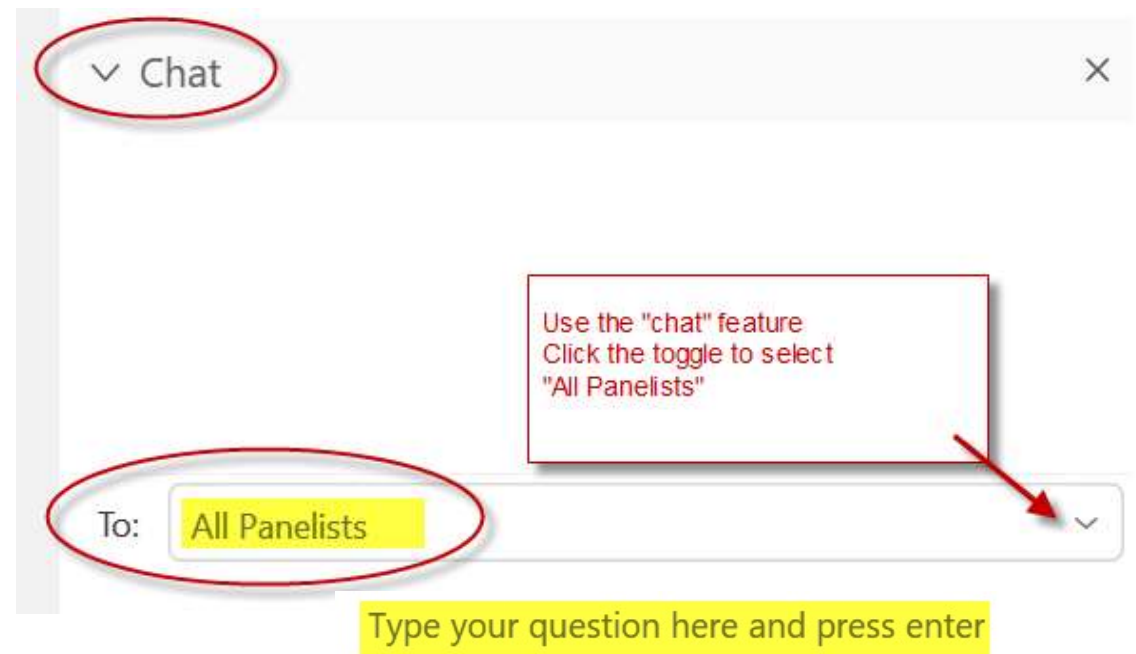# MAPP Health Home Tracking System Release 3.6 System Changes & Enhancements

Effective in MAPP HHTS March 11, 2021

January 27, 2021

If you have a questions during the Webinar…

Please send in your questions using the "Chat" feature shown below.

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Webinar and Reference Documents

The MAPP HHTS reference documents, guides and webinars can be found on the MAPP portion of the Health Home website.

MAPP HHTS Release 3.6 Webinar Agenda

MAPP HHTS Release 3.6 is scheduled for deployment on 3/11/2021 and includes the following changes and enhancements

- Add age restrictions for the A/C indicator on segments
- Changes to the HML
- Assessment tab and display changes
- Assessment download changes
- Provider identification relating to specialized HHs
- Tracking Members with a change in CIN
- New download file for enrolled members
- Resolved system defects

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Add Age Restrictions for A/C Indicator on Segments

This will change the A/C indicator on a segment based on the members age, *IF* the provider does not end the segment and create a new segment when the child ages out of HHSC.

If this above change is not made by the provider, the following system update will be occur in MAPP HHTS:

On the month following the members 21st birthday, the system will automatically change the A/C indicator from "C" to "A", on the existing segment

This system update will not end or create a new segment but will update the existing segment. This change will be documented in the segment tab of the member's case.

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Add Age Restrictions for A/C Indicator on Segments

Question: Is the member's HHSC enrollment good though the month of their 21st birthday, or must they be disenrolled on their birthday?

Answer: Since HH is billed with a service date of the 1st of the month, the member segment (C) should be ended and a new segment (A) should be started the month after they turn 21. If this change is not completed in HHTS, then the system update will occur to change the A/C indicator from "C" to "A" the following month.

