

Medicaid Analytics Performance Portal Health Home Tracking System

# MAPP HHTS | TRAINING UPDATES

## Welcome

Welcome to the MAPP Health Home Tracking System (HHTS) Training Updates Newsletter. This document serves as an addendum to the Phase 1 Training Materials and focuses on system functionality workarounds, system enhancements, general training updates, and helpful tips to assist the end-user with completing certain tasks within the system.

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## Inside this Issue – September 2016

- Topic 1: Important - Do Not Modify Hiatus Outreach Segments
- Topic 2: Documenting Health Home Services Provided to Members Enrolled in an ACT Program
- Topic 3: MAPP HHTS HARP Definitions (as of July 2016)
- Topic 4: Accepting a Transfer in Bulk using Manage Assignments
- Topic 5: Using “Select All” Functionality for Multiple Pages of Search Results
- Topic 6: Referral Wizard – Invalid CIN Producing Wrong Error Message
- Topic 7: Unable to Create Transfer if HH and CMA Provider Relationship Does Not Exist
- Topic 8: Assignment Source Not Populating in MCP Assignment File Download

# Important: Do Not Modify Hiatus Outreach Segments



**Workaround Solution:** 09/30/2016  
**What Is Impacted?:** Hiatus Outreach Segments and creation of Enrollment Segments  
**Information for:** HH and CMA Workers

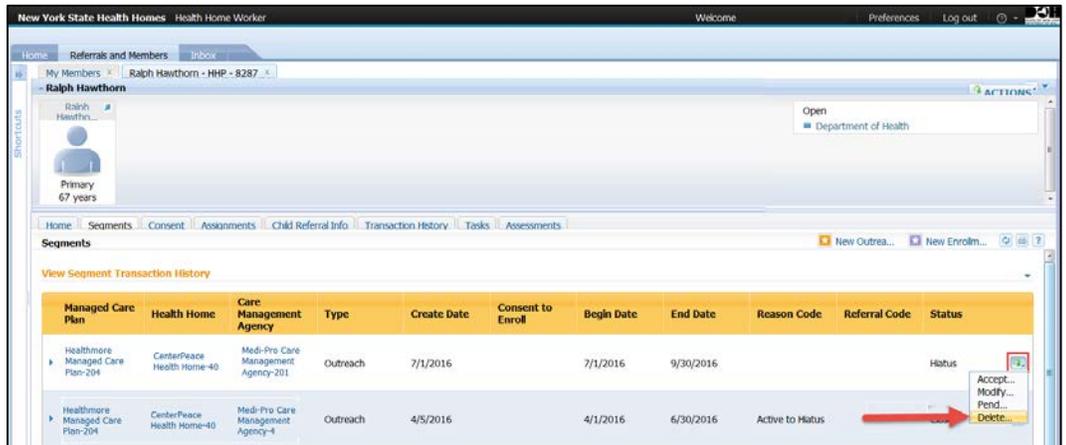
The MAPP HHTS currently supports the ability for HH and CMA Workers to modify Outreach Segments in "Hiatus" status (before and after the Segment End Date batch closes them). Users can change the End Date, End Date Reason, and 'Do you want to end HH assignment' question to different values than what the batch would do when the Hiatus Segment was created or closed. It is not readily apparent to users that these Segments are in "Hiatus" status when they modify these

attributes, thus causing issues when the system runs the batch process.

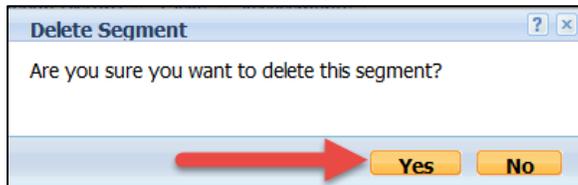
Therefore, HH and CMA Workers should **NEVER modify** the Outreach Segments that are in "Hiatus" status. Additionally, a "Hiatus" Outreach can also move to a "Closed" status after the End Date passes. These Segments have an End Date Reason of "Hiatus to Closed" and the HH/CMA Workers should **not** modify Segments in a "Closed" status when the End Date Reason

is "Hiatus to Closed". Instead, if an Outreach Segment in "Hiatus" status is prohibiting a Provider from submitting an Enrollment Segment for a member, then the Provider with the "Hiatus" Outreach Segment must **delete** their "Hiatus" Outreach Segment instead of modifying the "Hiatus" Outreach Segment. See the sample scenario and steps below.

