



**Department
of Health**

**Medicaid
Redesign Team**

MAPP HHTS

Bi-Weekly Webinar

May 3, 2016



**Department
of Health**

**Medicaid
Redesign Team**

MAPP HHTS Review of Frequent Questions to MAPP Customer Care Center

Helpful Hints for File Uploads/Downloads

- Include file headers in file upload
 - Maintains file structure if last few columns do not have any data
 - Header row will error out
- May need to refresh the page to see a more up to date view of processed files
- .csv file uploads should contain records with the same format. For example: upload tracking file delete records in a separate file from tracking file segment records (create, modify, pend, accept).

Billing Support

- Adjusted acuity vs Base Acuity
 - Adjusted acuity is the Health Home weight that is used in the Health Home payment calculation for rates paid under Health Home rate codes 1386 and 1387. This is the same acuity that is listed in the acuity download file.
 - Base acuity is the unadjusted acuity and is used in the HML assessment
- Errors on billing support upload
 - No BI – this means that there is no billing instance in the system to add or void
 - System creates a potential BI for every member month that meets the Billing Instance criteria (see MAPP HHTS File Specifications Document for definition BI definition)

Other Fun Facts.....

- Enrollment Download Files
 - Hiatus outreach segments are identified with a value of “Hiatus” segment status field
 - Once hiatus outreach segment end date passes, the segment will move from the hiatus status to the closed status. Segments that changed status type from hiatus to closed will have a segment end date reason code: Hiatus to Closed.
- Identifying referrals vs. top down assignments
 - The assignment source in the My Members Download File identifies if the member’s assignment is a referral, DOH identified or MCP identified.
- The Health Home Assignment file includes both FFS members and MCP assignments.
- The MCP Assignment File is only accessible to the MCP. The HH Assignment file is only accessible to HH and CMA.

Points to Remember

- The approval override functionality relates to a HH/CMA relationship.
 - Only Health Homes can activate the approval override (or auto approval) functionality;
 - If the Health Home determines that auto approval is appropriate for a HH/CMA relationship, the HH Gatekeeper is responsible for activating the approval override for the HH/CMA relationship
- Health Home Partner Network only applies to the Health Home and is used to:
 - Determine a Health Home assignment based on a member's utilization within a Health Home network
 - Assist in referring a member to a Health Home based on the partners in the network
 - Verify that a HH network is robust

MAPP HHTS Updates

- Fixes were implemented Sunday, May 1, 2016 to address:
 - Unhandled exception errors;
- MAPP HHTS newsletter detailing workarounds and helpful hints will be available soon



Department
of Health

Medicaid
Redesign Team

MAPP HHTS Tasks Review

For your reference

If you have not accessed MAPP HHTS yet:

- **Log into Health Commerce System, locate the MAPP application, add it to your favorites, and set up MFA.**
 - Contact MAPP Customer Care Center (MAPP CCC) if you have any issues.
 - (518) 649-4335 OR MAPP-CustomerCareCenter@cma.com
- **Complete all available training**
 - Each user role must complete required training. There is also an optional refresher web based training.
 - Users that have not completed their minimum required training will not be able to access the system until all required trainings are complete and logged into the system. Please note that it may take a few days after training completion for a user to acquire access to the MAPP HHTS.
 - Contact MAPP Customer Care Center (MAPP CCC) if you have any questions about accessing training.

Gatekeeper Tasks

- **User Maintenance**

- The Gatekeepers are responsible for adding or removing Worker, Read Only, and Screener users for their organization.
- **Gatekeepers can now add or remove other gatekeepers using the MAPP Security Admin tab!**
- If an organization does not have any Gatekeepers, the organization must request to add a Gatekeeper by completing and submitting the “MAPP Gatekeeper Add or Remove Request” form to the Health Home team email box (select MAPP from the drop down list):

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

- **Training**

- Each organization has 1-2 gatekeepers that are responsible for adding and removing user roles. In order to perform these tasks, a gatekeeper must complete training. If you have not completed your training please **do so immediately**.
- Contact users associated within your organization that have not completed training! To determine which users have not completed training, log into HCS, navigate to the MAPP application, click on the Security Admin tab, and type *Incomplete* in the text box underneath **Training Status**
- If there is an issue with completed training not being reflected in the system, please contact MAPP CCC

Gatekeeper Tasks

- **Maintenance of organization contact information**
 - Gatekeepers are responsible for adding and maintaining organization contact information on the Provider Members inner tab of the Relationships tab
 - In MAPP HHTS, Provider Members represents Employees
 - The primary contacts for the organization should be entered and the appropriate title should be selected for each contact (options in the position drop down include Admin Support, CEO, CFO, CIO, CMART, Gatekeeper, Legal, MAPP/HH Tracking, Other and Technology)
- **Update Approval Override for HH/CMA Provider Relationship**
 - Any outreach or enrollment segment entered into MAPP HHTS by a CMA will remain in pending status until the Health Home accepts the segment
 - If a Health Home determines that auto approval is appropriate for the HH/CMA provider relationship, the HH gatekeeper can select (check) the Approval Override option for a CMA; all subsequent segments submitted by the CMA will bypass the pending status and be automatically accepted by the system
 - To select the Approval Override option, gatekeepers would go to the Relationships Tab, select the Provider Relationships inner tab, find the HH/CMA relationship, select edit from the actions button and “check” the Approval Override box and save.

