



**Department  
of Health**

**Medicaid  
Redesign Team**

# **MAPP HHTS Webinar: *Systems Release 2.4***

***February 16, 2018***

# Agenda

- Overview
- Corrected System Issues
- Update to LGU/SPOA and LDSS Referral Roles
- Children HH Referral Changes
- MCP/HH Assignment File Changes
- AL/NH Principle Provider (PP) Code Changes
- HML Billing Changes
- New Health Home Rate Codes

# Overview

- Release 2.4 effective Tuesday Feb. 27, 2018.
- The purpose of this presentation is to review the major system changes going into effect, not to outline all of the system changes.
- For a complete list of all system changes, please follow the link below to the **Complete List of MAPP HHTS System Issues and Enhancements** document available on the Health Home website and filter *Proposed Release Number* to 'Release 2.4'.

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/mapp\\_hhts\\_system\\_issues.xlsx](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_hhts_system_issues.xlsx)

## Corrected System Issues

- On 12/19/17, DOH advised the HH community via listserv that MCPs must stop using the **Transaction Date** option when requesting a BSD file due to a system defect. This defect will be fixed so that MCP users can request BSD files using the **Transaction Date** as designed.
- Within billing support, the system will correctly assign AOT members to rate code 1853 when a provider responds 'Yes' to both AOT questions. Right now, in certain situations, the system incorrectly places these AOT members into HARP/Non-HARP rates for dates of service on or after October 2017.
  - Data fixes have been run on a routine basis to correct the rate code, rate code description and rate code amount.
  - A notification regarding this issue was sent to all MAPP HHTS users on 12/20/17.

## Update to LGU/SPOA and LDSS Referral Roles

- LGU/SPOA and LDSS referral role users will now have access to the Member CIN Search screen (these users previously only had access to the Children's HH Referral Portal).
- This screen allows users to look up a member's HH and basic demographic information using the member's CIN. This search screen allows a search of either an individual member or a group of members.

# Children HH Referral Changes

- A new question will be added to *Terms and Conditions* screen within the **Children’s HH Referral Portal** asking “Was the referral received by an organization on paper or by phone by a referring entity outside of the MAPP HHTS?”.
- If ‘Yes’ is selected, then the referrer will proceed to a new *Originating Referral Source Information* screen where the referrer can (not required) document referral source info (name, organization, contact information).
- These newly collected fields will be included in Child Referral Download PDF and the Child Referral Download file (new fields shown to the right).

Child Referral Download File					
Field #	Field	Start Pos	Length	End Pos	Format
19	Originating Referral Source Contact Name	994	60	1053	Alpha
20	Originating Referral Source Organization	1054	30	1083	Alphanumeric
21	Originating Referral Source Street 1	1084	30	1113	Alphanumeric
22	Originating Referral Source Street 2	1114	30	1143	Alphanumeric
23	Originating Referral Source City	1144	30	1173	Alpha
24	Originating Referral Source State	1174	2	1175	Alpha
25	Originating Referral Source Zip Code	1176	9	1184	Numeric
26	Originating Referral Source Area Code	1185	3	1187	Numeric
27	Originating Referral Source Phone Number	1188	7	1194	Numeric
28	Originating Referral Source Extension	1195	5	1199	Alphanumeric
29	Originating Referral Source Phone Type	1200	4	1203	Alpha (Home, Cell, Work)
30	Comments	1204	300	1503	Alphanumeric

## MCP/HH Assignment File Changes

- New fields (see next slide) will be added to the end of the MCP/HH Assignment files to help providers determine a member's outreach eligibility and to show a member's most recent HH program connection.
- The new segment fields are populated with the member's most recent closed segment, even if the segment was with a different provider.
- To calculate the following two new fields, the system looks back 12 months from the file download date (file downloaded 12/10/17, system will search 1/1/17-12/31/17)
  - **Eligible for Outreach:** If member has 2 or more months of outreach (excluding hiatus/cancelled), then this field will be populated with 'N', otherwise 'Y'.
  - **No of outreach mos within 12 mos:** Count of member outreach months (excluding hiatus/cancelled) in a 12 month period.

# MCP/HH Assignment File Changes

- These tables show the additional fields that will be added to the end of the Managed Care Plan and Health Home Assignment files.

Managed Care Plan Assignment File					
Field #	Field	Start Pos	Length	End Pos	Format
113	Outreach/Enrollment Code	3002	1	3002	Alpha (O,E)
114	Health Home MMIS ID	3003	8	3010	Numeric
115	Health Home Name	3011	40	3050	Alpha
116	Segment End Date	3051	8	3058	MMDDYYYY, Numeric
117	Segment End Date Reason Description	3059	40	3098	Alpha
118	Segment End Date Reason Comments	3099	300	3398	Alpha
119	Eligible for Outreach	3399	1	3399	Alpha (Y, N)
120	No of outreach mos within 12 mons	3400	2	3401	Numeric (01-12)

Health Home Assignment File					
Field #	Field	Start Pos	Length	End Pos	Format
105	Outreach/Enrollment Code	2600	1	2600	Alpha (O, E)
106	Health Home MMIS ID	2601	8	2608	Numeric
107	Health Home Name	2609	40	2648	Alpha
108	Segment End Date	2649	8	2656	MMDDYYYY, Numeric
109	Segment End Date Reason Description	2657	40	2696	Alpha
110	Segment End Date Reason Comments	2697	300	2996	Alpha
111	Eligible for Outreach	2997	1	2997	Alpha (Y, N)
112	No of outreach mos within 12 mos	2998	2	2999	Numeric (01-12)



# Assisted Living (AL) Principle Provider (PP) Code Change

- A segment for a member with an AL PP code (active AL as of segment start date) can be created either online or through file. Online the provider will receive a message warning that the member has an invalid princ provider code, but the system will allow the provider to create the segment.
- The system will create potential Billing Instances (BI) for each applicable segment month
- BIs for Adult Home class members with an AL code can be submitted using the BSU or online. Users will not get a warning or error in either instance, but if the result of the HML is not 1860, no rate code will be generated (although Assessment Status will be complete) for the billing instance, as billing is prohibited in that situation.
- If an AL member is not identified as an Adult Home class member, the system will not allow the provider to complete an HML either on screen or via file. Users will receive an error message stating that the member has an invalid princ provider code for the date of service (DOS).

## Nursing Home (NH) Principle Provider (PP) Code Change

- The system will only allow a segment to be created for a member with an NH PP code (active NH as of segment start date) online. When creating the segment, the provider will be able to create the segment but will receive a message warning that the member has an invalid princ provider code. Segments for NH members submitted on a file will be rejected. Straight referrals for members with NH codes will not be accepted.
- A provider can bill the HH rates for a member with an NH PP code for the month of admission (month the NH code starts), the month of discharge (month NH code ends), and the month prior to discharge (month before the NH code end date).
- A provider will always be able to complete a Billing Instance (BI) either online or via file for the month that the NH code is added (i.e. NH start date is 1/15/18, provider can upload the BSU for the 1/1/18 DOS and it will be accepted).

## Nursing Home (NH Principle Provider (PP) Code Change

- If the end date of the NH code is known, the system will not allow HMLs to be completed outside of the above rules. HMLs for the month of discharge and the month prior to discharge can be completed online only and a warning message will display (i.e. NH 1/15/17-8/10/17 – 1/17 BI can be completed online or via file, 2/1/17-6/1/17 BIs will error via file and online, 7/1 and 8/1 BIs can be completed online and a warning will appear)
- If the end date of the NH code is not known Billing Instances (BI) will be able to be completed for any DOS online only but a warning message will be displayed. The expectation is that the user will follow policy guidance when determining when a member can receive HH services (ie. NH code effective 1/15/17-12/31/9999 – 1/1/17 BI can be completed online or via file, BIs from 2/1/17 and on can be completed online only and a warning message will appear; user should only complete a BI if it is the month of discharge or one month prior to discharge and the end date of the NH code has yet to be added).

# HML Billing Changes Effective TBD

- Mental Illness hospitalization question will be updated to ask if the member has had a recent mental illness or physical health inpatient stay. Below is the new question and the new possible responses both online and in the file:

- Please note that should you typically complete HMLs online, this question will not be pre-populated and must be answered.

Did the member have a recent Inpatient Stay status for mental illness or physical health?

Online	File
Mental Illness	M
Physical Health	P
Mental Illness (Date Unknown)	U
Physical Health (Date Unknown)	V
None	N

- The month count used to place member into high/medium tier will change to start with the discharge/release date:
  - Member's discharge date is 5/15/18. System will count May 2018 in the six month count to determine the high/medium tier (with month 10/1/18 being the last of the six months).
- Base acuity and risk will no longer be used to determine a member's HH rate.

## HML Billing Changes Effective TBD

- HML submission will only be required every 6 months. The rate calculated based on *month 1* responses will apply to months 1-6, unless the provider responds to the HML questions in months 2-6. This will trigger the system to calculate the member's HH rate using the new answers and will begin a new 6-month period.
- However, the provider must respond to HML questions if the member's status changes within the 6 month period **AND each month** providers are **REQUIRED** to identify if a member is part of a special population (ACT, AOT, Adult Home, HH+, expanded HH+) **and** indicate if a core service/minimum service was provided.
- If a *month 1* HML is voided, then all subsequent HMLs (months 2-6) that used that *month 1* HML response to calculate the monthly HH rate will also be voided.
- If provider responds to a non-required question (see language in 2<sup>nd</sup> bullet) in *months 2-6*, then that month becomes a new *month 1* and triggers a new 6 month period.

# New Health Home Rate Codes Effective TBD

- Health Home rates will be streamlined for adults. The new rate structure will be population-based and the HARP/Non-HARP HML rates will no longer apply. HH enrolled members (excluding ACT) will fall into one of the rate categories below:
  - **Adult Home Plus - Rate Code 1860**
    - If member doesn't meet minimum AH+ requirements, then member gets rate code 1874/1873 based on HML
  - **Health Home Plus (includes AOT and expanded HH plus) - Rate Code 1853**
    - If member doesn't meet minimum HH+ requirements, then member gets rate code 1874
  - **High risk/high need (HARP/SNP or members that fall into "high" tier based on HML logic due to recent inpatient stays, SUD status, or recent incarceration) - Rate Code 1874**
  - Members that do not fall into one of the groups above will fall into **HH Care Management - Rate Code 1873**

# Health Home Contact Information

- Updated File Specifications Document  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/mapp\\_hhts\\_file\\_specifications\\_v2.6.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_hhts_file_specifications_v2.6.pdf)
- For MAPP HHTS issues, contact: MAPP Customer Care (518) 649-4335 or email [MAPP-CustomerCareCenter@cma.com](mailto: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](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action)
- For MAPP HHTS Training Newsletters or MAPP HHTS presentations:  
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