



**Department
of Health**

**Medicaid
Redesign Team**

MAPP HHTS

Weekly Webinar

September 13, 2016

MAPP HHTS File Specifications Changes

- DOH released an excel spreadsheet containing new file specifications for the December 1, 2016 implementation of the Health Homes serving children.
- This document shows all of the fields that will be added to the files on December 1, 2016, but some of those new fields will not be populated with values until early 2017. These fields are highlighted in yellow.
- In September, two new MAPP HHTS File Specifications Documents will be released:
 - An updated version (1.2) of the current document clarifying how the current MAPP HHTS files work. Version 1.2 will be effective through November 30, 2016.
 - A new version (2.0) explaining all of the December 1, 2016 file updates. This version will be released soon but will not become effective until December 1, 2016.

ACT Providers

- In the pre-MAPP HHTS, ACT providers were considered direct billers and members receiving services from ACT providers had a Direct Biller value of 'Y' submitted on their segments.
- In the MAPP HHTS, ACT Providers are not considered direct billers. This means that when you add a Billing Instance to the MAPP HHTS, members receiving services from ACT providers must have a Direct Biller value of 'N'.
- To identify that a member is receiving ACT services, you must populate **ACT Member** with 'Y'. If minimum ACT services were provided, populate **ACT Minimum Services Provided** with 'Y', otherwise 'N'
- All other required HML fields must also be populated for ACT members.

Determining a member's Monthly HML Value

- Currently, the HML rate descriptions are too long and are cut off on the Billing Support Download. This makes it impossible to tell from the Rate Description field alone what HML value a member qualifies in a given month.
- To determine a member's monthly HML value, compare the rate amount listed on the BSD file to this table. The first column contains the rate's full description and the second column contains the new truncated descriptions that the MAPP HHTS will use in the future on the BSD file (implementation date TBD).
- Member with a rate amount of \$249.00 is non-HARP Med.

Rate Code Description	Truncated Rate Code Description	Upstate Rate *	Downstate Rate*
Health Home Services - HARP (Low)	HH Svcs - HARP (Low)	\$117.00	\$125.00
Health Home Services - HARP (Med)	HH Svcs - HARP (Med)	\$293.00	\$311.00
Health Home Services - HARP (High)	HH Svcs - HARP (High)	\$450.00	\$479.00
Health Home Services - non-HARP (Low)	HH Svcs - non-HARP (Low)	\$58.00	\$62.00
Health Home Services - non-HARP (Med)	HH Svcs - non-HARP (Med)	\$234.00	\$249.00
Health Home Services - non-HARP (High)	HH Svcs - non-HARP (High)	\$360.00	\$383.00
Health Home Outreach (Adult)	HH Outreach (Adult)	\$135.00	\$135.00
Current Health Home Rates that will remain in effect on/after December 1, 2016:			
Health Home Plus/Care Management	HH Plus/Care Management	\$700.00	\$800.00
Health Home Services - Adult Home Transition	HH Svcs-Adult Home Transition	\$700.00	\$800.00
Adult Home Assessment and Management Fee	Adult Home Assess and Mgmt Fee	\$200.00	\$200.00
* Downstate includes NYC, Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk and Westchester Counties. Upstate includes all other counties.			