NEW YORK STATE | Department of Health | Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office of Children and Family Services | Office for People With Developmental Disabilities

Health Home Policy and MAPP Updates

- Member Disenrollment From the Health Home Program policy #HH0007
- Segment End Date Reason Codes
- MAPP 2.7 Release

October 3, 2018

Agenda

1. ***Disenrollment From the Health Home Program* policy #HH0007**
   - Review of key points related to member disenrollment activities and Quality Monitoring
2. ***Segment End Date Reason Codes update***
   - Review of recent changes made and provide clarification for use
3. ***Overview of MAPP 2.7 Release* scheduled for October 31, 2018**

Disenrollment From the Health Home Program policy #HH0007

Policy Implementation

- ***Disenrollment From the Health Home Program*** **policy HH0007** was released September 24, 2018.
- Health Homes must assure their network care management agencies are notified of this policy for implementation: **November 1, 2018.**

Key Points

The following is not an inclusive list, but highlights and clarifies some of the key points of member disenrollment based on questions and feedback received.

- **Reason for Disenrollment**: HHCM must take into consideration the *reason,* addressing any dissatisfaction/concerns expressed by the member or others on behalf of member, to minimize the potential for an untimely and/or unsafe disenrollment whenever possible.
- **Team Approach**: Disenrollment activities should be based on a *collective* process including the member, the member's parent, guardian, or legally authorized representative, care team including the member's MMCP, the CMA Supervisor, and member's supports and other entities, as appropriate (e.g., when member meets goals).
- **Loss of Medicaid**: The HHCM must identify whether loss of Medicaid eligibility is correctible (e.g., lapse due to missed recertification) and assist the member to reinstate coverage.
- **Documentation**: All activities must be supported through documentation (including: reason, communications, POC updates, team meeting, consent to disenroll, member refusals/inability to participate in disenrollment activities, etc.).

Key Points

- **Discharge plan/safety plan:** An appropriate plan must be put into place, including referrals and contact information for new providers and services to ensure member's connection prior to disenrollment.
- **Special Populations**: Identification of special populations such as HARP eligible/enrolled individuals, HIV SNP, etc. is necessary to ensure continued safety and engagement in other community services post disenrollment.
- **Member Notification**: Issuance of notification to member describing reason for and date of disenrollment, including the provision of copies of pertinent documentation.
- **Notice of Determination**: When it is applicable, a *Notice of Determination* (NOD) must be issued, containing the *reason* for disenrollment supported by HHCM activities and documentation.
- **Member disengaged from HHCM services:** assure all protocols were followed related to Diligent and Continued Search Efforts, per policy #HH0006.

Key Points

- **Behavior**: *Behavior* is not a valid reason to disenroll a member. The question of how does the member's actions directly impact their safety, health, and welfare and that of the HHCM must be answered. HHCM must discuss *actions* with the member and obtain input from the CMA Supervisor, member's care team and supports, any other necessary entity(s) to establish a plan for addressing options to minimize behaviors (e.g., failure to follow POC) **AND** involve the HH before a final determination is made.
- **Re-enrollment:** The member must be informed of their right to be re-enrolled at any time, as long as they continue to meet eligibility and appropriateness criteria, especially if issues arise post disenrollment with directing care or connecting to providers, etc.
- **MAPP HHTS**: An appropriate MAPP *Segment End Date Reason Code* for disenrollment must be selected.

Quality Monitoring

Through ongoing evaluation of their network outreach, enrollment, and retention rates, Health Homes are in a position to identify patterns, evaluate HHCM practices, and address issues related to member disenrollment, and must implement strategies for improvements that lead to better member engagement and enhance the overall performance of the Health Home's network. Health Homes should be looking at:

- whether there is a disproportionate number of disenrollments from a particular CMA or HHCM;
- members who move in/out of HH enrollment and if within the same HH;
- member satisfaction;
- proper documentation to support appropriate disenrollment, i.e. member reached goals, member and care team determined HHCM level of service is no longer needed, member with supports can manage chronic conditions and other needs, etc.;
- any barriers in HHCM/CMA practices related to preventing disenrollment such as:

  capabilities align with member goals; experience and skillset to work with high risk/high need populations is appropriate; correct interventions were used; use of cross-team approach to maintain engagement