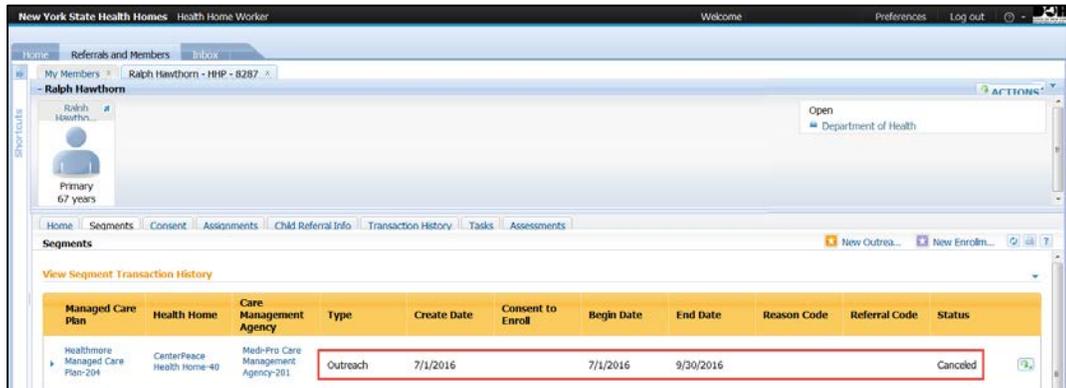
**Scenario:** The HH Worker wants to create an Enrollment Segment for a member (Ralph Hawthorn) because he has agreed to enroll in the Health Home Program. However, he has an Outreach Segment in "Hiatus" status, which is impacting the ability to create the Enrollment Segment. Therefore, the HH Worker will first delete the "Hiatus" Outreach Segment and then create his Enrollment Segment.



**Step #1:** Click the Actions button next to the "Hiatus" Outreach Segment and select **Delete**.



**Step #2:** Click the **Yes** button in the *Delete Segment* pop-up.



**Step #3:** Verify the Outreach Segment displays a "Canceled" status.

# Important: Do Not Modify Hiatus Outreach Segments

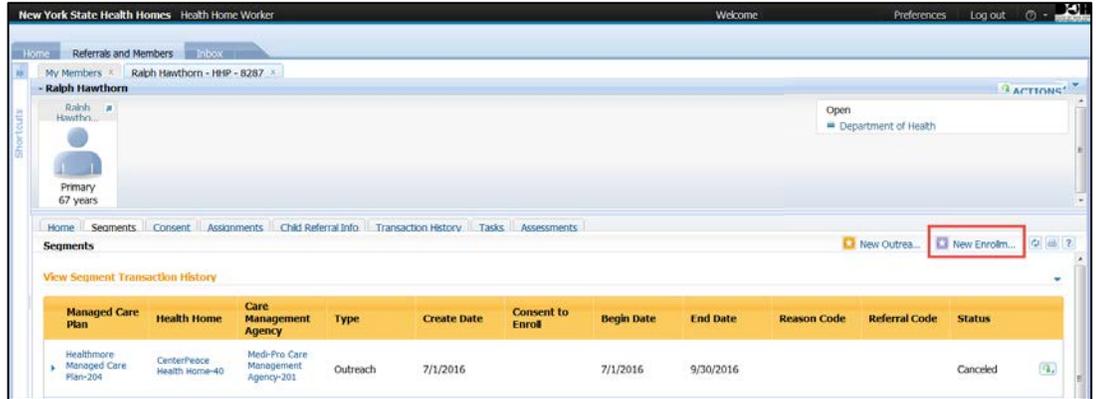


**Workaround Solution:** 09/30/2016

**What Is Impacted?:** Hiatus Outreach Segments and creation of Enrollment Segments

**Information for:** HH and CMA Workers

**Step #4:** Click the **New Enrollment...** button to create an Enrollment Segment.



**For HH and CMA Workers who use File Uploads/Downloads Exclusively:**

The HH and CMA Workers are able to modify an Outreach or Enrollment Segment using the Tracking File Upload method. If the HH/CMA Worker does not know which member records(s) have a "Hiatus" Outreach Segment, they should first download the Enrollment Download File and filter on the Status column.

Filter on the Outreach/Enrollment Code column

Filter on the Status column.

Then, a HH or CMA Worker can upload the Tracking File Upload with the correct specifications that would first delete the Outreach Segment in "Hiatus" status and then create an Enrollment Segment. See the sample file below:

The **Delete** action for the "Hiatus" Outreach Segment should be listed first in the Tracking File Upload.

The **Create** action for the Enrollment Segment should be listed second in the Tracking File Upload.

