



**Department
of Health**

**Medicaid
Redesign Team**

MAPP Health Home

Weekly Webinar: Phase II Day 1 Tasks

December 6, 2016

Agenda

- Phase II Day 1 Tasks
- Important Reminders
- New System Functionality
- New Weekly Webinar Links
- Contact Information

Day 1 Tasks – COMPLETE TRAINING – Task for All Providers

- If you are a previous Phase I MAPP HHTS user it is **strongly recommended** that you complete the What's New in Phase II web-based training
 - This 50 minute training will walk you through new functionality that is present in Phase II including the children's referral portal, rules regarding consent, and billing for children
 - This training is available to anyone and is recommended even if you won't be serving children
- New providers are **required** to complete training before being able to access the MAPP HHTS
 - Starting 12/5/2016, Gatekeepers can again access the **Security Admin** tab within the MAPP HHTS (this tab was unavailable from 11/30/16 – 12/5/16)
 - Gatekeepers can add any new users that they haven't yet added to the system. This will prompt MAPP CCC to send the new user an email with training requirements based on organization type and user type
- Gatekeepers can download and review a list of organization users and their training status via the Security Admin tab as of 12/5
 - To determine who hasn't completed training, navigate to the MAPP application, click on the **Security Admin** tab, and type **Incomplete** in the text box underneath **Training Status**. **If a user hasn't completed training they will not be able to access MAPP HHTS on 12/8/16!** *Once the training is completed, the status in MAPP is manually updated by MAPP CCC. The status update is not instantaneous. Please allow 1 business day for this to be reflected in the system. Once the updated is reflected in MAPP HHTS, the user will be able access to their MAPP HHTS role functionality.*

Day 1 Tasks – Previous Phase I HH Providers Serving Children – HH Worker Task

- Determine which child members had segments that were closed in preparation for Phase II go live:
 1. Use the file sent by IBM/requested from DOH prior to Phase II go live
 2. Use the tracking file upload that you submitted to end segments
 3. If DOH ended your child member segments, use the enrollment download file and sort by modified date of 11/30/16 (rough estimate)
 4. If necessary submit a ticket to MAPP CCC to request this information
- Enter a new enrollment segment for any member that will remain with the same HH/CMA MMIS ID
 - Use the Consent upload file to create (c) a **Consent to Enroll** record (01):
 - Consent to Enroll is *required* for any member under 18 being served as an adult and any member under 21 being served by a child HH in order for an enrollment segment to be created.
 - Use the Tracking upload file to create (c) new enrollment segments with a start date of **12/1/16**
 - *Note:* Consent field will be ignored on this file.
 - *Note:* If your HH serves both children and adults under the same MMIS ID you must specify how the member will be served under the **Adult or Child Services Provided Indicator** field.
- If you have members that will transition to a new MMIS ID you must contact Laura Moretti (laura.Moretti@health.ny.gov) **immediately** with a list of these members and correct MMIS IDs.

Day 1 Tasks – Previous Phase I HH Providers Serving Children – HH Worker Task

- Spot check HH assignments to ensure membership looks similar to end of Phase I membership.
 - Use the **Daily Digest** with a date of 11/30/16 to look at the numbers for pre Phase II go live and compare to current:
 - Access the MAPP HHTS, click on **Daily Digest** found under quick links, enter date **11/30/2016** in the Daily Digest Date field, click **Search**.
 - Under **Grand Totals** review the number of members assigned to your organization in Active Assignment, Active Outreach, and Active Enrollment. This will serve as your pre-Phase II go live numbers.
 - Compare these numbers to those currently in the system.
 - Remember that end of the month changes have been applied to the new system, so your numbers will not be exactly the same.

Day 1 Tasks – MCP/HH providers – Gatekeeper Task

- Confirm that your organization has the correct relationships in the MAPP HHTS (MCP – check HHs, HHs - check CMAs).
- Access MAPP HHTS, click on **My Providers**, click on **Reference** link, click on **Relationships** tab, click on **Provider Relationships** (left of screen).
- If your HH has a BAA with a CMA that is not listed on this tab, then you must submit a ticket to MAPP CCC with the email/documentation you received from the DOH Security Office when you documented that BAA with DOH. If you are unable to locate this documentation or have questions about HH/CMA relationships, please contact the DOH Privacy Office via email at Doh.sm.Medicaid.Data.Exchange@health.ny.gov
- If your MCP has a contract with a HH that is not listed on this tab, then you must submit a ticket to MAPP CCC with the email/documentation you received from the Bureau of Managed Care Division of Health Plan Contracting and Oversight indicating that your contract was approved. If you are unable to locate this documentation or have questions about MCP/HH relationships, please email you Project Manager within the Bureau of Managed Care Division of Health Plan Contracting and Oversight at contract@health.ny.gov
- Once the documentation submitted to MAPP CCC is confirmed, DOH will update MAPP HHTS to reflect the relationship (this may take a few business days).
- Some CMA providers have not yet been added to MAPP HHTS as they have not completed all the steps for access.

Day 1 Tasks – HH Providers – Gatekeepers

- Check Counties Served:
 - Access MAPP HHTS, click on **My Providers**, click on Reference number hyperlink, click on **Contact** inner tab, click on **Counties Served** (left of screen).
 - Confirm that the counties listed for your organization are correct.
- If you notice an issue with the counties listed submit a ticket to MAPP CCC.