Health Home Quality Monitoring Activities

Quality monitoring activities must include evaluation of data related to disenrollment to include but not limited to:

1. reason(s) that lead to member disenrollment;
2. identify patterns for disenrollment (e.g. by subpopulation such as HARP, HIV SNP, etc.);
3. appropriateness of steps taken by HHCM to complete the disenrollment process to include protection of member PHI and rights associated with ending enrollment with the Health Home program;
4. HHCM supervisory involvement;
5. completion of required documents (e.g., discharge and safety plan; withdrawal of consents, etc.);
6. management of member refusal/inability to participate in disenrollment activities;

Health Home Quality Monitoring Activities

7. notification to member's care team and outcome of case reviews;
8. member's plan of care was updated;
9. member status updates in MAPP;
10. appropriate billing activities;
11. timely notification to HH for issuance of NOD, as applicable;
12. QI plan including implementation timeline to address outcomes identified through quality monitoring activities; and,
13. appropriate training is provided to HH and CMA staff in response to outcomes identified through the HH's quality monitoring activities.

The *Health Home Quality Management Program* policy #HH0003 can be accessed at: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/greater6.htm#pqm - under Performance and Quality Management

Segment End Date Reason Codes

Updating MAPP Segment End Codes

- MAPP segment end reason codes are now clear, concise, and tied to Health Home policies.
- Several segment end reason codes have been removed or added:
  - Segment end reason codes that have been ended will no longer be available for segments that end on or after 10/31/2018
  - Segment end reason codes that have been added will be available for segments that end on or after 11/30/18
- Some segment end reason description language in MAPP HHTS has been changed to better reflect Health Home policy. Although the language will appear differently on drop-down selections within the MAPP HHTS, the same code will be used when uploading/downloading files.

Updating MAPP Segment End Codes (cont.)

- Some current segment end reason codes will be available for different segment types (i.e. outreach, enrollment). These changes are effective for segments that end on or after 10/31/2018.
  - For example “Individual opted-out (pre-consent only)” was available for both outreach and enrollment segments but will only be available for outreach segments going forward.
- Within the MAPP HHTS if a user attempts to use a segment end date reason code or description that is not valid for the end date of the segment they will receive an error message.
- Correct use of segment end reason codes is necessary for accurate tracking and data collection.
- Guidance tools have been created for reference.

Disenrollment Segment End Date Reason Codes

Code	Code Description	Definition
04*	Individual deceased	HH has been informed that individual is deceased
07	Closed for health, welfare, and safety concerns	Disenrollment due to health, welfare, and safety concerns for member and/or staff (formerly for *behavior*)
09*	Individual moved out of state	Member moved out of New York State
11*	Individual incarcerated	Individual is incarcerated where the length of stay is anticipated to be longer than 6 months
13*	Individual is in an inpatient facility	Member is in an excluded setting and length of stay is anticipated to be longer than 6 months
14	Enrolled Health Home member disengaged from care management services	Member is considered disengaged when Diligent and Continued Search efforts do not result in location of member
19*	Individual doesn't meet HH eligibility & appropriateness criteria	Individual does not/no longer meets eligibility criteria required for enrollment

Disenrollment Segment End Date Reason Codes (cont.)

Code	Code Description	Definition
21	Member has graduated from HH program	Individual can successfully self-manage and monitor their chronic conditions
24*	Individual is no longer eligible for Medicaid	Individual no longer qualifies or meet eligibility requirements for Medicaid
29	Member withdrew consent to enroll	Member chooses to disenroll from the HH program
42*	Program not compatible	Individual chooses to move to another program not compatible with HH program (NEW)
41*	Coverage not compatible	Individual's Medicaid coverage is not compatible with HH (NEW)

* *This segment end reason code applies to individuals in enrollment and outreach.*
** *This segment end reason code applies to individuals in outreach only.*
Segment end date reason codes without notation apply to individuals in enrollment only