# Important: Do Not Modify Hiatus Outreach Segments

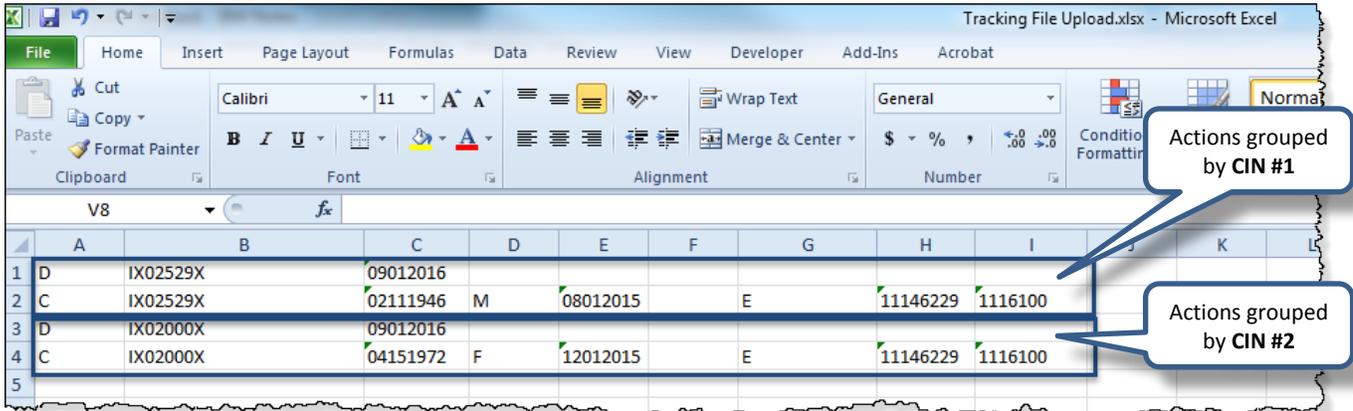


**Workaround Solution:** 09/30/2016

**What Is Impacted?:** Hiatus Outreach Segments and creation of Enrollment Segments

**Information for:** HH and CMA Workers

Please note that when the HH or CMA Worker has a Tracking File Upload with multiple CINs, all actions that need to be performed on a member record must be grouped by the CIN, not mixed in with other CINs.



	A	B	C	D	E	F	G	H	I	J	K	L
1	D	IX02529X	09012016									
2	C	IX02529X	02111946	M	08012015	E		11146229	1116100			
3	D	IX02000X	09012016									
4	C	IX02000X	04151972	F	12012015	E		11146229	1116100			
5												



## Keep in Mind...

Do **not** modify any Outreach Segments in "Hiatus" status or with a "Closed" status, where the End Date Reason is "Hiatus to Closed". Simply follow Steps 1-3 on Page 1 to first delete the "Hiatus" Outreach Segment, and then create the Enrollment Segment as necessary as shown in Step 4.

Type	Create Date	Consent to Enroll	Begin Date	End Date	Reason Code	Referral Code	Status
Outreach	7/1/2016		7/1/2016	10/20/2016			Hiatus
Outreach	4/5/2016		4/1/2016	6/1/2016	Active to Hiatus		Closed

*Note: A red circle with a diagonal slash is placed over the first row (Hiatus status). A red arrow points to the 'Modify...' option in the context menu for the second row (Closed status).*

Additionally, per the instructions on Page 2, the HH and CMA Worker can upload a Tracking File Upload to first delete a "Hiatus" Outreach Segment and then create an Enrollment Segment.



## Documenting Health Home Services Provided to Members Enrolled in an ACT Program



**Enhancement System Update:** 09/30/2016  
**Information for:** MCP, HH and CMA Workers

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 that are not converting TCM 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 when

uploading the Billing Support file to the MAPP HHTS, you must populate ACT Member with 'Y'. If ACT Members = Y in Field 22 (Column V), then ACT Minimum Service Provided (Field 23, Column W) becomes a Conditional field, which is indicated by the "C" in the Req'd column. If minimum ACT services were provided, insert ACT Minimum Services Provided with 'Y', otherwise 'N'. All other required HML fields must also be populated for ACT members.

For more information, please review the PowerPoint on the MAPP website from 9/20/2016, which describes ACT rate descriptions on the Billing Support Download. File. This can be found via the following web address: [ACT Rate Descriptions](#).

Below is a screenshot of the file specifications for the Billing Support Upload File. These file specifications can be found at the following web address: [MAPP HHTS File Specifications](#).

