MAPP HHTS Release 4.8.2 System Changes and Enhancements
Implementation: Summer 2025 (exact release date TBD)

- Add functionality for members that are identified as part of the Medically Fragile HH+ HHSC Program.
- Create more specific error messages for providers on the:
    - Consent Upload File
    - Segment Upload File and;
    - Add new validation to direct the user to submit the segment on screen when the member is transitioning from a restricted setting
- Implement new functionality to change how Initial Appropriateness (IA) is submitted in the tracking system including:
    - Providers will submit a new field **Appropriateness Start Date** to the system representing the day the care manager determined why the member was appropriate for the program.
    - The IA grace period and IA billing block rules will now be based on **Appropriateness Start Date** instead of **Appropriateness Submission Date**.
    - The ability to enter the **Appropriateness Start Date** via the *consent screen* on the *segment inner tab*, and on referral portal screens.
    - The ability to add, modify and delete appropriateness records using the Consent Upload File using new record types that are separate and distinct from consent.
    - Update the download files to display the **Appropriateness Start Date** (formerly **Appropriateness Submission Date**).
    - Add a new screen on *the Assessments inner tab* to display appropriateness information.
    - Add the following fields to the Billing Support Download file: **Appropriateness Code**, **Appropriateness Start Date**, **Appropriate End Date**, and **Appropriateness Sequence Number**.
- New functionality to allow segments that are created through the transfer process within the Tracking System to be exempt from the Initial Appropriateness submission requirement and billing block (currently providers submit appropriateness code 'T' for these members to avoid billing block).
    - Add a new field in the Billing Support Download file to indicate segments created by transfer.
    - Add a new field on the segments screen to identify the segments created by transfer.
- Add new functionality to create a Yearly Appropriateness process for children.
- Changes to the CIN Search screen, CIN Search Download file and CIN Search Report.
- Update the member's segment tab on screen to include the segment pend reason description.
- Segments Potentially Incompatible File will now include information relating to:
    - Fair Hearing Outcomes
    - Provider enrollment status will be included if HH or Care Management Agency (CMA) Category of Service (COS) **Enrollment Status** has a value of '13' (revalidation notice sent for COS 0265) or '14' (the COS 0265 has ended). This will warn that either the member's HH or CMA must complete Medicaid enrollment work.
- Changes to the *My Member* screen and My Members Download file to add the **Consenter Type**.
- Add filters for providers to select on the Billing Support Download file. The user will have the ability to apply new filters either in addition to the existing filters or independently:
    - Billing Status
    - Billing Invalid Reason
    - CINs
- Update the HH-CMA Relationship Download file to include "auto approval" information for Health Homes in relation to each Care Management Agency connection.