Example: *If a member has a network indicator of 'C' and they turn 21 on June 3, 2021 and the provider does not end the segment and create a new segment by July 31, 2021 with an 'A' indicator then the system will change the indicator from 'C' to 'A' as of August 1, 2021.*

If the indicator is changed by the system, the provider will see a date in the **Health Home Network Type Changed Date** field in the expanded segment details tab.

Add Age Restrictions for A/C Indicator on Segments

"Health Home Network Type Changed Date" *field in the expanded segment details tab.*

Changes to the HML

The following changes have been made to the HML:

- HML additional information, including service date, name, and CIN, is displayed when reviewing completed billing on screen.

Changes to HML Billing Logic

An option to respond "unknown" to Question #24 on the HML, **Qualifies for AH+?** will be available and will function similarly to responding "No" to this question.
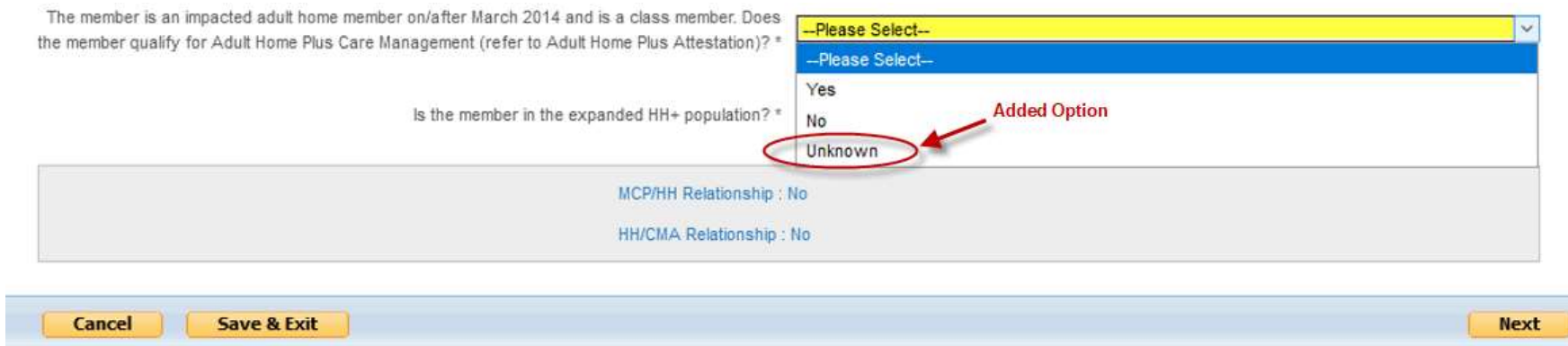
Special Population Billing Logic