Tracking System File Formats

- [MAPP HHTS Specifications Document](#)
- [View Tracking System File Formats](#)

Billing Support Upload File								
Field #	Field	Start Pos	Length	End Pos	Req'd	Source	Format	Required 8/1/15
1	Add/Void Indicator	1	1	1	Y	HH/CMA	Alpha (A/V)	Y
2	Member ID	2	8	9	Y	HH/CMA	AA11111A, Alphanumeric	Y
3	Service Date	10	8	17	Y	HH/CMA	MMDDYYYY, Numeric	Y
4	Diagnosis Code	18	10	27	N	HH/CMA	Alphanumeric	N
5	Pre-Conditions of member	28	16	43	C	HH/CMA	Numeric	C
6	Description of "Other" pre-condition	44	40	83	C	HH/CMA	Alphanumeric	C
7	HIV Status	84	1	84	Y	HH/CMA	Alpha (Y/N)	N
8	HIV Viral Load	85	1	85	C	HH/CMA	Numeric	N
9	HIV T-Cell Count	86	1	86	C	HH/CMA	Numeric	N
10	Member Housing Status	87	1	87	Y	HH/CMA	Alpha (Y/N)	N
11	HUD Category	88	1	88	C	HH/CMA	Numeric	N
12	Incarceration	89	1	89	Y	HH/CMA	Alpha (Y/N/U)	N
13	Incarceration Release Date	90	8	97	C	HH/CMA	MMDDYYYY, Numeric	N
14	Mental Illness	98	1	98	Y	HH/CMA	Alpha (Y/N/U)	N
15	Mental Illness Stay Discharge Date	99	8	106	C	HH/CMA	MMDDYYYY, Numeric	N
16	Substance Abuse	107	1	107	Y	HH/CMA	Alpha (Y/N/U)	N
17	Substance Abuse Discharge Date	108	8	115	C	HH/CMA	MMDDYYYY, Numeric	N
18	SUD Active Use/Functional Impairment	116	1	116	Y	HH/CMA	Alpha (Y/N)	N
19	Core Service Provided	117	1	117	Y	HH/CMA	Alpha (Y/N)	Y
20	AOT Member	118	1	118	Y	HH/CMA	Alpha (Y/N)	N
21	AOT Minimum Services Provided	119	1	119	C	HH/CMA	Alpha (Y/N)	N
22	ACT Member	120	1	120	Y	HH/CMA	Alpha (Y/N)	N
23	ACT Minimum Services Provided	121	1	121	C	HH/CMA	Alpha (Y/N)	N

Field 22 = Column V in the Billing Support Upload File

Field 23 = Column W in the Billing Support Upload File



## MAPP HHTS HARP Definitions (as of July 2016\*)



**Training Update:** 09/30/2016

**Information for:** MCP, HH and CMA Workers

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### MAPP HHTS HARP Definitions (as of July 2016)\*

- A member that is enrolled in a HARP/SNP AND has an RE code of H1-H6 is considered HARP Enrolled in MAPP HHTS.
- A member that does not have an RE code of H1-H6 BUT has an RE code of H9 is considered HARP Eligible in MAPP HHTS.
- A member that does not have an RE code of H1-H9 is neither HARP eligible nor HARP enrolled
- HARP flags within the system contain different values. Some spell out eligible/enrolled/blank and others use the logic below:

**HARP Y/N/E fields** –Y: HARP eligible; E: HARP Enrolled; N: neither eligible nor enrolled.

**HARP El/En/Blank fields** -El: HARP eligible; En: HARP Enrolled; Blank: neither HARP eligible nor HARP enrolled.

*\*As of service date for billing. Otherwise, as of transaction date.*

# Accepting a Transfer in Bulk using Manage Assignments



**Workaround Solution:** 09/30/2016

**What is Impacted?:** The process of accepting a Transfer in bulk  
**Information for:** HH and CMA Workers

HH and CMA Workers are able to accept Transfers using two different methods:

- 1) Accept Transfers in bulk, by using the Manage Assignments tab to search on "Pending" Transfers, then select the desired members, and click the Accept button.
- 2) Accept the Transfer individually by

navigating to the member's Assignments tab and selecting the Actions button next to the "Pending" Transfer and accepting it.

Right now, the bulk Accept Transfer functionality in Manage Assignments is producing different error messages, such as

"Member is not Medicaid Eligible" or "Effective Date must be the first day of the month" and none of the selected Transfers are accepted into the MAPP HHTS.

Until this is fixed, all Providers who need to accept a Transfer should use the Individual Method, which is described below.

