How to use 'Opt-Out' in MAPP HTTS

Opt-Out in MAPP HHTS

- Users can create, end, or delete opt out information for an individual.

- A HH/CMA user can submit opt-out information for anyone. They do not need to be in the MAPP HHTS or have an association with the HH/CMA.

- A MCP user can submit opt-out for anyone currently part of their MCP. The member does not need to have a MCP assignment in the MAPP HHTS.

- A user can not upload an opt-out for a member who is in a segment if the segment does not end at the end of the month of the submit day of the opt-out.

- An opt-out record will end an individual's current assignments.

- Individuals with a current opt-out can be referred back into the program directly into an enrollment segment only (cannot create an assignment, referral, or outreach for an individual that has signed an opt-out form).

- Opt-out information is available on the Member CIN Search screen, the member CIN Search Download, and the Program Participation Download file.

You can record opt-out 2 ways

1. By File (starting on slide 3)

1. On Screen (starting slide 9)

New File: Program Participation Files (upload, error, download)

- **Program Participation Upload** file is available for MCPs, HHs and CMAs to upload to indicate if an individual has a signed 5059 form indicating an opt out of the HH program.

- **Program Participation Error** file messages to the provider records that are not accepted.

- **Program Participation Download** For MCPs, this file contains opt-out information for members whose plan enrollment overlaps with the opt-out signature/end date. For HH/CMAs, the file contains members with opt-out dates that overlap with the provider's assignment with the member AND member opt-outs submitted by the provider.

New File: Program Participation Files Continued

- Users are able to create, end, or delete opt out information for an individual.

- The file collects the opt-out signature date, the opt-out end date, and the opt-out reason.

- An opt-out record ends an individual's current assignments.

- Individuals with a current opt-out can be referred back into the program directly into an enrollment segment only (cannot create an assignment, referral, or outreach for an individual that has signed an opt-out form).

- Opt-out information is available on the Member CIN Search screen, the member CIN Search Download, and the Program Participation Download file.

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File Format: Program Participation Upload

Program Participation File		Start Pos	Length	End Pos	
Field #	Field	Start Pos	Length	End Pos	Format
1	Record Type	1	1	1	Character (C/E/D)
2	Member ID	2	8	9	AA11111A, Alphanumeric
3	Opt-Out Signature Date	10	8	17	MMDDYYYY, Numeric
4	Opt-Out Reason	18	2	19	Numeric
5	Opt-Out End Date	20	8	27	MMDDYYYY, Numeric

Opt-out Reasons:

- 01: Member Not Interested: No Follow-up
- 02: Member Not Interested: Follow-up in three Months
- 03: Member Not Interested: Follow-up in six Months

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Adding Create Records to the Program Participation File

When submitting a create record:

- Record Type = C
- Member ID = Required
- Opt-Out Signature Date= required
- Opt-out Reason= required
- Opt-out end date= optional

	A	B	C	D	E	F	G
1	Record Type	Member ID	Opt-Out Signature Date	Opt-Out Reason	Opt-Out End Date		
2	C	AA111111A	04182019	02	06182019		
3							
4							
5							
6							
7							

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Adding End Records to the Program Participation File

When submitting an end record:
- Record Type = E
- Member ID = Required
- Opt-Out Signature Date= Required
- Opt-out Reason= N/A
- Opt-out end date= required

	A	B	C	D	E	F
1	Record Type	Member I	Opt-Out S	Opt-Out R	Opt-Out End date	
2	E	AA12345A	05012019		06302019	

Adding Delete Records to the Program Participation File

When submitting a delete record:
- Record Type = D
- Member ID = Required
- Opt-Out Signature Date= Required
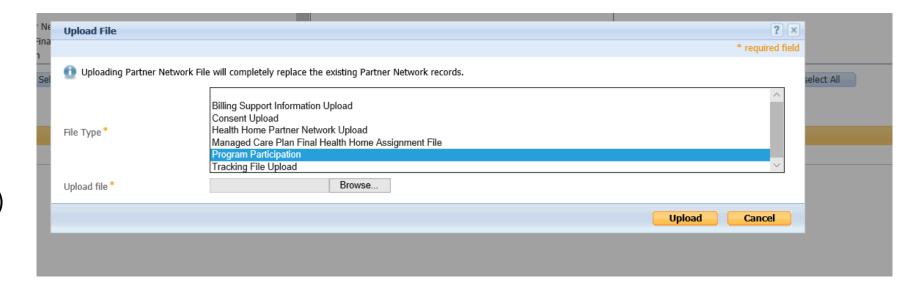- Opt-out Reason= N/A
- Opt-out end date= N/A

*only users from the organization that submitted the opt-out record can delete it

	A	B	C	D	E	F	G
1	Record Type	Member I	Opt-Out S	Opt-Out R	Opt-Out End date		
2	D	AA12345A	05012019				
3							

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Uploading the Program Participation File

1. From the quicklinks screen click on "upload file…"
2. In the upper right hand corner click on the upload star
3. Select "Program Participation" from the File Type dropdown
4. Click Browse to upload the correct file (in .csv or .txt format)
5. Click upload
6. Once the file is loaded click on the action button and either validate or process the file

Upload File

* required field

Uploading Partner Network File will completely replace the existing Partner Network records.

