



**Department
of Health**

**Medicaid
Redesign Team**

MAPP HHTS

Weekly Webinar

November 1, 2016

Agenda

- Kids Go-Live Updates
- Billing Changes for December 1st, 2016
- MAPP HHTS File Changes for December 1st, 2016
- Billing Changes for April 1st, 2017
- CMHA Business Continuity Plan
- Medicaid Codes not Compatible with the HHs Program not Listed as R/E Codes

Kids Go-Live Update

- The programmatic start date for kids is December 1st 2016
 - This means that any kid referred into the system can have a segment start date of December 1st 2016 and all Phase 2, or children's rules will apply for dates on or after December 1st 2016
- The MAPP HHTS will be updated to accommodate this new functionality on December 5th 2016
 - This means that if you log into the MAPP HHTS on Thursday December 1st or Friday December 2nd the system will appear the same as it does currently (you will *not* be able to refer a child on December 1st)
 - There will be a blackout period at some point over the weekend (12/3-12/4)
 - On Monday December 5th the system will be updated to accommodate the Phase 2, kids functionality
 - At this time you will be able to log in and see the Children's Referral Portal
 - If you are a new Phase 2 *only* provider you will be able to access the system at this time

Billing Changes for December 1st, 2016

- Direct billing will be eliminated for converting CMAs. ACT providers will continue to bill the MCP or Medicaid (for fee for service members) for ACT services, which includes payment for Health Home services.
- High, Medium, and Low rates with clinical and functional indicators will be implemented
- Lead HHs will bill directly to Medicaid for all Health Home services (for both FFS and MCP members)
 - This is a **short-term process and will only last from 12/1/16 to 3/31/17** (estimated date)
 - During this time MCPs:
 - Will *not* submit claims to Medicaid
 - Will work on updating their billing systems to ensure they will be able to process payments to HHs (using the 837i) and only pay providers for members that are properly recorded within the MAPP HHTS
 - Work to immediately resolve and pay any outstanding HH payments to HHs

MAPP HHTS File Changes for December 1st, 2016

- On Friday 10/28/16, DOH released an updated version of the MAPP HHTS File Specifications Document describing how the system will work on 12/5/16. Below is a link to this document and a description of what was updated:
 - Three fields were added to the Billing Support Download file (this also includes reordering of the last few fields on the file)
 - Updated fields included in a CANS Assessment Fee billing instance
 - Clarified information about when the consent file is required prior to creating a segment

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_hhts_file_specifications_v2.1.pdf

Billing Changes for April 1st, 2017 (estimated date)

- For dates of service beginning 4/1/17, HH payments will be included in the MCP capitated rate for members enrolled in a Managed Care Plan (Mainstream, HARP, and SNP)
- HHs will submit a 837i directly to MCPs to receive payment for HH services
- HHs will continue to bill Medicaid directly for HH services provided to FFS members

CMHA Business Continuity Plan

- As per previous DOH communication to the Health Home Providers community, the NYS Eligibility and Community Mental Health Assessment application is currently offline
 - At this time we do not have an estimated date for when it will be back online
- It is imperative that all trained assessors continue to complete assessments despite the outage
- Trained assessors can access PDF versions of the assessment and hand scoring tools in the UAS training environment
 - For further details on this, please refer to the listserv email sent out on 10/27
- Care Managers should securely share the scoring tool with MCPs as documentation of eligibility and tier level
- During this outage the Health Home Team is unable to provide data feeds of completed assessments, a new data feed will be sent within one week of the application coming back online

Medicaid Codes not HH Compatible that are not Listed as R/E Codes

- There are certain situations where a member has a Medicaid code (such as AL and NH) that are listed as Principal Provider Codes (PP Code). These codes make the member ineligible for Health Home care management but the codes are not listed as an R/E Code.
- Currently, MAPP HHTS would not prevent a member from being entered into a segment if they have a PP Code that is not compatible with the Health Homes Program.
- As a reminder, it is required to always check Medicaid eligibility for all members prior to creating a segment.
- DOH will provide further guidance about how to address this nuance.

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