MAPP HHTS
Weekly Webinar

September 20, 2016

Agenda

- Do Not Modify a Hiatus Outreach Segment

- Base Acuity

- Rate Description when Billing ACT

- HH-MCP Relationships in MAPP HHTS

- Checking MAPP HHTS Prior to Working with Member

- Completing the HML Assessment prior to Submitting Medicaid Claims

- MAPP HHTS—the Official System of Record

- HHs and CMAs—Ensuring all Members are in MAPP HHTS

Do Not Modify a Hiatus Outreach Segment

- There are processes in the system that depend on the outreach related system generated segment end date reason code *Hiatus to Closed*.

- Currently, when a provider modifies the end date on a **hiatus outreach <u>OR</u> a closed outreach segment with a segment end date reason code *Hiatus to Closed*,** the provider must select a segment end date reason code but cannot select *Hiatus to Closed* because that is only a system generated code that providers cannot use. This is causing the system to treat that hiatus segment as an outreach segment that was once active.

- To mitigate this issue, providers are **<u>no longer allowed to modify a hiatus outreach segment or a closed outreach segment with a segment end date reason code *Hiatus to Closed.*</u>** If you have a hiatus outreach segment or a closed outreach segment with a segment end date reason code *Hiatus to Closed* and another HH needs to enroll the member, you must delete that hiatus outreach segment or closed outreach segment with a segment end date reason code *Hiatus to Closed* instead of using the modify function.

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Base Acuity

- The base acuity score is a way to "predict" case management need based on a regression formula applied to a member's claim and encounter history. The base acuity score places a member into either High, Medium, or Low for the HML base acuity score question, which is one of the variables that places a member into an HML rate code each month.

- The base acuity scores are calculated by first grouping members using the 3M Clinical Risk Group software. Each group is then assigned a base acuity score based on the CRG resource use. The base acuity score **IS NOT** used to calculate a member's 1386/1387 claim payment

- If a member does not have a base acuity in the system, then the system will ignore base acuity when determining the member's HML rate code that month.

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Rate Description when Billing ACT

- Currently, ACT services (which includes HH services) are an in-plan benefit for MCP members throughout the State. This means that ACT providers now bill MCPs directly for the ACT services they provided. However, the **Rate Description** in the MAPP HHTS does not always display the correct description.

- When you add a billing instance for a rest-of-State ACT member (non-NYC ACT member), the **Rate Description** field on the *Billing Support Download* file will say:

  1. 'ACT prov bills app ACT rate cd' **instead of**

  2. 'IPB-CMA bills MCP for ACT SRV' **which is the correct description.**

- The system will be updated on 12/1/16 to ensure that the correct rate description (#2 above) is displayed in the **Rate Description** field.

Health Homes must confirm that they have a relationship in MAPP HHTS with all of their members' mainstream MCPs

- HH gatekeepers should sign into the MAPP HHTS and pull down their organization's MCP relationships.

- HH workers should then download the *Billing Support Download* file, filter to the most recent service date, and confirm (using the relationship information from their gatekeeper) that their organization has a relationship with every Mainstream MCP that their members are enrolled with.

- Health Homes will not be able to bill any MCP (for HH services) they do not have contracts with

- HH/MCP contracts must be documented within MAPP HHTS by 12/1/16 in order for the HH to bill the MCP for HH services
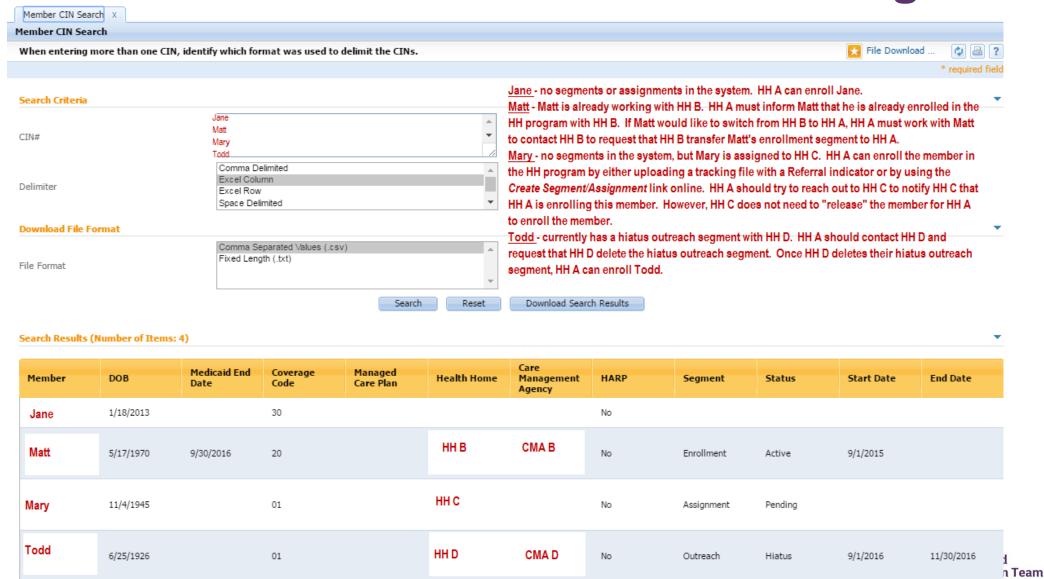
Providers MUST CHECK MAPP HHTS before working with a member