File Type *

Billing Support Information Upload
Consent Upload
Health Home Partner Network Upload
Managed Care Plan Final Health Home Assignment File
Program Participation
Tracking File Upload

Upload file *   Browse...

Upload   Cancel

For more information on how to upload a file:

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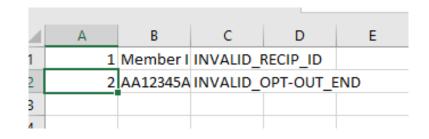
File Program Participation Error File

If there are any errors when either validating or processing the Program Participation File an error file will appear when you expand the toggle on the upload files page:

- By clicking on the validated/processed with errors files you can see the why your file errored out
- Once you open the error file the file will display the error reason in Column C

File ID	File Name	File Type	Uploaded By	File Status	Organization	Uploaded On
▼ 1319631	Opt Out End test.csv	Program Participation	erineisenhardt	Processed with errors	03449974 - ADIRONDACK HEALTH INSTITUTE INC	5/20/2019 11:46 AM

Uploaded file	Opt Out End test.csv		Uploaded On	5/20/2019 11:46 AM
Validated On			Processed On	5/20/2019 11:46 AM
Validated with Errors File			Processed with Errors File	1319631_03449974_052019_1146.csv
Records in Error During Validation	0		Records in Error During Processing	1
Records Validated Successfully	0		Records Processed Successfully	1

	A	B	C	D	E
1	1	Member I	INVALID_RECIP_ID		
2	2	AA12345A	INVALID_OPT-OUT_END		
3					
4					

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File Program Participation Download

The Program Participation Download includes:

- Member ID
- Opt-out Signature Date: The date the 5059 was signed
- Opt-out submission date: The date the opt-out was submitted to MAPP HHTS
- Opt-out start date: system generated, the first of the month following the opt-out submission date
- Opt-out end reason: If submitted
- Opt-out reason/description
- Opt out submitting organization and MMIS ID

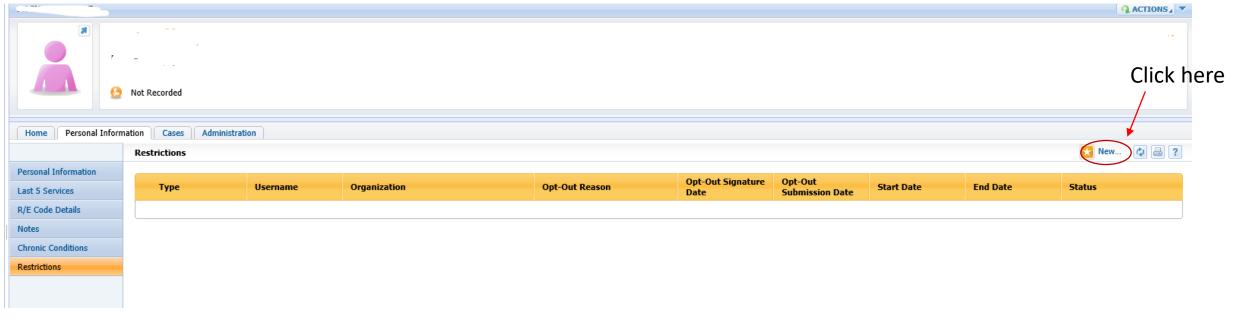|	Member ID	Opt-Out Signature Date	Opt-Out Submission Date	Opt-Out Start Date	Opt-Out End Date	Opt-Out Reason	Opt-Out Reason Description	Opt-Out Submitted by Organization Name	Opt-Out Submitted by Organization MMISID
1									
2		03012019	04052019	04012019		02	Member Not Interested: Follow-Up in Three Months	ADIRONDACK HEALTH INSTITUTE INC	344997
3		02012019	04052019	03012019		01	Member Not Interested: No Follow-Up	ADIRONDACK HEALTH INSTITUTE INC	344997
4		04012019	04052019	05012019		02	Member Not Interested: Follow-Up in Three Months	ADIRONDACK HEALTH INSTITUTE INC	344997
5		04012019	03292019	05012019		03	Member Not Interested: Follow-Up in Six Months	ADIRONDACK HEALTH INSTITUTE INC	344997
6		04012019	03292019	05012019		02	Member Not Interested: Follow-Up in Three Months	ADIRONDACK HEALTH INSTITUTE INC	344997
7		04012019	03292019	05012019		03	Member Not Interested: Follow-Up in Six Months	ADIRONDACK HEALTH INSTITUTE INC	344997