Please note that this depicts how a rate is calculated and not which questions need to be responded to.
Additional questions may require responses but will not affect the rate calculation.
If there is Provider Rate Configuration rate, that would override the system calculated rate.
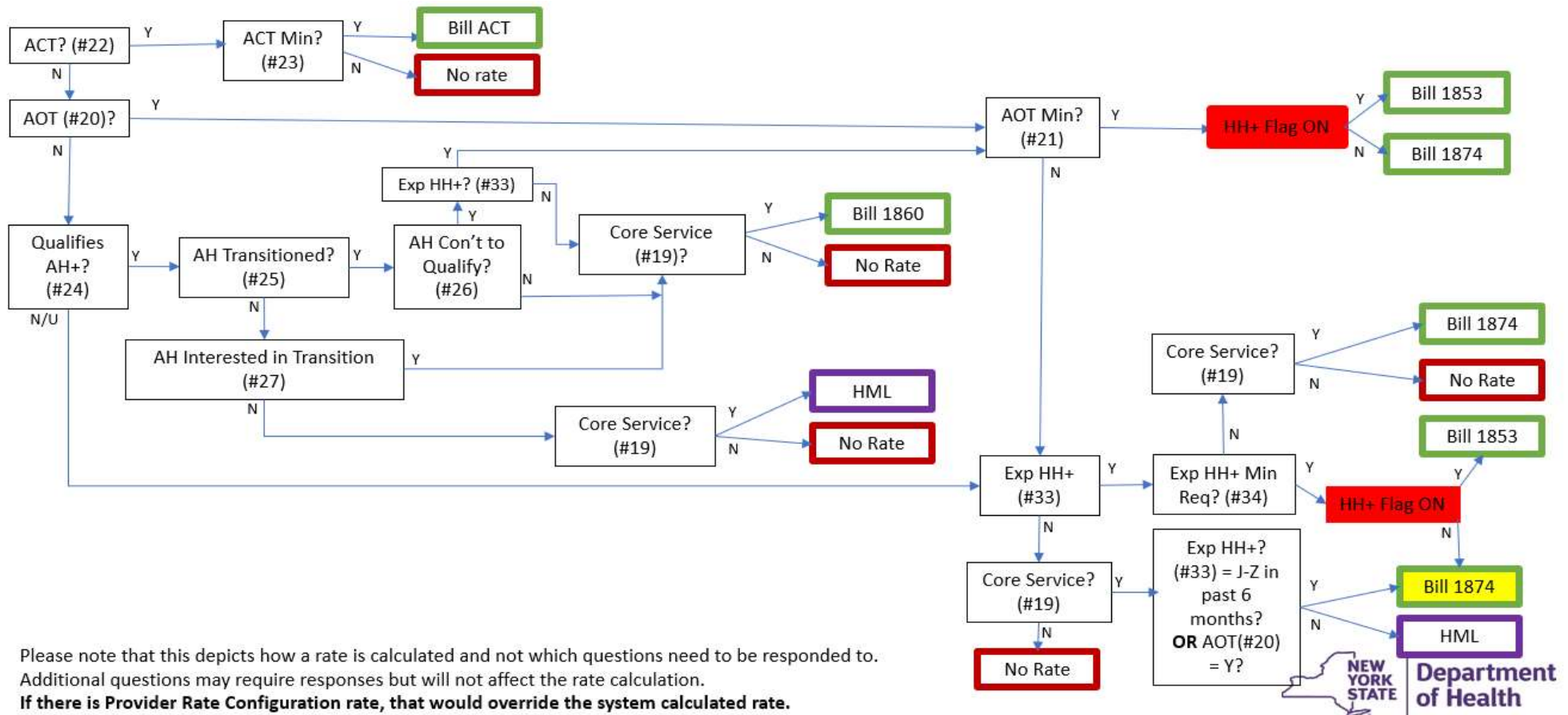
Assessment Tab and Display Changes

This display change will include a reorder of the current list in the assessment tab.
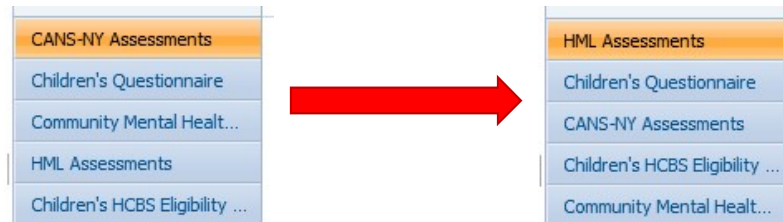
A change to "sorted by" was made, to show the most recent service date when displaying assessments.

Assessment Download

Assessment download will now flag the most recent CANs and HCBS for a member, based on the signed and finalized date.

Assessment Download File					
Field #	Field	Start Pos	Length	End Pos	Format
1	Member ID	1	8	8	Alphanumeric
2	Member First Name	9	30	38	Alpha
3	Member Last Name	39	30	68	Alpha
4	Assessment Type	69	1	69	Alpha (HCBS/CANs)
5	Assessment Outcome	70	1	70	Alpha (C/N/H/M/L)
6	Finalized Date	71	8	78	MMDDYYYY, Numeric
7	Assessor Organization Name	79	40	118	Alpha
8	Assessor Organization MMIS ID	119	8	126	Numeric
9	HH Name	127	40	166	Alphanumeric
10	HH MMIS Provider ID	167	8	174	Numeric
11	Target Population	175	1	175	Numeric (0/1/2/3)
12	Most Recent Signed and Finalized Date for CANS or HCBS	176	1	176	Alpha (Y/Blank)

Provider Identification for HH+ Billing

The HHTS will have a way to **identify providers** that have been designated for billing the HH+ rate, which includes the following:

- Changes to billing logic to allow billing for HH+ rates, when appropriate.
- The HH+ billing flag will show on the Provider Relationships Download for relationships with active flags. The File Specifications document will contain information regarding the location, added fields, and field descriptions included on the download file.
- Additionally, this attribute for HH+ Flag is displayed on the provider relationships tab, under the toggle of the relationship, as shown on the next slide.

Additional information regarding when and how the HH+ designation will work in HHTS, will be available once the designation process and policy for this is finalized. At that time, more details will be released regarding this enhancement.