## How to Accept a Transfer (via the Individual Method)

**Step #1:** Click the member hyperlink to open the member's Member Home Page.

Search Results (Number of Items: 3)

Member	Role	Record Type	Status	Created By	Source	Created Date	Transfer Effective Date
<a href="#">Kristen Olive - DX07848X</a>	Health Home	Transfer	Pending	Department of Health	Assignment File	09/02/2016	9/1/2016

**Step #2:** After clicking the Go to Case button, navigate to the member's Assignments tab.

**Step #3:** Click the Actions button next to the "Pending" Transfer, and select Accept.

**Step #4:** Enter the Enrollment Segment information as necessary in the Accept Transfer / Create Enrollment Segment pop-up. Click the **Next** button.

Accept Transfer / Create Enrollment Segment

Enter Segment Details

Start Date: 10/1/2016

End Date: [ ]

HH MMIS ID: CenterPeace Health Home-30

CMA MMIS ID \* **Management Agency-3 - 11146407**

Consent Date: [ ]

End Date Reason: [ ]

Comments: [ ]

Do you want to end the member's Health Home Assignment? [ ]

**Cancel** **Create**



### Keep in Mind...

There are multiple ways to perform an action in the MAPP HHTS, whether you are performing an action on an Outreach/Enrollment Segment, Assignment or a Transfer.

For more information, please reference the *Phase 1 HH ILT Guide* for the HH Worker role that is available on the Learning Management System (LMS).

# Using "Select All" Functionality for Multiple Pages of Search Results



**Workaround Solution:** 09/30/2016

**What is Impacted?:** Selecting members across multiple pages of search results

**Information for:** MCP, HH and CMA Workers

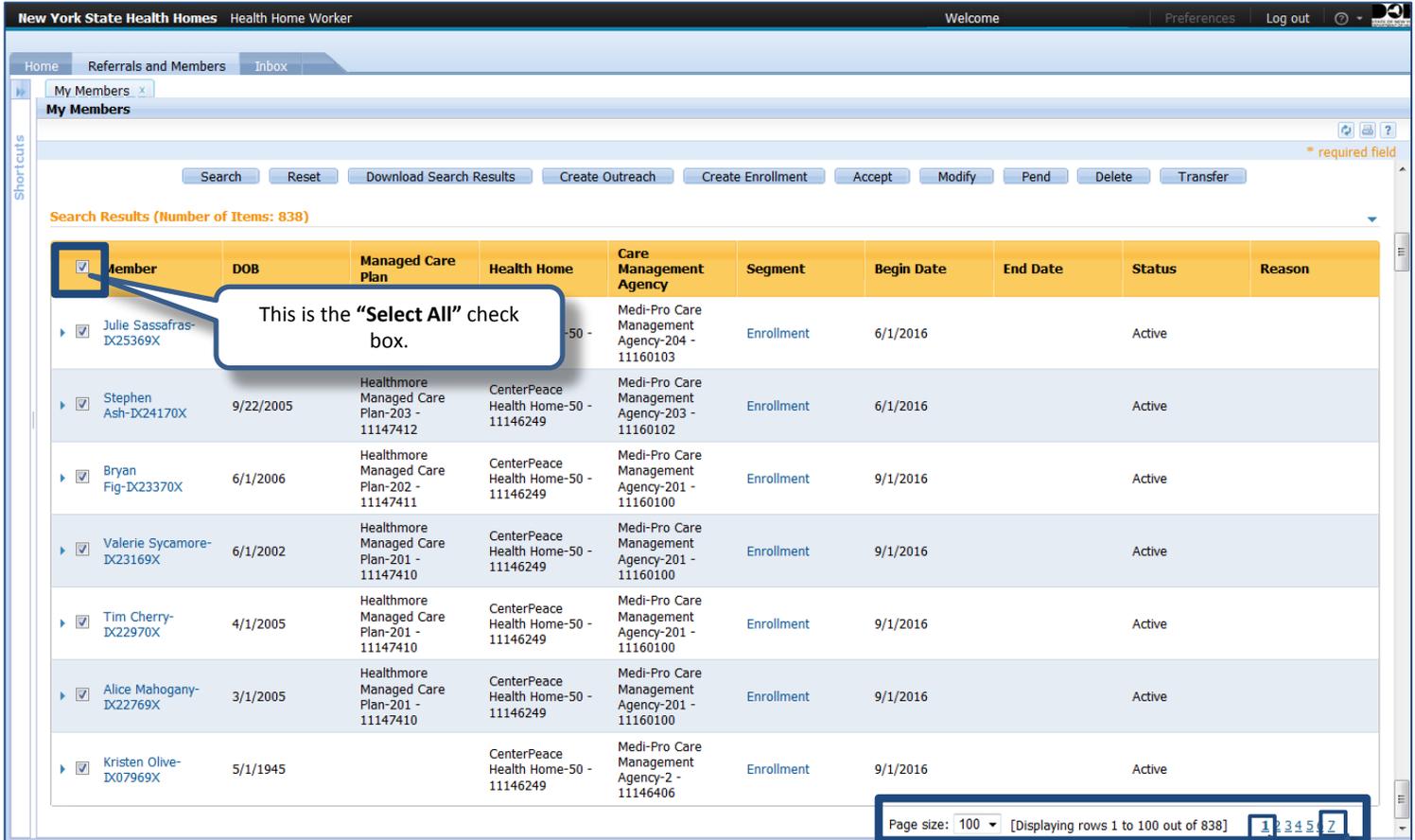
The My Assignments, My Members and Manage Assignments screens are all used to search and filter for members within your Organization. Many times, Providers may need to perform a bulk action like accepting "Pending" Assignment Records for multiple members. These members might span across many pages in the search results. Please note that when using the "Select All" check box, the MAPP HHTS is only selecting the members on the **first and last page** of