MAPP HHTS Tasks

- **HH Workers** should review their **Health Home** partner networks and, if necessary, submit updated networks to MAPP HHTS. Make sure you included your CMAs in your partner network.
- **HH Workers** should review the auto approval functionality. The system default is that auto approval is **NOT** in place for each HH/CMA relationship. As a result, all outreach and enrollment segments entered/uploaded in MAPP HHTS will remain in pending status until the Health Home accepts the segments.
- If the HH determines that auto approval is appropriate for the HH/CMA relationship, the **HH Gatekeeper** should activate the approval override functionality for the HH/CMA relationship.
- Members in the OMH State Operated TCM program were previously reported in MAPP under the **statewide** CMA MMIS Provider ID. OMH has ended the active outreach and enrollment segments under the **statewide** MMIS Provider ID and created new outreach and enrollment segments under the OMH State Operated **location specific** psychiatric center MMIS Provider ID. Segments will remain in pending status until the HH accepts the segments.

Manage Assignments: MCP Worker Tasks

- Review members with pending MCP Assignments and either pend members or assign members to a HH
- Review members with rejected or ended HH Assignments and assign members to a HH
- Add any new member assignments that you identified during the blackout period
- Review members with active HH assignments and reassign members if necessary

Manage Assignments: HH Worker Task

- Review members with pending HH Assignments and either accept or reject assignments.
- Assign members with either pending or active HH assignments to CMAs as appropriate.
- When you first log into the MAPP HHTS, your Past Assignment Download file will be blank until:
 - You reject a pending HH assignments
 - An MCP ends your assignment
 - Another HH outreaches or enrolls the members
 - Member is no longer HH eligible (Not Medicaid eligible; has RE/coverage code incompatible with HH program)

Manage Segments: HH/CMA Worker Tasks

- Create/Modify/Pend/Delete segments as necessary
- Make sure that all Health Home members are reported in tracking
 - Providers with significant Medicaid claims for members not in tracking will be contacted by DOH
 - **Medicaid rates for Health Home services will be zeroed out for providers that continue to bill Medicaid claims for members not in tracking**

Manage Segments: HH/CMA Worker Tasks

- Review the hiatus outreach logic. If you have a converted outreach segment in the system that will not trigger your desired hiatus outreach outcome, delete that segment and resubmit the segment using the information contained on the MAPP HHTS Hiatus Outreach slides to achieve the desired hiatus outreach outcome.
- Review and update segments that contain the segment end date reason code “Invalid end date reason code at conversion” if you are aware of another code that better describes why the segment ended.
- Review enrollment segments that do not have consent dates. If these members have signed consent, modify the segments to include the member’s consent date. If the member has not yet signed consent, make sure that the member’s CMA is working with the member to secure consent.

Manage Segments: HH Worker Tasks

- HHs working with Pioneer ACO members that could not be submitted into the old HHTS:
 - Compile these members into tracking file create records with the date a member's enrollment began with your HH
 - Contact BAHN to discuss next steps
 - BAHN will enroll members into BAHN and then transfer the members with the appropriate date to your HH.

Billing Support: HH/CMA Worker Task

- Review the Billing Support Screen, Assessments tab, and Billing Support Download to familiarize yourself with the Billing Support tools.
- DOH **HIGHLY RECOMMENDS** that providers begin responding to the HML Assessment with Jan. 1, 2016 service dates.
- Prior to submitting a Health Home claim to Medicaid for service dates on or after April 1, 2016, the responsible biller identified in Billing Support **must** confirm that the HML Assessment was completed and that a billable service was provided to that member during the service month.



Hiatus Outreach Segments

MAPP HHTS Hiatus Outreach Logic

- Outreach Segments submitted to the MAPP HHTS must meet the criteria below to trigger the creation of an outreach segment in the hiatus status. The logic below is applied daily after midnight.
 - Outreach segment must have a system generated end date, meaning that the user submitted the outreach segment without an end date and the system calculated the appropriate end date to ensure that the member does not exceed 3 months of outreach in a 6 month period
 - The end date on the potential hiatus outreach segment must be on or after the transaction date. If the system determines that creating a hiatus outreach segment would result in an end date prior to the transaction date, then the system will not create the hiatus outreach segment.
 - As long as the submitted outreach segment meets the criteria above, the system will create a three month hiatus outreach segment regardless of how many months the original outreach segment contains.