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HH+ Flag on Provider Relationship Screen

Provider Identification for HH+ Billing

This HH+ provider designation allows the MAPP HHTS to identify providers and allow the billing of HH+ rate codes. Therefore if the designation is end dated, the HH+ rate code will not show on the billing instance.

This HH+ provider identification flag is used to identify designated CMA providers that can serve HH+ members.

Once this Designation process is complete and the information is entered in the HHTS, it will be included in the columns at the end of the Provider Relationship Download file, as shown below:

HH+ Flag	HH+ Flag Start Date	HH+ Flag End Date
Y	12012020	
Y	12012020	
N		
N		

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Tracking Members that have had a Change of CIN

The HHTS now has the ability for providers to identify and track members that have had a change in CIN.

- New fields will show on screen when an Outreach or Enrollment segment is **created or modified**.

- The Previous CIN (field 43) and New CIN (field 44) will be visible to the HH and CMA (when there is a segment) on the Enrollment Download File, if this information is supplied by the provider. This information will NOT show on the CIN Search Download file, due to Medicaid data privacy restrictions, nor does it transfer.

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New "Enrolled Members Detail" Download File

A new more inclusive download file to capture the most useful member information in one file.

- This file can be downloaded by MCPs, HHs, and CMAs. The **Enrolled Members Detail** Download File**,** will contain the current and historical details for members that have an active enrollment segment with the provider that is downloading the file, at the time of the file download. This file will include:
  - o Member basics and MCP, HH & CMA information
  - o K Codes & A1/A2 Codes, Start and End Dates
  - o Assessments Type, Outcome, Most recent "Signed and Finalized" Date

The field and field descriptions for what data is included in this file will be in the updated File Specifications Document, which will be posted shortly.

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Enrolled Members Detail Download

Field #	Field	Start Pos	Length	End Pos	Format
	Enrolled Members Detail Download File				
1	Member ID	1	8	8	AA11111A, Alphanumeric
2	Member First Name	9	30	38	Alpha
3	Member Last Name	39	30	68	Alpha
4	Member DOB	69	8	76	MMDDYYYY, Numeric
5	Enrollment / Outreach Code	77	1	77	Alpha (O/E)
6	Assessment Type	78	1	78	Alpha (H for HCBS/C for CANS)
7	K Code	79	2	80	Alphanumeric
8	K Code Start Date	81	8	88	MMDDYYYY, Numeric
9	K Code End Date	89	8	96	MMDDYYYY, Numeric
10	Current K Code	97	1	97	Alpha (Y/Blank)
11	CMA Name	98	40	137	Alphanumeric
12	A1 Start Date	138	8	145	MMDDYYYY, Numeric
13	A1 End Date	146	8	153	MMDDYYYY, Numeric
14	HH Name	154	40	193	Alphanumeric
15	A2 Start Date	194	8	201	MMDDYYYY, Numeric
16	A2 End Date	202	8	209	MMDDYYYY, Numeric
17	Current MCP Name	210	40	249	Alphanumeric
18	Current MCP MMIS ID	250	8	257	Numeric
19	Assessment Outcome	258	1	258	Alpha (C/N/H/M/L)
20	Finalized Date	259	8	266	MMDDYYYY, Numeric
21	HCBS	267	1	267	Alpha (Y/Blank)
22	CMA MMIS ID	268	8	275	Numeric
23	HH MMIS ID	276	8	283	Numeric

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System Defects Resolved in Release 3.6

- Select all buttons on Enrollment download file now works
- Two Active Enrollment Segments for a member upon transfer fixed
- Screen validation for Consent to Enroll Date fixed
- MCP Name now present on Billing Support Download (BSD) File

POC defects that were previously reported are now fixed in the system

- POC validation working correctly on screen and on file
- POC covers entire month, previously system was requiring a data fix

The POC presentation slides can be found here for reference:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/plan_of_care_and_billing_instances_mapp_hhts.pdf

Health Home Contact Information

- MAPP HHTS issues and questions should be directed to MAPP Customer Care Center at (518) 649-4335 or MAPP-CustomerCareCenter@cma.com

- Health Home policy questions should be directed to 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

- Questions relating to the billing of transitioning Children's HCBS services should be submitted to the HHSC team at HHSC@health.ny.gov

- MAPP HHTS resources and past presentations can be found here: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm

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