the search results. For example, if the search results returns five (5) pages of member records, and the "Select All" check box is selected, then only members listed on Page 1 and Page 5 are selected when the bulk action is performed. Members listed on pages 2-4 are not selected, due to a system error.

All MCP, HH, and CMA Workers should be aware of this when using the "Select All"

check box on the My Assignments, My Members, and Manage Assignments screen. The "Select All" check box is not labeled with a word, but is a check box next to the Member column header.

Once fixed, the "Select All" check box will select all member records that are listed in the search results on **all** pages.


**Keep in mind...**

All MCP, HH and CMA Workers should be aware of this issue and ensure they navigate to each individual page within the search results to select the necessary members for which a bulk action needs to be performed.

Member records listed on the **first and last** page of the search results will be the only members selected.

# Referral Wizard: Invalid CIN Producing Wrong Error Message

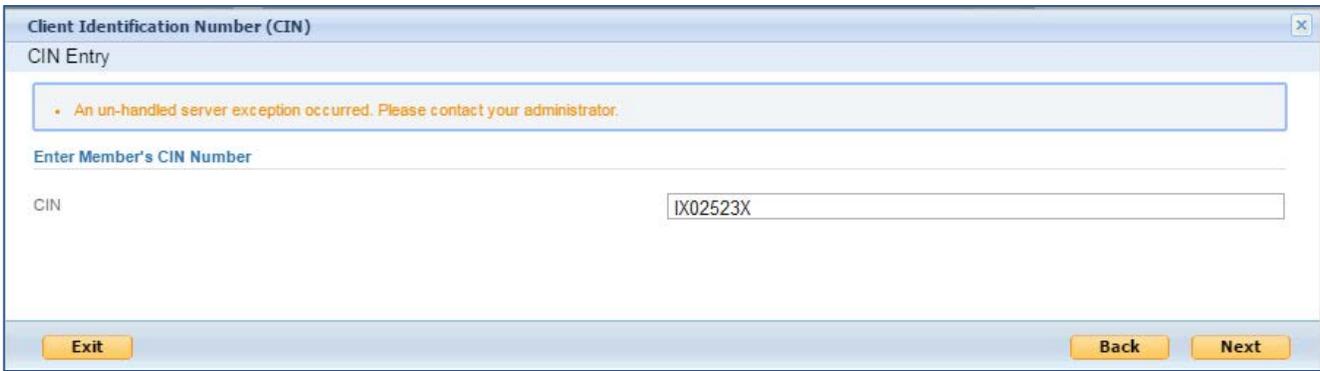


**Workaround Solution:** 09/30/2016  
**What Is Impacted?:** Referral Wizard  
**Information for:** MCP, HH, and CMA Workers

