



Department
of Health

MAPP Health Home Tracking System Release 4.3 System Changes & Enhancements

System changes are scheduled to be implemented 8/5/23

July 13, 2023

MAPP HHTS Release 4.3 Webinar Agenda

System changes scheduled to be implemented 8/5/23

Plan of Care Updates

- POC Updates (For file updates - see POC File Specifications v.10 posted 5/25/23)
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/mapp_hhts_file_specifications_v10.xlsx
- POC indicator will be added to identify new segments that need a comprehensive POC to be added in HHTS
- Email notifications to MCPs regarding comprehensive POC has been submitted to the system

New Download Files

- Health Home Claim and Encounter Summary
- Health Home Claim and Encounter Detail

MAPP HHTS Release 4.3 Webinar Agenda

System changes scheduled to be implemented 8/5/23

Updates to Download Files

- Updated Files to include MCP Type
- New filter to Billing Support Download to only see the most recent transaction
- Updates to the Segments Potentially Incompatible with HH Services File
- HH+ Expanded Population Indicator and Description to My Member Download

Other System Changes

- End assignments upon the closure of a segment
- Additional data fields on the Provider Summary PDF
- View access to Provider Notes

Plan of Care (POC) in HHTS Instructions and Proposed Timeline Review

- Instructions were provided in the last webinar for Release 4.2 (March 2023) relating to how to upload/download POC files.
- The slides are available on the website at the following link:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/mapp_hhts_release_4.2_final.pdf

(POC details on slides 4-7)

Plan of Care (POC) in HHTS

Instructions and Proposed Timeline Review

May 25, 2023: changes in red

- **Jan - July (March Release 4.2) Use and Learn (ended)**
- **Aug - Oct (Summer Release 4.3) Begin Implementation (Aug 5, 2023)**
 - All POC submitted to production prior to August 5 will be purged from the system and will need to be resubmitted using POC Upload v10 after release 4.3 is implemented
 - Providers should submit POC for actively enrolled members after 4.3 as soon as they are able.
 - There will be a validation warning on the BSD for all members with a begin date on or after 8/1 that do not have a comprehensive POC submitted to the MAPP HHTS within 60 days of signed consent. This will not block billing but will be a tool for providers to prioritize plan of care submission to the tracking system.
- **Dec (Fall Release 4.4) Finalize Implementation (Dec 2*, 2023)**
 - Pull children's HCBS f/s/d/provider info from IRAMS into POC Download/POC PDF
 - Members with a segment begin date on or after 11/1/23 will be required to have a comprehensive plan of care submitted to the tracking system within 60 days of signed consent or the provider will be prohibited from submitting a billing instance to the MAPP HHTS.
 - Effective Jan. 1, 2024, HHs have 60 days to submit a complete plan of care for all actively enrolled members or the provider will be prohibited from submitting a billing instance to the MAPP HHTS.

*Date is tentative and subject to change

Plan of Care Version 10 in MAPP HHTS

- The POC file format **v.5** was shared with the Health Home community as the format included in Release 4.2 (March 2023).
- The POC file format **v.10**, incorporated many of the suggested changes that were submitted to DOH, from the provider community, and will be implemented in release 4.3.
- The **v.10** File Specifications were posted to the website in May. Due to version changes, there will be an upcoming **purge of v.5 POC information currently in HHTS**. **Therefore, as a reminder, do not resume POC uploads until after Release 4.3 is implemented and the v.10 file format is live.**
- *We will not be covering questions on the POC **policy** or future POC file updates during this webinar. Providers should refer to the POC Policy, once released.*
- **All POC Policy questions should be directed to the Health Home Team mailbox:**
https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action

Plan of Care (POC) in HHTS Continued

New validation warning (code P) has been added to the **Validation Code** field in the Billing Support Download to flag segments with a begin date on or after 8/1/23 if the comprehensive POC isn't submitted to the system within 60 days of the segment's consent date.

- This is a **warning** and will not block billing at this time (this will block billing in 2024, more information to come).
- There are no changes to the current requirement that the date a member first signs their POC must be submitted on the Consent and Member Program Status Upload per the current POC policy:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/hh0008_plan_of_care_policy.pdf
- This billing logic in HHTS will be updated eventually to stop using the **POC date**, to using the **actual comprehensive POC** (either initial and/or comprehensive POC information) based on the policy guidelines.
- Providers should take this time to ready their systems for the POC collection in HHTS using v10, for **ALL** members that are enrolled in the Health Home Program.