Administrative Segment End Date Reason Codes

Code	Code Description	Definition
01*	Transferred to another HH	Member is working with, or wants to work with, another HH agency
02**	Individual opt-out of HH program	Individual has voluntarily opted-out. Individual does not want to be a HH member and receive HH services
03*	Transferred to another CMA	Individual is working with another CMA within the same HH
05*	Individual has new CIN	If Medicaid changes an individual's CIN, segment is ended under the old, and new segment created using the new CIN
16**	Inability to contact/locate individual	Individual is unreachable during outreach attempts
18**	Member interested in HH at future date	For individuals not yet ready for HH services who express future interest
25**	Individual moved from outreach to enrollment	When user selected, end of outreach segment when individual is found and is eligible for HH services

Administrative Segment End Date Reason Codes (cont.)

Code	Code Description	Definition
28	Health Home MMIS ID Provider ID	CMA or HH MMIS ID changes within MAPP HHTS
32*	Provider closed	For use when HH or CMA closes business and member is transferred to another HH and/or CMA
33*	Merger	In the instance of a merger between two HH or CMAs
43*	Individual moved between HHSC and HHSA	When a member who previously received services as a child transitions to adult, or an adult transitioning to HHSC (NEW)
44*	Segment correction	For use only if directed by DOH in order for HH RE codes to be correctly attributed to the member (NEW)
99*	DOH USE ONLY	Formerly “Other,” can no longer be used by HH – for DOH use only. Reach out to DOH if the appropriate segment end code cannot be found.

* *This segment end reason code applies to individuals in enrollment and outreach.*
** *This segment end reason code applies to individuals in outreach only.*
Segment end date reason codes without notation apply to individuals in enrollment only

Discontinued Segment End Date Reason Codes/Descriptions

Code	Code Description
08	Member moved out of service county
12	Refused to sign or rescinded consent
15	Segment correction
17	Member not interested in HH services
23	Member disenrolled
27	Member not eligible for HH program
35	Member refused consent

New Segment End Date Reason Codes/Descriptions

Code	Code Description
41	Coverage not compatible
42	Program not compatible
43	Individual moved between HHSC and HHSA
44	Segment Correction