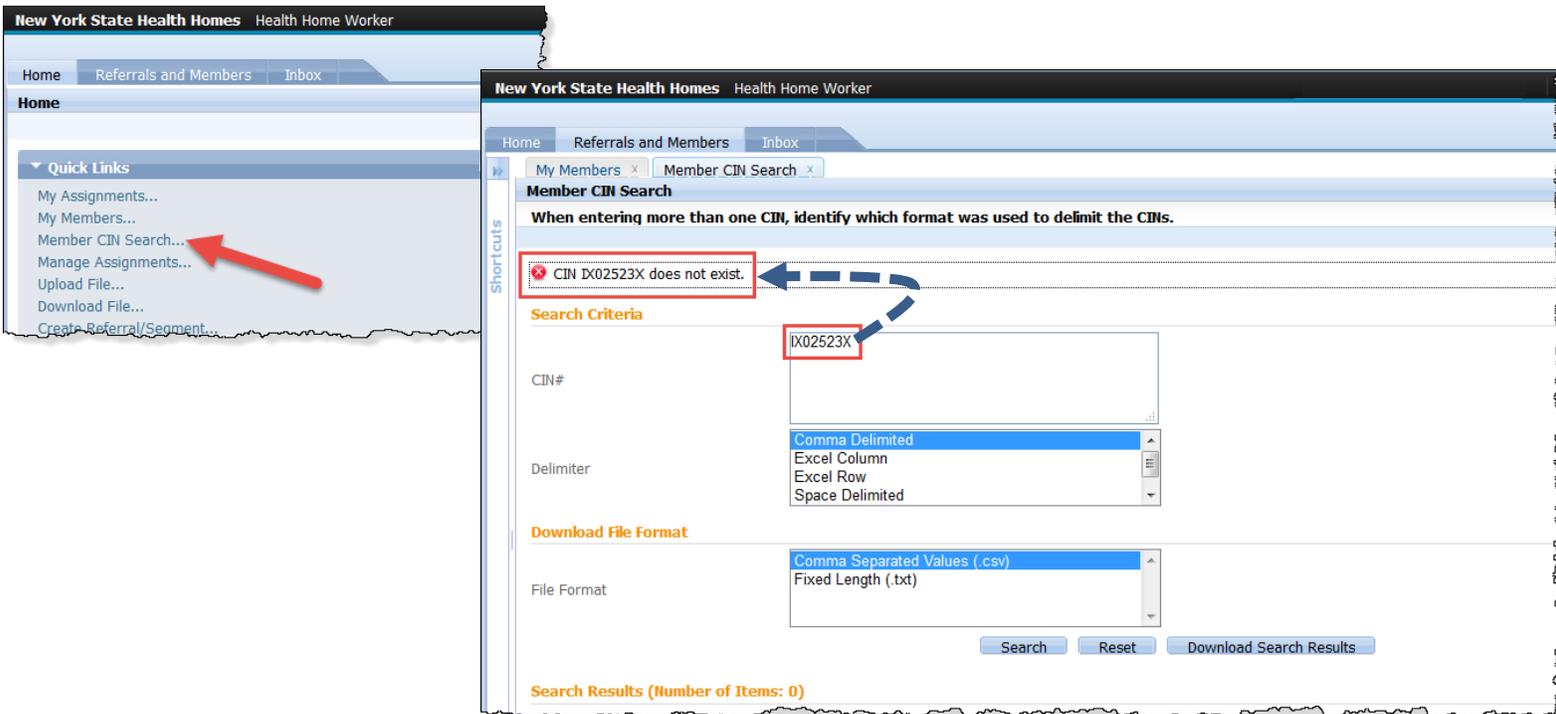
The MAPP HHTS allows MCP, HH, and CMA Workers to refer Health Home eligible adult and children members to the Health Home. If a MCP, HH or CMA Worker is creating a Referral for a member, he or she selects the **Create Referral/Segment** quick link. In order to start the Referral process, the Worker needs the member's CIN. Currently, in Production, if the Worker

enters an invalid CIN, the MAPP HHTS returns an error message which states an "unhandled server exception has occurred". This error message is wrong and if the MCP/HH/CMA Worker receives this message, the workaround solution is to perform a Member CIN Search in order to determine if the CIN is a valid identification number within the Medicaid

population. Upon the fix to Production, the error message in the Adult Referral Wizard will state "Record not found". If a user is unsure if a CIN is valid, they should perform a Member CIN Search to verify if the member exists in the Medicaid population (as shown below).



If an MCP/HH/CMA Worker receives the error message shown above when entering a CIN in the Adult Referral Wizard, the Worker should double-check what was entered into the Referral Wizard by doing a Member CIN Search first to verify whether the CIN is valid and belongs to a member within the Medicaid population. Since the CIN was invalid, a message of "CIN XXXXXXXX does not exist" displays on the Member CIN Search screen.