Email notifications to MCPs for Comprehensive POC

System generated email notifications will be sent to the *MCP MAPP HHTS* contact type as indicated in the *Provider Members* inner tab screen when a HH uploads a POC:

- Adult New POC
- Child New POC
- Adult Update POC
- Child Update POC

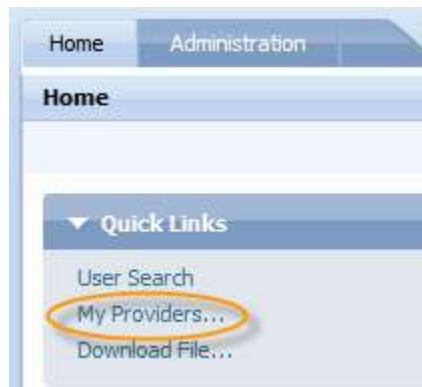
These notifications are grouped to one email per above scenario (not a separate email for each uploaded POC) per day, notifying the user when at least one member in the category had a new/updated POC uploaded to the system. That email will then include instructions for how to identify the Plans of Care within the system.

To receive these emails, the email address of the MCP contact will need to be added to MAPP HHTS by the *MCP MAPP Gatekeeper. (Instructions on how to complete this update are on the next few slides).

*The non-mainstream plans do not have MAPP Gatekeepers, so those plans will need to submit a MAPP CCC ticket for this update to be made in MAPP HHTS on your behalf.

POC Email notifications to MCPs Continued

Login to MAPP HHTS under the MCP MAPP Gatekeeper role.



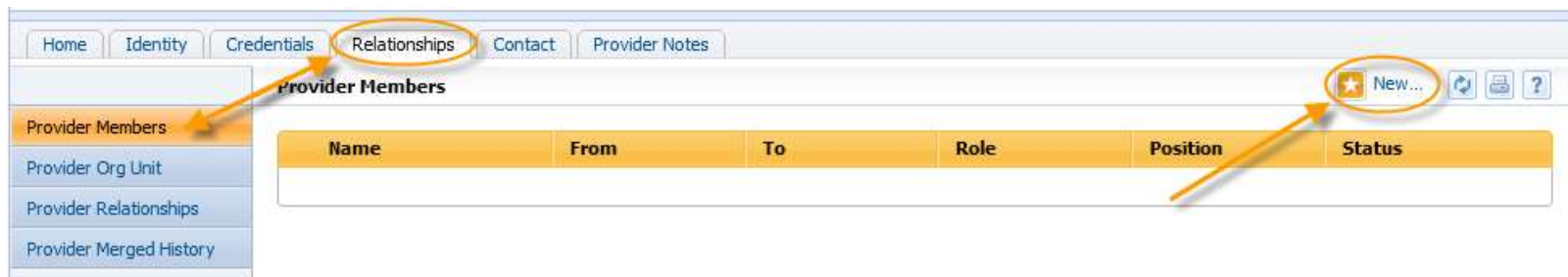
A screenshot of the "My Providers" table in MAPP HHTS. The table has four columns: "Reference", "Name", "Primary Category", and "Address". The first row contains the reference number "01234567" (underlined and pointed to by an orange arrow), the name "HEALTH PLAN, INC", and the primary category "Managed Care Plan". The "Address" column is empty.

Reference	Name	Primary Category	Address
<u>01234567</u>	HEALTH PLAN, INC	Managed Care Plan	

POC Email notifications to MCPs Continued

The **Provider Members** (organization's contacts) will be listed in the relationships tab, under the Provider Members inner tab as shown.

To add a new "Provider Member" (contact from your organization), click on "New" and enter the individual's information in the required fields



DO NOT add any additional contacts other than the *MAPP HHTS* contact, as there will be significant updates to these screens in **Release 4.4**. The data will be purged at time of Release 4.4 implementation.