MAPP Health Home Tracking System Release 2.7 System Changes & Enhancements

Updates to MAPP HHTS Effective 11/1/2018

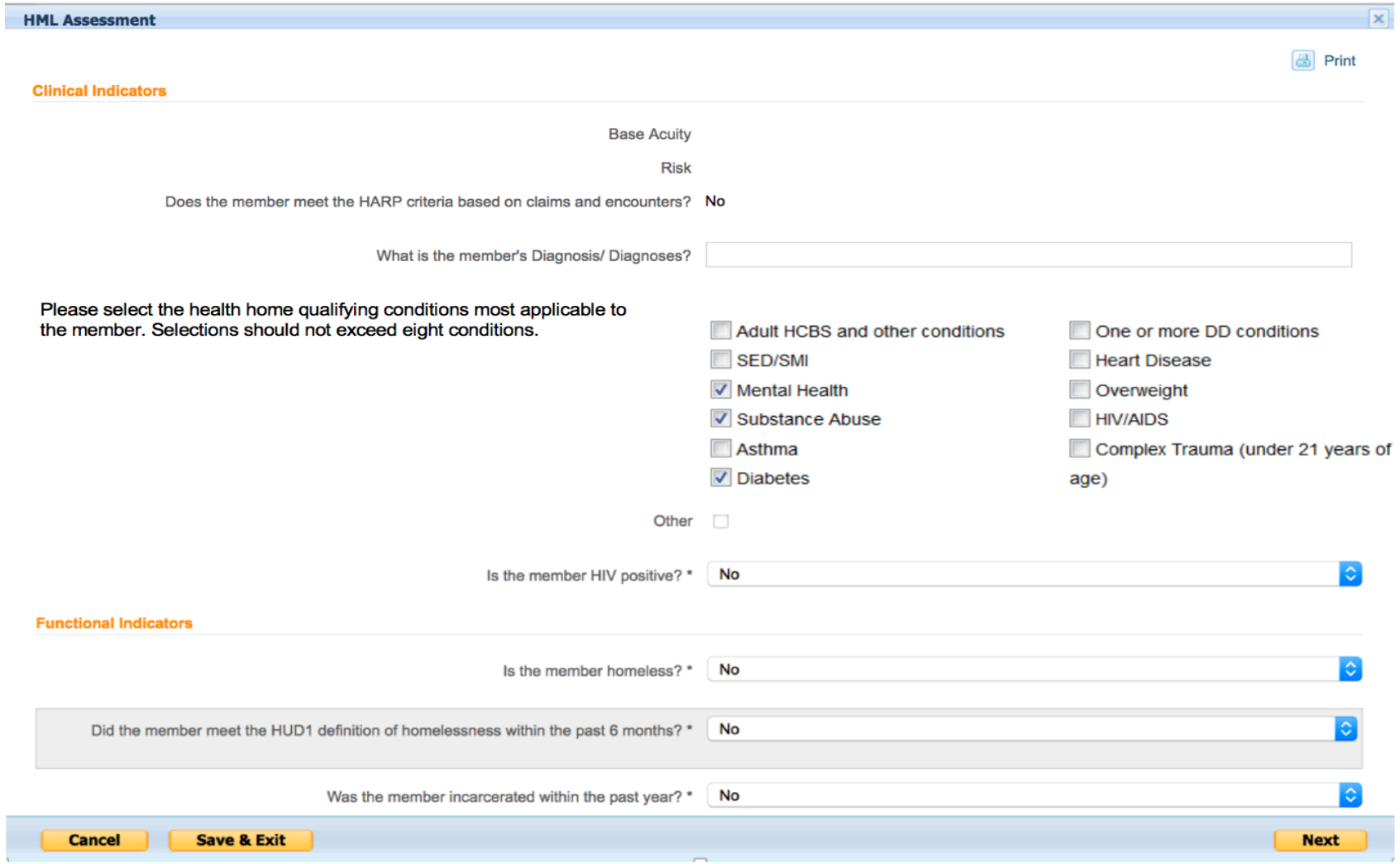
Release 2.7 will be deployed to the MAPP Health Home Tracking System on October 31, 2018

1. Updates made to Billing Instance question
2. Corrections made to MCP assignments
3. Display of warning messages on outreach segments
4. Corrections made to consent records
5. Corrections to fields populated incorrectly on the BSD

Updates Made to BI Questions

- Previously both the on screen and billing support files asked, “What are the member’s Health Home Qualifying conditions? Check all that apply.” This wording has been updated to better reflect the question being asked.

- This will not affect the month 1-6 sequence of HMLs for adult members.



Corrections Made to MCP Assignments

Previously there were two system issues that were resulting in overlapping MCP Assignments. These overlapping assignments prevented the creation of downstream assignments and segments. This code will be fixed in R 2.7

- Previously when a HH/CMA user modified a closed segment for a Mainstream MCP and the MCP had pended the member assignment the system was not correctly looking at the pended MCP assignment and tried to create an active MCP assignment to cover the segment period, resulting in overlapping MCP assignments.
- Previously when a MCP had a pending referral assignment and an active assignment and a segment was created the segment didn't correctly recognize the MCP assignments and would create a new MCP assignment, resulting in overlapping MCP assignments.

