



**Department
of Health**

**Medicaid
Redesign Team**

MAPP HHTS

Weekly Webinar

November 8, 2016

Agenda

- Kids Go-Live Updates
- Billing Changes for December 1, 2016
- MAPP HHTS File Changes for December 1, 2016
- Billing Changes for April 1, 2017 (estimated date)
- Health Homes Currently Serving Children
- DO NOT complete Dec 2016 HML prior to 12/5/16

Kids Go-Live Update

- The programmatic start date for kids is December 1st 2016
 - This means that any child 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 1, 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 Medicaid directly 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

Billing Changes for April 1, 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 an 837i directly to MCPs to receive payment for HH services
- HHs will continue to bill Medicaid directly for HH services provided to FFS members

Health Homes Serving Members 21 and under Pre November 30th Steps – Gain Consent

- Immediately:
 - Review these member's files
 - Begin conversations with these members
 - Is your HH still the most appropriate HH for this member?
 - Would the member prefer to be served by an adult HH network or a children's HH network?
 - If you will be serving both children and adults, determine which network is most appropriate for the member.
 - If you will continue to serve the member under your existing MMIS provider ID, start gaining proper consent from the member.

Consent for Members Under 21

- Health Home serving children AND Health Homes serving adults MUST complete the new children's consent to enroll and consent to share information for all members under 18, unless the member can self consent (married, pregnant, parent).
- Members 18 and older OR members under 18 that can self consent sign the 5055 consent form. If the member signed the 5055 prior to 12/5/16, then that member does not need to re-sign the 5055 upon re-enrolling with the same HH.
- For more information:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children_forms.htm
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/forms/index.htm

Health Homes Currently Serving Children

- Health Homes that are currently serving children MUST close their active segments with an end date of 11/30/16 by 11/30/16.
- If these segments are not closed by 11/30/16, DOH will manually close all segments for members under 21 with an open segment on 12/1/16 with an end date of 11/30/16. DOH will contact each HH that did not end their own segments to discuss which HH MMIS Provider ID the member will re-enroll under.
- On 12/5/16, Health Homes must re-enroll their members.
- This applies to children under 21 as of the begin date of the segment.

Ending Current Enrollment Segments for Members 21 and under - Pre November 30th Steps

- IBM/DOH will create a list for each HH containing all members that were under 21 as of the start date of the segment. This file will contain the following fields: Member ID, Date of Birth, Gender, Begin Date, End Date, O/E Code, HH MMIS ID, and CMA MMIS ID
- To request your HH's list, someone with the worker role from your HH must submit a ticket to MAPP CCC requesting this list.
- Use this information to create a tracking segment file upload using the Modify (M) record type, end date of 11/30/2016, end date reason code of '99' (Other) and put 'Phase 2 transition' in as the corresponding comment.
- If the member will be re-enrolled into the same HH MMIS Provider ID, then respond 'No' to the "End HH Assignment" question
- If the member will be re-enrolled into a different HH MMIS Provider ID, then respond 'Yes' to the "End HH Assignment" question. You must immediately contact Laura Moretti (Laura.Moretti@health.ny.gov) to discuss which HH MMIS Provider ID these members will move to. DOH will need to assign those members to the correct HH, so you can re-enroll the members using a file on 12/5/16.

Health Home Serving Members 21 and under Post December 5th Steps – Consent

- Upload a consent file for any of these members where consent to enroll has been obtained and you will continue to serve
 - If member is under 18 consent to enroll is required to enter an enrollment segment
 - If member is between 18-21
 - And being served by an adult HH – consent is not required
 - And being served by a children’s HH – consent is required
- Upload a consent file with record type C, consent start date (can be prior to 12/1/16), consenter, and new consent type (01 for enrollment if under 18 or 01 and 02 if member is 18 and over or self consent)

Health Home Serving Members 21 and under Post December 5th Steps – Enrollment

- Upload a tracking file:
 - Begin date of segment should be 12/1/16
 - NOTE: for members that require consent, consent to enroll must either have a date that is prior to the segment begin date or within the month of the segment start date.
 - If your HH uses one MMIS Provider ID to serve both adults and children, pay close attention to the **Adult or Child Services Provided** Indicator field as this indicates which program the child will be enrolled ('A' for adult and 'C' for children). If your HH only serves one population, please ignore this field.
 - The **Consent Date** field on the Tracking File Segment is ignored by the system post 12/1/16.

DO NOT complete Dec 2016 HML prior to 12/5/16

- While the HHSC program goes live on 12/1/16, the system will not be updated until 12/5/16.
- Do not complete any HML for 12/1/16 service dates on 12/1/16 or 12/2/16.
- On 12/3/16, DOH will delete any HML information submitted for 12/1/16 service dates on 12/1/16 or 12/2/16.

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