POC Email notifications to MCPs Continued

- All fields can be completed for the contact's information.
- The highlighted fields are required fields to receive the email notifications.
- The **Role** selected is **MCP**.
- The **Position** selected is **MAPP/HH Tracking**.
- More than one contact from an MCP can be added to the **MAPP/HH Tracking** position.

New Member ? × * required field

Name	Jane Doe	Apt/Suite	
Street 1	101 Health Home Ave	City	Albany
Street 2		Zip	12206
State	New York	Extension	
Country Code		Email Address	MCP@Plan.com
Phone Number	5555555	Fax Number	
Area Code	555	Role *	MCP
From *	7/11/2023	Position *	MAPP/HH TRACKING
Title		To	

Position Type

The highlighted fields are required to receive the email notifications. Click save to add the contact to HHTS.

Save **Cancel**

POC Email Notifications to MCPs Continued

If any edits need to be made to an existing **Provider Member**, click on the green action arrow and select **Edit** from the drop-down menu. Make any needed edits and click on save. If you have added a **Provider Member** in error, select delete to cancel.

HEALTH PLAN, INC 01234567 Approved

Not Recorded Not Recorded

Home Identity Credentials Relationships Contact Provider Notes

Provider Members

Name	From	To	Role	Position	Status
Jane Doe	7/11/2023		MCP	MAPP/HH TRACKING	Active

Edit...
Delete...

Provider Member Screens for HHs and CMAs

- The Health Homes and CMAs can also access the ***Provider Member*** screens for their organizations (there are likely contacts listed for most of the HHs). This information can be viewed by the HH and CMA MAPP Gatekeepers.
- As mentioned prior, there will be significant updates to the Provider Member screens and current functionality, coming in Release 4.4, as well as a new Provider Contacts Download file. **DO NOT** take the time adding and updating this information in the HHTS. This data will be **purged** at time of Release 4.4 implementation (December 2023). Once Release 4.4 updates are live in HHTS, then you should enter information for the members of your organization.
- This upcoming purge (December 2023) will be a ONE-TIME purge for this area of the HHTS, due to the complexity of the changes being made. These changes will make the Provider Members functionality a more user friendly and useful tool for the provider community.

New Download Files

These new files are available for download by MCPs, HHs and CMAs

- **Health Home Claim and Encounter Summary:** this file contains a summary of Health Home claims/encounters billed within the past 36 months for each of the provider's active members (i.e., members that have an active or a pended enrollment segment with the HH/CMA (or active/pended segment & active assignment with MCP) at the time the file is downloaded.
- **Health Home Claim and Encounter Detail:** this file contains HH paid claim and encounter details (excludes denied or voided) and will display the most recent status. It will include Health Home claims/encounters billed in the past 36 months for each of the provider's active or pended enrolled members.

File Changes: MCP Type Added to Download Files

A column that includes the MCP Type information was added to the following files:

- Enrolled Members Detail Download
- MCP Assignment Download File
- HH Claim and Encounter Detail File Download

File Changes: Billing Support Download Filter for Most Recent Transaction

- A filter has been added for 'Latest Transaction Only' was added to the Billing Support Download File (BSD).
- If the MAPP user selects the checkbox on the download screen, when downloading the BSD file, the system will **only** include the most recent monthly Billing Instance (BI) in the contents of the download.

The screenshot shows a 'Download Files' window with the following fields and options:

- File Name: Billing Support Download File
- File Format: Comma Separated Values (.csv)
- Zip Download File:
- Select Search Criteria (Search is restricted to a maximum of a 6 month date range):
- Search By: Service Date
- From Date: [Empty field]
- To Date: [Empty field]
- Latest Transaction Only: (highlighted with a red circle)

File Changes: Segments Potentially Incompatible with HH Services

New fields have been added to the Segments Potentially Incompatible with HH Services File

The new fields on the download file will include:

- **Pend Reason Code Description:** This field will have a description of the pend code for pended segment and be blank for active segment.
- **Extended Pended Segment:** This field will be populated if a segment was pended due to:
 - Diligent search and is more than 3 months old
 - Other than diligent search and is more than 6 months old
 - Field will be blank for an active segment

File Changes: Segments Potentially Incompatible with HH Services

The new fields on the download file, continued:

- **Complete POC Missing:** This field will be populated with a **Y** if an active segment start date is **on or after 8/1/23** **and** the member does not have a complete POC submitted on the *Plan of Care Upload* file **if** it is 60 days or more, past the consent date (even if the consent date is prior to the segment start date).
- The screenshot below is filtered to members that have been pended for a while, two of which do not have a comprehensive POC submitted to the system within 60 days of signed consent.

