recommend Continued Services</td> <td>3/1/2024</td> <td>3/7/2024</td> <td>8/21/2024</td> <td></td> <td>Active</td> </tr> </tbody> </table>	Assessment Outcome	CEST Start Date	CEST Submission Date	CEST End Date	CEST Submitted By	Record Status	▶ C - Recommend Continued Services	10/2/2024	11/13/2024	10/31/2024		Active	▶ E - Recommend Disenrollment	8/22/2024	8/22/2024	10/1/2024		Active	▶ C - Recommend Continued Services	3/1/2024	3/7/2024	8/21/2024		Active					
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▶ C - Recommend Continued Services	3/1/2024	3/7/2024	8/21/2024		Active																									

Connection between segments and CEST outcomes

- If a member's segment is closed and there is a **CEST Outcome** for that member with a **CEST End Date** that is greater than the member's closed segment's **End Date**, the system will modify the member's **CEST End Date** so it equals the member's closed segment's **End Date**.
- If a closed segment forces a change to the **CEST End Date** as described above and then the HH re-opens that closed segment, the system WILL NOT revert to the originally calculated **CEST End Date**. To get the original **CEST End Date** (**CEST Start Date** + 60/180 days *based on outcome*), use the 'Z' **Record Type** to delete the truncated CEST record and then use the 'X' **Record Type** to re-add the original **CEST Start Date**, which will trigger the system to recalculate the **CEST End Date** using the **CEST Outcome**.

Billing Support Download (BSD) File Updates

Billing Support Download Updates

The Billing Support Download (BSD) file was updated to add several new fields that will flag members that are exempt from CEST billing block policy, based on specific criteria.

These fields may also assist providers in determining why and when a CEST is due to the system for a member.

Billing Support Download – New fields

- **Provider Supplied AOT Member Indicator:** Uploaded by HH on the BSU file to indicate that the health home has documentation within the member's record to confirm that the member is AOT.
- **CEST End Date:** The date that a CEST submitted to the system expires. After a member passes the initial 12 month CEST grace period, a BI service date must fall within a CEST Start/End date to be added (unless member is excluded from CEST policy). If member does not have a CEST, or if the member's CEST has expired as of record's service date, this field will be blank.
- **Adult or Child Services Provided Indicator:** This field will display the network served type from the service date's supporting segment. This will help flag children excluded from the CEST policy.
- **Excluded from CEST Policy as Exp HH+:** System will populate this field with a 'Y' if there is a non-A value in the **Expanded HH+ Population** field in any of the BI in past 12 months. Otherwise, the value will be 'N'.

Example: For service date 08/01/2024, system will check if there is a non-A value in the Expanded HH+ population field in any of the BI of Service dates from 08/01/2023 to 08/01/2024. If a non-A value is found in any of these 13 possible records, then the member is considered part of the Expanded HH+ Population and is therefore excluded from the CEST.

Billing Support Download – New fields

- **Last DOS with Exp HH+:** System will populate this field with last service date that the member had a non 'A' value in the Expanded HH+ population field in past 12 months.
Example: For service date 08/01/2024, if system finds a non-A value in the **Expanded HH+ Population** field in the member's previous billing instances and that record's service dates is 03/01/2024, and no other BI with a non-A value in the **Expanded HH+ Population** field after that, then this field will be populated with 03/01/2024. Otherwise, this field will be blank.
- **AOT Member per OMH:** This field will be populated with 'Y' if the member is flagged as AOT as of the record's service date by OMH. Otherwise, this field will be populated with 'N'. OMH supplied information is also available in the member's page and in various other files.
- **Member HFW:** If member is flagged as a HFW member as of the record's service date, this field will be populated by 'Y'. Otherwise, 'N'.

Billing Support Download – New fields

Fields relating to CMA Provider Designation Flags:

- **CMA OMH HH+**: If member's CMA is flagged as an OMH HH+ CMA, as of the record's service date, this field will be populated by 'Y'. Otherwise, 'N'.
- **CMA AI HH+**: If member's CMA is flagged as an AI HH+ CMA as of the record's service date, this field will be populated by 'Y'. Otherwise, 'N'.
- **CMA HFW**: If member's CMA is flagged as a HFW CMA as of the record's service date, this field will be populated by 'Y'. Otherwise, 'N'.

Consent Download File Updates

Consent Download Field Name Changes

There are updated field names on the Consent Download File to more clearly define the data in the fields below:

- the field **Start Date** will be changed to **Consent Start Date**
- the field **End Date** will be changed to **Consent End Date**
- the field **Time** will be changed to **Updated Time**
- the field **Consent Date** will be changed to **Updated Date**


Consent Start Date	Consent End Date	Consenter	Consent Type	Status	Last Updated By	Updated Date	Updated Time
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Consent File Download – New Field

The new field, Appropriateness Re-Submission Date, has been added to the download file.

- This field will contain the submission date of the most recently submitted appropriateness criteria associated with the member's consent to enroll date.
- A document will be posted to the MAPP section of the Health Home website in the *Health Home Tracking System Resources* subsection with detailed examples showing how the fields on the consent file will be populated with consent and appropriateness information.

Appropriateness Category	Appropriateness Detail	Appropriateness Submission Date	Most Recent IA Re-submission Date



New Information from the UAS

Changes Relating to Information Received from the UAS

MAPP HHTS was updated relating to the information received from the Uniform Assessment System (UAS) including:

- CANS NY 6-21 **High Fidelity Wrap** functionality will display the new values on the Assessment screen.
- Allow for the deactivation of existing HCBS LOC Assessments and will display the new values on the Assessment screen.
- Allow for the deactivation of existing CANS-NY Assessments and will display the new values on the Assessment screen.
- New fields on the HCBS Assessment and will display the new values on the Assessment screen.

UAS Information Transmission - Continued

- New functionality to include the date that the CANS and/or HCBS was transmitted from the UAS into the HHTS.
- Update CANS Assessment & HCBS Assessment screens with new fields:
 - Transmitted Date Time
 - Received Date Time
 - Polled Date Time
 - Last Transaction Date (last date the CANS assessment was updated).
- These new fields have been added to the **Assessment Download** file when the Assessment type is C (CANS) or H (HCBS).

Provider Contact Type Download Updates

Provider Contact Download Updates

Update to the Provider Contact Type Download file includes an expansion of the **position** field to include all positions associated to a contact's/provider member's position(s). (ex: Primary Contact, Fair Hearing Primary Contact)

A new field was added to capture when the last update was completed in HHTS.

- **Last Updated On:** Last date the organization's contact was updated.

System Resolutions

Consent Related Defects Resolved in 4.7

- Members with segments that overlapped with both '01' (ie. Consent to Enroll) and '04' (ie. Adult Consent Date is required) currently show twice in the enrollment download file since consent type is not displayed. This will be corrected in 4.7 so enrollment download no longer contains duplicative records.
- Issues surrounding a provider's inability to affect *Adult Consent Date Required* records will be corrected. Currently HHs email MAPP CCC in this situation, which will no longer occur after 4.7

Billing Related System Resolutions in 4.7

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.**

Billing Related System Resolutions in 4.7

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

Billing Related System Resolutions in 4.7

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.

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”.
- AOT status disputes, contact psyckes-help@omh.ny.gov
- ACT Status disputes, contact the OMH Helpdesk healthhelp@its.ny.gov

Always send member information securely!