For information on how to download and format a file:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/mapp_hhts_webseries_dl_fmt_file.pdf
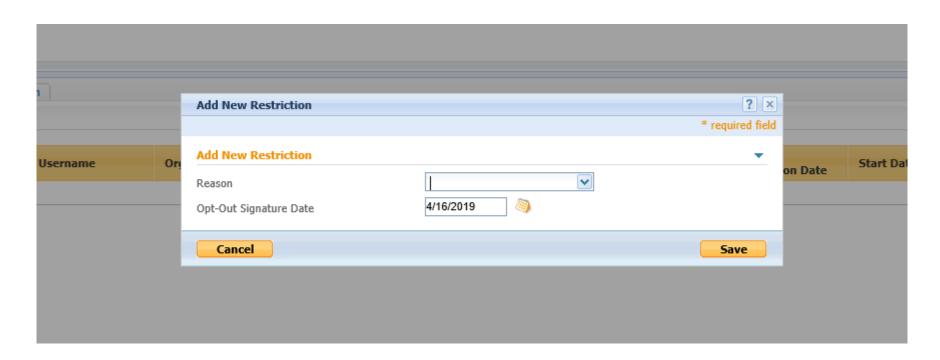
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On Screen Opt-Out Step 1: Personal Information

You can search for members associated with your organization that have opt-out records by navigating to the Personal Information section within the member's case and clicking on the Restrictions inner tab

By clicking on the New hyperlink on the right hand side of the screen you can add a new opt-out record

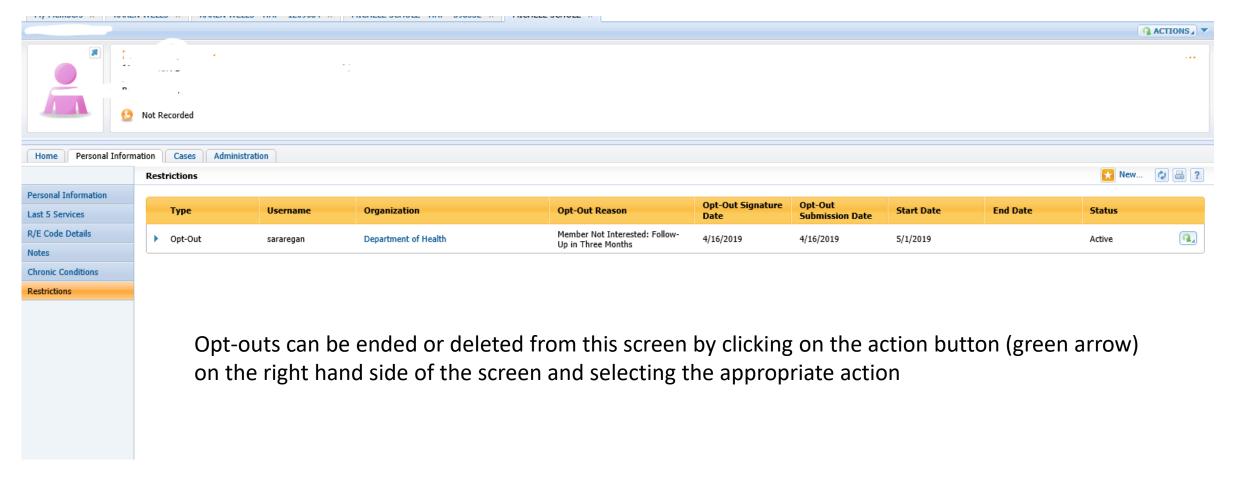Click here

On Screen Opt-Out Step 2: Add a New Restriction

Reasons include:
1. Member Not Interested: No Follow-Up
2. Member Not Interested: Follow-Up in Three Months
3. Member Not Interested: Follow-Up in Six Months
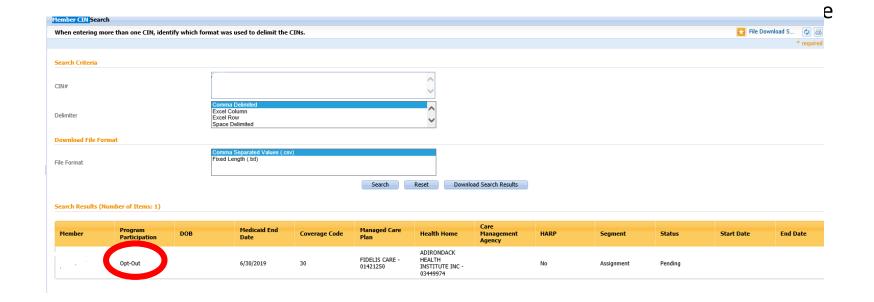
Select a reason, opt-out signature date and click save

On Screen Opt-Out Step 3: Opt-out shows up on the Restriction Screen

Opt-outs can be ended or deleted from this screen by clicking on the action button (green arrow) on the right hand side of the screen and selecting the appropriate action

CIN Search Screen

If you would like to view opt-out information for a
member that has never been associated with your
organization in MAPP HHTS you can do so via CIN Search.

This information is also available via the CIN Search Download.

Health Home Contact Information

- For Questions regarding billing of transitioning Children's HCBS services contact the children's team at HHSC@health.ny.gov

- 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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