Pend Reason Code Description	Extended Pended Segment	Complete POC Missing
Pended due to Diligent Search	Diligent search over 3 months	
Pended due to Diligent Search	Diligent search over 3 months	
Pended due to Diligent Search	Diligent search over 3 months	
Pended due to Diligent Search	Diligent search over 3 months	
Pended due to Diligent Search	Diligent search over 3 months	
Pended due to Diligent Search	Diligent search over 3 months	Y
Pended due to Diligent Search	Diligent search over 3 months	
Pended due to Diligent Search	Diligent search over 3 months	
Pended due to Diligent Search	Diligent search over 3 months	Y
Pended due to Diligent Search	Diligent search over 3 months	
Pended due to Other	Segment pended over 6 months	

HH+ Expanded Population Indicator and Description

- The fields relating to the HH+ information (HH+ Expanded Population Indicator and HH+ Expanded Population Description) currently included in the *Billing Support Download* file and the *Enrollment Download* file, will be added to the *My Member Download* file.

File Name	File #	Field #	Field #	Field Name	Start Pos	Length	End Pos	Format	Field Description	Editing Logic
My Member Download	27	27.50	50	Expanded HH+ Population Indicator	691	1	691	Alpha (A-X)	The Expanded HH+ population field captures information regarding if a member is part of the Expanded HH+ population	
My Member Download	27	27.51	51	Expanded HH+ Population Description	692	100	791		Description of the Expanded HH+ population Indicator	

End Assignments at Segment Closure

- The system will no longer keep a HH assignment with a member after the segment is ended.
- This system change also included eliminating the question from the screen and file when segments are ended.

Modify Segment ? x
*required field

Enter Segment Details ▾

Segment Start Date 2/1/2023

Segment End Date

Segment Type Enrollment

Health Home

Care Management Agency

End Date Reason Category

End Date Reason

Other

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

Plan of Care Date

Modify Segment ? x
*required field

Enter Segment Details ▾

Segment Start Date 2/1/2023

Segment End Date

Segment Type Enrollment

Health Home

Care Management Agency

End Date Reason Category

End Date Reason

Other

Plan of Care Date

Tracking File Segment Change

FYI – to move a children’s program member from a pended segment into an active segment without entering through the Children’s Referral Portal (assuming the HH & CMA will remain the same) create a new enrollment segment, which will close the pended segment with the day before the new segment’s begin date.

Tracking File Segment Records							
Field #	Field	Start Pos	Length	End Pos	Req'd	Source	Format
1	Record Type	1	1	1	Y	HH/CMA	Alpha (C/A/M/P)
2	Member ID	2	8	9	Y	HH/CMA	AA11111A, Alphanumeric
3	Date of Birth	10	8	17	Y	HH/CMA	MMDDYYYY, Numeric
4	Gender	18	1	18	Y	HH/CMA	Alpha (M/F/U/X)
5	Begin Date	19	8	26	Y	HH/CMA	MMDDYYYY, Numeric
6	End Date	27	8	34	C	HH/CMA	MMDDYYYY, Numeric
7	Outreach/Enrollment Code	35	1	35	Y	HH/CMA	Alpha (O/E)
8	HH MMIS Provider ID	36	8	43	Y	HH/CMA	Numeric
9	CMA MMIS Provider ID	44	8	51	Y	HH/CMA	Numeric
10	Direct Biller Indicator	52	1	52	N	HH/CMA	Alpha (Y/N)
11	Adult or Child Services Provided Indicator	53	1	53	C	HH/CMA	Alpha (A/C)
12	TBD 2	54	1	54	N	HH/CMA	Character
13	Referral Code	55	1	55	C	HH/CMA	Alpha
14	Segment End/Pend Reason Code	56	2	57	C	HH/CMA	Numeric
15	Consent Date	58	8	65	N	HH/CMA	MMDDYYYY, Numeric
16	NYSID	66	9	74	N	HH/CMA	Alphanumeric
17	Segment End Date Reason Comment	75	40	114	C	HH/CMA	Alphanumeric
18	Pend Start Date	115	8	122	C	HH/CMA	MMDDYYYY, Numeric
19	Pend Reason Code	123	2	124	C	HH/CMA	Numeric
20	Pend Reason Code Comment	125	40	164	C	HH/CMA	Alphanumeric
21	End-HH Assignment	165	1	165	Y	HH/CMA	Alpha (Y/N)
21a	Previous CIN	165b	8	172b	N	HH/CMA	AA11111A, Alphanumeric
22a	New CIN	173a	8	180a	N	HH/CMA	AA11111A, Alphanumeric