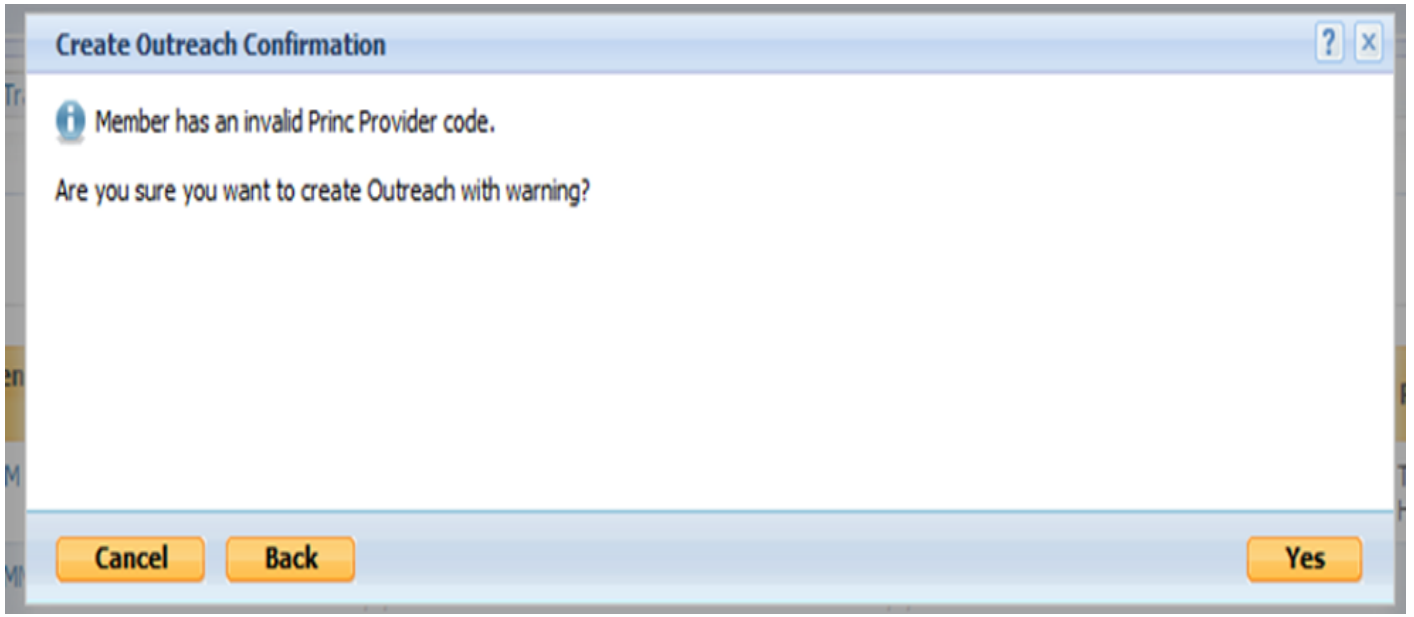
- A data fix will also be deployed shortly to fix any records. This data fix will be deployed prior to R 2.7 and will continue to be run until November 1st, when the code is corrected.

Warning Messages on Outreach Segments

- Previously if an outreach segment was made on screen and it resulted in a warning, but allowed the segment to be created, the warning would be displayed after the segment was created at the top of the segments tab.

- The warning will now be displayed in the pop-up box prior to the segment being created.

- Should you wish to continue with creating the outreach segment after reviewing the warning click ‘yes’.



Corrections to Consent Records

- Previously when a segment for a child member was deleted the consent record would be ended, but the status of the record would still appear to be active.

- If a user then attempted to re-enter a segment for the member with the same HH, CMA and start date the system would attempt to re-use the consent record already in the system and it would create an error as the consent record has an end date in the past. The error would prevent the creation of the segment.

- This will be fixed with R 2.7. There has been a workaround used for previously identified records that fit this scenario. If you are aware of a record that wasn't fixed previously you would now be able to enter the segment.

Corrections to BSD Fields

- Previously there were times when multiple records displayed a Y for “Latest Transaction” on the BSD for the same member and date of service. This occurs when one BI is voided and another added with the same HH/CMA (often when enrollment segments overwrite outreach segments). Now only the most recent BI will display a Y.

- As of 5/1/18 the Mental Illness question was updated to allow for answers indicating that a member had an inpatient stay for physical health. The system was incorrectly accepting these responses prior to 5/1/18. As of R 2.7 it will no longer except P, M, V for dates of service prior to 5/1/18. Users are not expected to correct any billing instances that accepted incorrect values.

Corrections to BSD Fields (Cont.)

- Previously the “Last Transaction Date Time” and “Void Date” were sometimes updated with the time that the segment was modified instead of the time the last transaction was made to the BI. This has been fixed with R 2.7.

Questions

Health Home Resources

- For MAPP HHTS issues, contact: MAPP Customer Care (518) 649-4335 or email MAPP-CustomerCareCenter@cma.com

- For HH policy questions:

  submit an email using the HH email web form (Subject – Health Home Policy): https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action or,

  contact the DOH Health Home Provider Line (518) 473-5569

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