MAPP HHTS Hiatus Outreach Examples

1. An outreach segment submitted on 4/20/16 with a begin date of 10/1/15 and no end date. The member does not have any other outreach segments. The system will create a closed outreach segment with an end date of 12/31/15. This segment **would not** trigger the creation of a hiatus outreach segment.
2. An outreach segment submitted on 4/20/16 with a begin date of 1/1/16 and an end date of 3/31/16. The system creates a closed outreach segment and **would not** trigger the creation of a hiatus outreach segment.
3. An outreach segment submitted on 4/20/16 with a begin date of 1/1/16 and no end. The member does not have any other outreach segments. The system will create a closed outreach segment with an end date of 3/31/16 and **would trigger** the creation of a hiatus outreach segment with a begin date of 4/1/16 and an end date of 6/30/16.
4. An outreach segment submitted on 4/20/16 with a begin date of 1/1/16 and no end. The member had one month of outreach in Dec 2015. The system will create a closed outreach segment with an end date of 2/29/16 and **would trigger** the creation of a hiatus outreach segment with a begin date of 3/1/16 and an end date of 5/31/16.

MAPP HHTS Tasks – Enrolling members in Hiatus Outreach

- If a member in a hiatus outreach segment with your HH agrees to enroll with your HH:
 - Create an enrollment segment using the online options **OR**
 - Submit a create record in the tracking file upload to create the enrollment segment
- What to do if a member in hiatus outreach with another HH:
 - Contact the other HH and request that the HH end the member's hiatus outreach segment
 - Once hiatus outreach segment is ended, submit an enrollment segment using the referral wizard
 - **HHs should be prepared to conduct this process over the phone**



Assignment Process Flows

Assignment Process Flow - MCP

- MCPs should review pending MCP assignments and either pend or accept assignments
 - MCP can also accept pending MCP assignments by assigning members with pending MCP assignments directly to HH
- Members with Active MCP assignments should then be assigned to a HH. MCP must also review members with rejected or ended HH assignments and assign those members to other HHs

Assignment Process Flow - HH

- HH should review pending HH assignments from both DOH (fee for service) and MCP and then either accept or reject those HH assignments
 - HH can also accept pending HH assignments by assigning members with pending HH assignments directly to CMA
 - HH can also move pending HH assignment into active by creating an outreach or enrollment segment for the member (if applicable).
 - See CMA slide for ways that member can move from assignment to enrollment
- Accepted HH assignments should then be assigned to a CMA. HH must also review members with rejected or ended CMA assignments and assign those members to other CMAs

Assignment Process Flow - CMA

- CMA should review pending CMA assignments and then either accept or reject assignment
 - CMA can also accept pending CMA assignments by creating an Outreach or Enrollment program (if appropriate)
- Once CMA starts outreaching to members with Active CMA assignment, CMA create outreach segment for member. Once member agrees to enroll in HH program, CMA should create enrollment segment. This can occur in a few different ways:
 - Members starts with outreach for a few months and then moves into enrollment;
 - Members start with outreach, move to outreach hiatus and then enrollment
 - Member starts in outreach at the beginning of month and then moves into enrollment in that same month
 - Member with an active or pending HH/CMA assignment moves directly into an enrollment segment



**Department
of Health**

**Medicaid
Redesign Team**

Updates, Expectations, and Next Steps

MAPP HHTS Updates

- New Health Home eligible population in MAPP HHTS (target date early June 2016; new HH eligible population is based on calendar year 2014)
 - DOH Health Home Assignment Algorithm using updated Health Home Partner Networks in MAPP HHTS as of 5/4/16
 - Will result in new Health Home weights effective 6/1/16. The Health Home weights are used in the payment determination for claims billed under rate codes 1386 and 1387
 - Will populate the base acuities in the HML assessment
- MAPP HHTS newsletter (will be available soon)
- Health Home website updates
 - https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm

Expectations

- Assignment files should be downloaded daily, but **MUST** be downloaded **AT LEAST WEEKLY**.
- If a member's Health Home assignment or segment status changes, you must indicate that change to the MAPP HHTS within 24 hours.
- HHs must review and either accept or reach out to CMA to modify or delete pending segments at least once a week.

Next Steps

- Meet with your upstream/downstream partners to determine how you will work together with MAPP HHTS
- Continue to participate in the Bi-weekly MAPP HHTS Webinars
- DOH will schedule a one on one call with every MCP and HH to discuss:
 - MAPP HHTS Implementation progress
 - Questions/concerns
 - Billing Support and preparing for HML
 - Possible MAPP HHTS enhancements