- Before working with a member, ALL PROVIDERS must first confirm that the member is Medicaid eligible and has RE and Coverage codes that are compatible with the Health Home program (links below) and then look up the member's Health Home status using the **Member CIN Search** function in the MAPP HHTS

    - RE codes: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/restriction_exception_codes.pdf

    - Coverage codes: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_coverage_codes.pdf

- The following slide describes what to do if a member you would like to work with is already associated with another provider.

- In addition, check the member's **Member Search Report** to see if the member has had recent Care Management Claims. If the member has had any recent care management claims with another provider, follow up with the member and the provider to see if they are still working together.

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HH A checks Member CIN Search before working with member

Member CIN Search

Member CIN Search

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

File Download ...

* required field

Search Criteria

CIN#
- Jane
- Matt
- Mary
- Todd

Delimiter
- Comma Delimited
- Excel Column
- Excel Row
- Space Delimited

Download File Format

File Format
- Comma Separated Values (.csv)
- Fixed Length (.txt)

[Search] [Reset] [Download Search Results]

Jane - no segments or assignments in the system. HH A can enroll Jane.

Matt - Matt is already working with HH B. HH A must inform Matt that he is already enrolled in the HH program with HH B. If Matt would like to switch from HH B to HH A, HH A must work with Matt to contact HH B to request that HH B transfer Matt's enrollment segment to HH A.

Mary - no segments in the system, but Mary is assigned to HH C. HH A can enroll the member in the HH program by either uploading a tracking file with a Referral indicator or by using the *Create Segment/Assignment* link online. HH A should try to reach out to HH C to notify HH C that HH A is enrolling this member. However, HH C does not need to "release" the member for HH A to enroll the member.

Todd - currently has a hiatus outreach segment with HH D. HH A should contact HH D and request that HH D delete the hiatus outreach segment. Once HH D deletes their hiatus outreach segment, HH A can enroll Todd.

Search Results (Number of Items: 4)

Member	DOB	Medicaid End Date	Coverage Code	Managed Care Plan	Health Home	Care Management Agency	HARP	Segment	Status	Start Date	End Date
Jane	1/18/2013		30				No				
Matt	5/17/1970	9/30/2016	20		HH B	CMA B	No	Enrollment	Active	9/1/2015	
Mary	11/4/1945		01		HH C		No	Assignment	Pending		
Todd	6/25/1926		01		HH D	CMA D	No	Outreach	Hiatus	9/1/2016	11/30/2016

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Providers MUST submit HML Assessment to MAPP HHTS before submitting claim to Medicaid

- All providers MUST submit an HML Assessment to MAPP HHTS prior to submitting a claim to NYS Medicaid for a particular service date.

- HML Assessments can be submitted to the MAPP HHTS by:

  - Completing the assessment online,

  - Submitting a Billing Support Upload file to the MAPP HHTS, OR

  - Submitting assessment information to a non-MAPP HHTS system; in this situation, the CMA **must confirm** that the assessment information has been successfully submitted to MAPP HHTS by downloading their billing support download file **prior** to submitting their Medicaid claim.

- DOH will contact providers that submit claims to Medicaid but do not submit assessment information to the MAPP HHTS.

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MAPP HHTS is the Official System of Record

- DOH mandates that HHs that collect HH assignment, outreach, and enrollment information outside of the MAPP HHTS report member assignment, outreach, and enrollment information to the MAPP HHTS within **24 hours. However, DOH strongly encourages HHs to report these changes to the MAPP HHTS as soon as possible!**

- HHs **MUST** provide their CMAs with a schedule of when the HH pulls assignments, segments, and billing information from their system and uploads that information into MAPP HHTS. Additionally, HHs must notify their CMAs of any MAPP HHTS rejections **IMMEDIATELY**

- Please review page 23 of the MAPP HHTS File Specifications Document version 1.2, which provides examples of when a HH is required to submit information to the MAPP HHTS
  https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_hhts_file_specs_v1_1.pdf

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Health Homes MUST work with CMAs to ensure all CMA members are entered into MAPP HHTS

- Some CMAs have reported to DOH that they have correctly submitted segments for their members into their HH's systems, but that some of those members are not listed in the MAPP HHTS with segments with their CMA.

- Reconciling these differences between a HH's system and the MAPP HHTS should be **a HH's top priority**.

- If a HH is having trouble reconciling their system with the MAPP HHTS, that HH MUST contact DOH **ASAP** to schedule a one on one call with DOH.

- If a HH continues to fail to correctly upload segment information into the MAPP HHTS on behalf of their CMAs, then CMAs will have to enter segment information directly into the MAPP HHTS and the HH will be responsible for reconciling their system with the MAPP HHTS.

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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

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