Additional Fields on the Provider Summary PDF

Information has been added in the following sections of the Summary PDF:

- **General Information** section of the Summary now contains the National Provider Identification (NPI) and Provider Program Name
- **MCP Provider Type Summary** section now contains the MCP Type
- **Pended Summary** section has been added
- **Health Home Designated Counties** section now contains an active member count for each county served that has active members. County information is based on county of fiscal responsibility.
- **MCP/HH Relationships & HH/CMA Relationships** sections now contains active member counts

Additional Fields on the Provider Summary PDF

- **General Information** section of the Summary now contains the National Provider Identification (NPI) and Provider Program Name

Name:	Provider Category:	Health Home
Begin Date:	End Date:	
Provider MMIS ID:	Provider Types:	HHSA HHSC
Provider NPI:	CM Platform / EHR:	
Provider Program Name:		

- **MCP Provider Type Summary** section now contains the MCP Type totals for mainstream plans vs. non-mainstream

MCP Provider Type Summary	Count of Members	% of Active Enrollment Segments
Fee For Service	878	26.1%
Mainstream MCP Total	2,276	67.7%
HARP	914	27.2%
HMO	400	11.9%
PHSP	962	28.6%
SNP	0	0%
Non-Mainstream MCP Total	206	6.1%
FIDA	0	0%
MAP	9	0.3%
MLTC	190	5.7%
OTHER	7	0.2%

Additional Fields on the Provider Summary PDF

New Section - **Pended Summary** section has been added

Pend Reason	Count
Pended due to Continued Search Effort	0
Pended due to Diligent Search	74
Pended due to Empowerment Period	0
Pended due to Hiatus	0
Pended due to Incarceration	16
Pended due to Inpatient Stay	12
Pended due to Other	1
Pended due to Step Down	0
Pended due to Step Down to MCP Care Management	0
Pended due to Step Down to PCMH	0
Pended due to transitioning out of inpatient/nh setting	0

Additional Fields on the Provider Summary PDF

Information has been added in the following sections of the Summary PDF:

- **Health Home Designated Counties** section now contains an active member count for each *county served that has active members

Health Home Designated Counties

County	HHSA	HHSC	Active Members
CLINTON	X	X	821
ESSEX	X	X	281
FRANKLIN	X	X	336
HAMILTON	X	X	7
SAINT LAWRENCE	X	X	174

*Member's county is based on the county of fiscal responsibility

Additional Fields on the Provider Summary PDF

Information has been added in the following sections of the Summary PDF:

- **MCP/HH Relationships & HH/CMA Relationships** sections now contains active member counts

MCP/HH Relationships

MCP	MCP Type	HH	HHSA	HHSC	Start Date	Active Members
	MCP HMO		X	X	1/1/2012	290

HH/CMA Relationships

HH	CMA	CMA Type	Start Date	Active Members
		CMA Adult OMH HH Plus	3/1/2019	310

DOH Health Home Team Contact Information

- MAPP HHTS resources and past presentations can be found here: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm
- MAPP HHTS issues and questions should be directed to MAPP Customer Care Center at (518) 649-4335 or MAPP-CustomerCareCenter@cma.com
- Health Home **policy questions** and **Notification of Change (NOC) forms** should be submitted to the DOH Health Home team mailbox found here: <https://apps.health.ny.gov/pubpal/builder/email-health-homes>
- Questions relating to the billing of transitioning Children's HCBS services should be submitted to the HHSC team at HHSC@health.ny.gov