# Unable to Create Transfer if HH and CMA Provider Relationship Does Not Exist



**Training Update:** 09/30/2016  
**What is Impacted?:** The process of accepting a Transfer in bulk  
**Information for:** HH and CMA Workers

When creating a Transfer or an Enrollment Segment as a Health Home Worker, only the list of Care Management Agencies associated with the Health Home appears in the Care Management Agency drop-down. If the desired CMA is not in the Care Management Agency drop-down, this indicates no relationship currently exists between the HH and CMA.

If a Provider Relationship does not exist between a Health Home and a Care Management Agency in the MAPP HHTS,

then a HH Worker is unable to create a Transfer for the member.

In this case, the HH Worker must send documentation including the HH/CMA approved BAA, and both MMIS provider ID's that need to be connected in the system, to the MAPP Customer Care Center to initiate the request to have the relationship created. After the relationship is created, the desired CMA will appear in the drop-down.

Alternatively, if a HH Worker experiences this error and knows that the Provider Relationship does exist in the MAPP HHTS, then the HH Worker can use the individual method to create the Transfer. By navigating to the member's individual Assignments tab, they can create the

**Need Help?**  
For all MAPP HHTS related issues and questions, please contact the MAPP Customer Care Center:

- Phone: 518-649-4335
- Email: MAPP-CustomerCareCenter@cma.com

# Assignment Source Not Populating in MCP Assignment File Download



**Training Update:** 09/30/2016  
**What is Impacted?:** Information in the MCP Assignment File  
**Information for:** MCP Workers

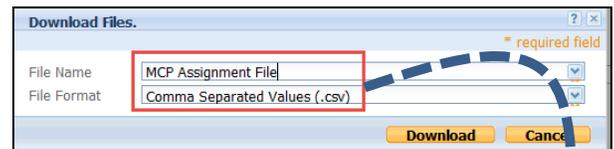
Currently, when the MCP Worker downloads the MCP Assignment File, the Assignment Source Column displays a "blank" value. The MAPP HHTS team is

aware of this issue and a fix is being implemented to include the correct information in this column. The Assignment Source column can either be

populated with a "DOH Identified", "MCP Identified" or "Referral".

**Assignment Source:**

- DOH Identified – Members brought in through the batch process that are now HH eligible.
- MCP Identified – Members brought in by the Managed Care Plan.
- Referral – Members referred into the MAPP HHTS.



Member ID	First Name	Last Name	DOB	County of	County of	Gender	Managed Care Plan	MMIS Provider ID	Managed Care Plan Name	MCP Assignment Created Date	Assignment Source	Plan Prov
1	IX20415X	Bryan	Fig	06012006	01	ALBANY	M	11146014	Healthmore Managed Care Plan	09012016		
2	IX00160X	Paul	Cypress	09021940	01	ALBANY	M	11146014	Healthmore Managed Care Plan	09012016		
3	IX21815X	Lacy	Laurel	06072010	01	ALBANY	F	11146014	Healthmore Managed Care Plan	09012016		
4	IX00165X	Wayne	Walnut	09031965	53	WASHING	M	11146014	Healthmore Managed Care Plan	09012016		
5	IX00157X	Susan	Maple	06011985	53	WASHING	F	11146014	Healthmore Managed Care Plan	09012016		
6	IX20615X	Mark	Redwood	01012003	01	ALBANY	M	11146014	Healthmore Managed Care Plan	09012016		
7	IX20815X	Valerie	Sycamore	06012002	01	ALBANY	F	11146014	Healthmore Managed Care Plan	09012016		
8	IX21015X	Tony	Banyan	05012008	01	ALBANY	M	11146014	Healthmore Managed Care Plan	09012016		
9	IX00159X	Karen	Palm	07011986	02	ALLEGANY	F	11146014	Healthmore Managed Care Plan	09012016		
10	IX00164X	Ralph	Hawthorn	11011948	01	ALBANY	M	11146014	Healthmore Managed Care Plan	09012016		
11	IX00156X	Joe	Pine	05011945	01	ALBANY	M	11146014	Healthmore Managed Care Plan	09012016		
12	IX00161X	Lisa	Elm	08011987	53	WASHING	F	11146014	Healthmore Managed Care Plan	09012016		
13	IX00162X	Kevin	Chestnut	10011940	01	ALBANY	M	11146014	Healthmore Managed Care Plan	09012016		
14	IX00155X	Mary	Oak	05011945	53	WASHING	F	11146014	Healthmore Managed Care Plan	09012016		
15	IX00163X	Daisy	Dogwood	09011987	53	WASHING	F	11146014	Healthmore Managed Care Plan	09012016		
16												
17												

MAPP Customer Care: (518) 649-4335 or Email: MAPP-CustomerCareCenter@cma.com