Day 1 Tasks – HH/CMA Providers – Gatekeepers

- Check Provider Types
 - Access MAPP HHTS, click on **My Providers** Quick link, click on reference number hyperlink, click on **View Types** (hyperlink under primary category on right of screen).
 - Confirm that all organization types for your organization's MMIS ID are listed.
 - Please note: VFCA CMAs are listed as *Care Management Agency-Foster Care* type.
- If you notice an issue with the organization types listed submit a ticket to MAPP CCC.

Important Reminders

- Managed Care Plans
 - The Children's Health Home program relies on bottom up referrals, therefore it is imperative that you check Assignments *frequently*. At a minimum, once a day.
- Health Homes
 - For dates of service on or after 12/1/16, Health Homes will be billing Medicaid directly for HH services.
 - Once a Billing Instance is added for service date on or after 12/1/16, Health Homes will be listed as the Direct Biller on the BSD file, unless the member is an ACT member who received ACT services during the month of service.
 - As a result, the Direct Bill Override found within the **Providers** tab, **Relationship** inner tab, **Provider Relationships** will appear different.

Important Reminders Continued

- ACT Providers (CMAs)
 - Some ACT providers were not previously set up with a Provider Category Type of ACT.
 - ACT providers who have completed billing instances prior to being set up as an ACT provider will need to *void* these billing instances and resubmit a billing instance to be able to correctly answer ACT questions for **ACT members**.
 - Check completed billing instances for ACT members, if the HML rate code description is not “ACT provider bills appropriate ACT Rate Code” for FFS members, or “In Plan Benefit-CMA bills MCP for ACT service” for members in MCP, when you provided ACT minimum services, the billing instance will need to be voided and resubmitted either via file or on the screen.
 - ACT providers are now set up correctly so any billing instance that haven’t been completed (including prior dates of service) will correctly populate the ACT questions – ACT member, and ACT minimum services provided.
 - If the HML rate code description field for your ACT members not being populated on the BSD, submit a ticket to MAPP CCC.

New System Functionality Reminders

- **Children's Billing**

- New billing tabs have been added to accommodate children including CANS-NY and Children's Questionnaire under the **Assessment** (on left of screen) inner tab of a members page (child or adult).
 - The CANS-NY assessment is completed within the UAS application and that information is fed to MAPP HHTS. As a reminder, the CANS-NY cannot be completed within the MAPP HHTS.
 - CANS-NY assessment information will only display within the MAPP HHTS if the member is enrolled in MAPP HHTS with the same HH listed in CANS-NY.
 - Even if a CANS-NY is completed, providers must complete the Children's Questionnaire on a monthly basis to attest that a billable service was provided to the member during that month (a Children's Questionnaire can only be completed for members served by a HHSC).

- **Children's Referral Portal**

- This new quick link is used to refer all members under 21 into the MAPP HHTS regardless of whether the member will be served by an HHSC or an HHSA. Members 21 and older cannot be referred into the system using the Children's Referral Portal.

New System Functionality Reminders Continued

- Referrer Role
 - There is a new referrer only role that will allow these users access to the Children's Referral Portal ONLY. MCP/HH/CMA referrer only users will also have access to the Member CIN Search.
- Voluntary Foster Care Agency (VFCA) CMAs
 - CMAs that are identified in the system as a VFCA (also listed as Foster Care within MAPP HHTS) are able assign a member directly to themselves. This means that it is possible for a member that is working with a VFCA CMA to have a CMA assignment and no HH assignment.
 - Members working with a CMA that is not identified in the system as VFCA **CANNOT** have a CMA assignment without having an active HH assignment.

New System Functionality Reminders Continued

- Consent (the next MAPP HHTS Training Update Newsletter will contain detailed information on consent in MAPP HHTS)
 - Consent to Enroll is required for anyone under 21 being served by a HHSC, or anyone under 18 being served by a HHSA.
 - Consent can be added to the HHTS via the Consent Upload File, on the members Consent inner tab, or when entering an enrollment segment (either via the member's home page or via the children's referral portal).
 - Additional Consent types have been added to the system – Consent to Share and Consent to Share Protected Services.
- New and Updated filters
 - **My Assignments, My Members, and Manage Assignments** screens now have new and updated search features.

New MAPP HHTS Weekly Webinar Links

- We have scheduled two new MAPP HHTS Weekly Webinars for December 2016 using Webex Event Center (links below). If we like using the new webinar tool, then we will set up the 2017 MAPP HHTS Weekly Webinar using Webex Event Center.

12/13/16: <https://meetny.webex.com/meetny/onstage/g.php?MTID=ec4fa3ca2b28b313d61c93258b211a6ca>

12/20/16: <https://meetny.webex.com/meetny/onstage/g.php?MTID=e268b8ddb494cb5415c323b4f81c0fdc3>

12/27/16: No Webinar

- The current **MAPP HHTS Webinar Schedule** is posted to the MAPP section of the Health Home website.

Health Home Contact Information

- 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 Training Newsletters or MAPP HHTS presentations: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm