MAPP Health Home Bi-weekly Webinar

June 2, 2015

Agenda

- MAPP Health Home Implementation Update
- Current Tracking System Known Issue –members enrolled through exchange not properly recognized
- MAPP File Submission (Review)
- Final Billing Support File Specifications
- Changes to Direct Biller Indicator in MAPP

MAPP Health Home Implementation Schedule

MAPP Implementation Schedule

- July 2015 – Web based training released (per-requisite for ILT training)

- July 20th – 31st 2015 – Managed Care ILT training. August 3rd – 14th – Health Home ILT training.
  - Schedule will be sent to SPOC

- August 15, 2015 – MAPP Phase 1 Go-Live
  - Direct Billing by converting CMA continues
  - Current HH rates (1386, 1387) and current legacy rates (18XX) continue
  - Users can access HML questionnaire, but it does not determine HH payment and is not required

- September – Training begins for Children's HH MAPP Updates

- October 1, 2015 –Children's Health Homes begin
  - LDSS/LGU/SPOA gain access limited access to MAPP **FOR REFERRAL OF CHILDREN ONLY**
  - Children's Health Homes reimbursement rate determined by CANS assessment
  - Direct Billing by converting CMA continue. Current HH rates (1386, 1387) and current legacy rates (18XX) continue
  - Users are required to complete monthly HML questionnaire, but it does not determine HH payment

- January 1, 2016
  - Direct Billing by converting CMA ends (except for ACT providers).
  - Users are required to complete monthly HML questionnaire, which determines HH payment

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Health Home Billing Readiness Requirements

- **By October 1, 2015, each Health Home must submit to DOH either:**

    a) **Attestation**

        i. That the Health Home has procedures in place that will allow it to pay CMAs within X days of receiving payments from the Plans

        ii. The Health Home has tested their ability to bill Managed Care Organizations for Health Home services and pass Health Home payments down to Care Management Agencies, including a description of such testing procedures; Or

    b) **Letter of Deficiency**

        i. Identify issues Health Home encountered when billing Managed Care Organizations for Health Home services and passing Health Home payments down to Care Management Agencies.

        ii. Include possible solutions and timeframes for resolving deficiency prior to January 1, 2016

        iii. DOH will work with these Health Homes to overcome billing issues

- Inability to successfully pass Health Home payments to CMA by October 1, 2015 will negatively affect a Health Home's re-designation review and may impact the ability to enroll new members.

Several Health Homes have already provided attestations!!!

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Current Tracking System Known Issue

Current Tracking System Issue – Members enrolled in Medicaid Through the Exchange (NY State of Health)

Issue

- Managed Care Members that enroll in Medicaid through the NY State of Health Market Place (the exchange) are not properly identified as Managed Care Members in the current Health Home Tracking System (HHTS)

- These members are identified as being in transaction district 78

- This issue with exchange members should be fixed once we get into MAPP.

Impact

- When exchange members are submitted to the HHTS on the assignment file, the members are not rejected, but are also not included on the assigned Health Home's assignment file.

- When managed care exchange members are submitted to the HHTS on the billing roster file, members that are actually enrolled in managed care are either rejected or they are accepted, but not passed on to the member's Plan.

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Current Tracking System Issue – Members enrolled in Medicaid Through the Exchange (NY State of Health)

Resolution

- This issue with exchange members should be fixed once we move to MAPP.

- All assignment files from MCP to HH must be submitted through the HHTS.

- MCP should always notify HH when they have submitted new assignments to the HHTS and let the HH know how many assignments were accepted by HHTS.

- If the HH does not receive all of the assignments, the MCP should send the HH the assignment file, in a secure manner, outside of the HHTS.

- HH should notify MCP of any plan enrolled members that were either inappropriately rejected from the billing roster upload or were accepted but not included in the billing roster download.

- DOH has a follow up meeting with current system developers to discuss this issue. DOH will release any updates regarding this issue through the Health Home email listserv: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

MAPP File Submission (Review)

MAPP Files

- All required actions in MAPP can be perform either 1) on-line individually per member, 2) on line in bulk for a group of members, 3) submitted to MAPP through a file upload.

- HH Member Specifications Document, which explains how the files inform tracking, will soon be updated to reflect how the new files will interact with the MAPP Health Home Tracking System.

- All files will be available in fixed length text and .csv formats

- New fields added to existed files were added to the end of the file

File Specifications

- An excel document containing most of the MAPP Health Home file specifications is posted to the MAPP section of the HH website.

- This file includes all of the file specifications, except for the three billing files (upload, download, and error), which will be released soon.

- http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm

- The remaining Billing Support file specifications will be posted this week.

MAPP Upload/Download Files

Files listed in red are new to MAPP   *Underlined files are posted*

Files Uploaded into MAPP

1. MCP Final Health Home Assignment File
2. Tracking File Segment Records (formerly Add/Change file)
3. Tracking File Assignment Records
4. Tracking File Delete Record
5. Billing Support Upload File
6. Partner Network File Upload

Files Downloaded from MAPP

7. Managed Care Plan Assignment File
8. MCP Final HH Assignment File Error Report

9. Health Home Assignment File
10. Tracking File Error Report
11. Enrollment Download File
12. Acuity File Download
13. Billing Support Download File
14. Billing Support Error File
15. Partner Network File Error Report
16. Partner Network File Download
17. CIN Search Download File
18. My Member Download File
19. Past Assignments Download File
20. Manage Assignments Download File

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File Submission Frequency

- Providers submitting information to MAPP using files must submit tracking files **daily OR when a member's assignment, outreach or enrollment status changes.**

- Providers must pull down assignment files **at least weekly**

- Use of Billing support **is required.** Billing support information must be submitted monthly, but submission schedule is up to provider

  - Provider can submit information once a billable service is provided during the month, wait until the beginning of the following month to submit claims, or figure out a different submission schedule that works best for MCP/HH/CMA partners

  - Once billing support is submitted, MCP/HH/CMA connected to the member can access billing information. Responsible billing entity must pull down billing information at least once a month.

  - Up to MCP/HH/CMA to determine billing support submission schedule.

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Final Billing Support File Specifications

Billing Support Upload File

Field #	Field	Start Pos	Length	End Pos	Format
	Billing Support Upload File				
1	Add/Void Indicator	1	1	1	Alpha (A/V)
2	Member ID	2	8	9	AA11111A, Alphanumeric
3	Service Date	10	8	17	MMDDYYYY, Numeric
4	Diagnosis Code	18	10	27	Alphanumeric
5	Pre-Conditions of member	28	16	43	Numeric
6	Description of "Other" pre-condition	44	40	83	Alphanumeric
7	HIV Status	84	1	84	Alpha (Y/N)
8	HIV Viral Load	85	1	85	Numeric
9	HIV T-Cell Count	86	1	86	Numeric
10	Member Housing Status	87	1	87	Alpha (Y/N)
11	HUD Category	88	1	88	Numeric
12	Incarceration	89	1	89	Alpha (Y/N)
13	Incarceration Release Date	90	8	97	MMDDYYYY, Numeric
14	Mental Illness	98	1	98	Alpha (Y/N)
15	Mental Illness Stay Discharge Date	99	8	106	MMDDYYYY, Numeric
16	Substance Abuse	107	1	107	Alpha (Y/N)
17	Substance Abuse Discharge Date	108	8	115	MMDDYYYY, Numeric
18	SUD Active Use/Functional Impairment	116	1	116	Alpha (Y/N)
19	Core Service Provided	117	1	117	Alpha (Y/N)
20	AOT Member	118	1	118	Alpha (Y/N)
21	AOT Minimum Services Provided	119	1	119	Alpha (Y/N)
22	ACT Member	120	1	120	Alpha (Y/N)
23	ACT Minimum Services Provided	121	1	121	Alpha (Y/N)
24	Assessor received in reach form and made contact	122	1	122	Alpha (Y/N)
25	UAS Assessment Date	123	8	130	MMDDYYYY, Numeric
26	UAS Assessment Refused	131	1	131	Alpha (Y/N)
27	Date UAS Assessment Refused	132	8	139	MMDDYYYY, Numeric
28	CMA Direct Biller Indicator	140	1	140	Alpha (Y/N)

These fields can be left blank until HML questionnaire is required on October 1, 2015. However, providers are encouraged to submit HML information as soon as they have access to MAPP.

Field # 28 is a new field that is REQUIRED for dates of service on or after August 1, 2015. Effective 8/1/15, the Direct Biller Indicator field will be moved from the segment to the Billing Support File. See slides 19 & 20 for more information.

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Billing Support Error File

	Billing Support Error File				
Field #	**Field**	**Start Pos**	**Length**	**End Pos**	**Format**
1	Original Record from File	1	140	140	Alphanumeric
2	Error Reason	141	40	180	Alpha

Billing Support Download File

Field #	Field	Start Pos	Length	End Pos	Format
	Billing Support Download File				
1	Add/Void Indicator	1	1	1	Alpha (A/V)
2	Member ID	2	8	9	AA111111A, Alphanumeric
3	Service Date	10	8	17	MMDDYYYY, Numeric
4	Health Home MMIS ID	18	8	25	Numeric
5	Outreach/Enrollment Code	26	1	26	Alpha (O/E)
6	Member Fiscal County Code	27	2	28	Numeric
7	Managed Care Organization MMIS ID	29	8	36	Numeric
8	Adjusted Acuity Score as of Service Date	37	7	43	00.0000, Numeric
9	Diagnosis Code	44	10	53	Alphanumeric
10	Medicaid Eligibility Status	54	1	54	Alphanumeric
11	Pend Reason Code	55	2	56	Numeric
12	Pend Reason Code Description	57	40	96	Alphanumeric
13	Member Fiscal County Code Description	97	40	136	Alphanumeric
14	Date HML Assessment Entered	137	8	144	MMDDYYYY, Numeric
15	Care Management Agency Name	145	40	184	Alphanumeric
16	Care Management Agency ID	185	8	192	Alphanumeric
17	CMA Direct Biller Indicator	193	1	193	Alpha (Y/N)
18	Health Home Name	194	40	233	Alphanumeric
19	Managed Care Plan Name	234	40	273	Alphanumeric
20	Billing Entity MMIS ID	274	8	281	Numeric
21	Billing Entity Name	282	40	321	Alphanumeric
22	Member Zip Code	322	9	330	Numeric
23	Member First Name	331	30	360	Alpha
24	Member Last Name	361	30	390	Alpha
25	Member DOB	391	8	398	MMDDYYYY, Numeric
26	Member Gender	399	1	399	Alpha (M/F)
27	Base Acuity Score as of Service Date	400	7	406	00.0000, Numeric
28	Pre-Conditions of member	407	16	422	Numeric
29	Description of "Other" pre-condition	423	40	462	Alpha
30	Risk	463	6	468	Numeric
31	Current HARP Status	469	2	470	Alpha (Blank, EL, or EN)
32	HIV Status	471	1	471	Alpha (Y/N)
33	HIV Viral Load	472	1	472	Numeric
34	HIV T-Cell Count	473	1	473	Numeric

Field # 8, **Adjusted Acuity Score as of Service Date**, should be used for dates of service prior to January 1, 2016 to determine a member's payment under rate codes 1386 and 1387

Field # 27, **Base Acuity Score as of Service Date**, is one part of the High, Medium, Low functional and clinical payment calculation, which goes into effect January 1, 2016

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Billing Support Error File Continued

Billing Support Download File					
Field #	Field	Start Pos	Length	End Pos	Format
35	Member Living Status	474	1	474	Alpha (Y/N)
36	HUD Category	475	1	475	Numeric
37	Incarceration	476	1	476	Alpha (Y/N)
38	Incarceration Release Date	477	8	484	MMDDYYYY, Numeric
39	Mental Illness	485	1	485	Alpha (Y/N)
40	Mental Illness Stay Discharge Date	486	8	493	MMDDYYYY, Numeric
41	Substance Abuse	494	1	494	Alpha (Y/N)
42	Substance Abuse Stay Discharge Date	495	8	502	MMDDYYYY, Numeric
43	SUD Active Use/Functional Impairment	503	1	503	Alpha (Y/N)
44	Core Service Provided	504	1	504	Alpha (Y/N)
45	AOT Member	505	1	505	Alpha (Y/N)
46	AOT Minimum Services Provided	506	1	506	Alpha (Y/N)
47	ACT Member	507	1	507	Alpha (Y/N)
48	ACT Services Provided	508	1	508	Alpha (Y/N)
49	Impacted Adult Home	509	1	509	Alpha (Y/N)
50	Class Member	510	1	510	Alpha (Y/N)
51	UAS Assessment Date	511	8	518	MMDDYYYY, Numeric
52	Assessment Refused	519	1	519	Alpha (Y/N)
53	Date UAS Assessment Refused	520	8	527	MMDDYYYY, Numeric
54	Rate Code	528	4	531	Numeric
55	Rate Description	532	30	561	Alphanumeric
56	Rate Amount	562	7	568	Numeric, "0000.00"
57	Claim Status	569	1	569	Alpha (P/D/Blank)
58	Date of Transaction	570	8	577	MMDDYYYY, Numeric
59	Payment Cycle	578	4	581	Numeric
60	Denial Reason Code	582	4	585	Numeric
61	Denial Reason Code Description	586	25	610	Alphanumeric
62	Denial Reason Code (2)	611	4	614	Numeric
63	Denial Reason Code Description (2)	615	25	639	Alphanumeric
64	Paid Claim Provider ID	640	8	647	Numeric
65	Paid Claim Provider Name	648	40	687	Alphanumeric
66	Paid Claim Rate Code	688	4	691	Numeric
67	Paid Claim Provider ID equals MAPP Billed Entity MMIS ID	692	1	692	Alpha (Y/N)
68	Paid Claim Rate Code equals MAPP HML Rate Code	693	1	693	Alpha (Y/N)

These fields will be blank until direct billing by converting Care Management Agencies goes away on January 1, 2016

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Changes to Direct Biller Indicator in MAPP

Changes to the Direct Biller Indicator in MAPP

- The Direct Biller Indicator will now be reported in the Billing Support section of MAPP, not the tracking segment section of MAPP.

- This means that is the Direct Biller Indicator value for a member needs to change, the member's segment does not need to change, just the Direct Biller value reported on the monthly HML questionnaire that is housed in the Billing Support section of MAPP.

- For now, we are not planning on removing the Direct Biller Indicator field from the Tracking System files. However, Direct Biller values submitted outside of billing support will be ignored

Questions?

- Please submit questions regarding MAPP to the Health Home email web form (link below) under the subject: **Medicaid Analytics Performance Portal (MAPP)**

  - https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action

- Call Health Home policy line: (518) 473-5569

- Check MAPP section of Health Home website for upcoming information regarding MAPP access and MAPP implementation.

  - http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm

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