



Department  
of Health

# **MAPP Health Home Tracking System Release 3.2 System Changes & Enhancements**

October 17, 2019

# Updates to MAPP HHTS Effective 11/22/2019

**Release 3.2 will be deployed to the MAPP Health Home Tracking System on November 22, 2019 and include the following changes:**

1. Changes to how limited HML responses are displayed on the BSD file
2. The chronic conditions/pre-conditions of the member will be required for all HML responses, both full and limited, for all DOS.
3. Changes to Opt-out
4. Modify Assignment Purge logic
5. Add additional values to engagement-optimization plan. This will be collected via the MCP Final Assignment File as a single letter.
6. Display additional RE codes on screen and in files
7. Add an additional field to MCP final assignment file and HH/CMA assignment file (MCP Determined Eligibility) to allow the MCP to indicate why they have found the member HH eligible.
8. Null out values on the Assignment file that are no longer utilized

# Changes to how limited HML responses are displayed on the BSD file.

- a. Currently, when a limited HML is responded to (months 2-6) the BSD file only displays the responses to the questions the provider uploaded. With this system change, the other responses to non-required questions will be brought forward from month 1 and displayed on the download for the limited HML months.
- b. An indicator on the download will indicate what month the HML is (1-6). This field (month submitted) will always be populated with a 1 for children's Questionnaires and CANs-NY Assessment Fees.

518	75	Expanded HH+ population	722	1	722	Alpha (Y/N)
519	76	HH+ service provided	723	1	723	Alpha (Y/N)
520	77	Date Member Housed	724	8	731	MMDDYYYY, Numeric
521	78	Expanded HH+ population	732	1	732	<b>Alpha (A-X)</b>
522	79	HH+ Minimum Services Provided	733	1	733	Alpha (Y/N)
523	80	Provided Service Indicator	734	1	734	Alpha (A/C)
524	81	UAS Complexity Assessment	735	1	735	Alpha (Y/N/U)
525	82	Encounter Claim	736	1	736	Alpha (E/C/Blank)
526	83	Month Submitted	737	1	737	Alphanumeric
527						

\*BSD file specs

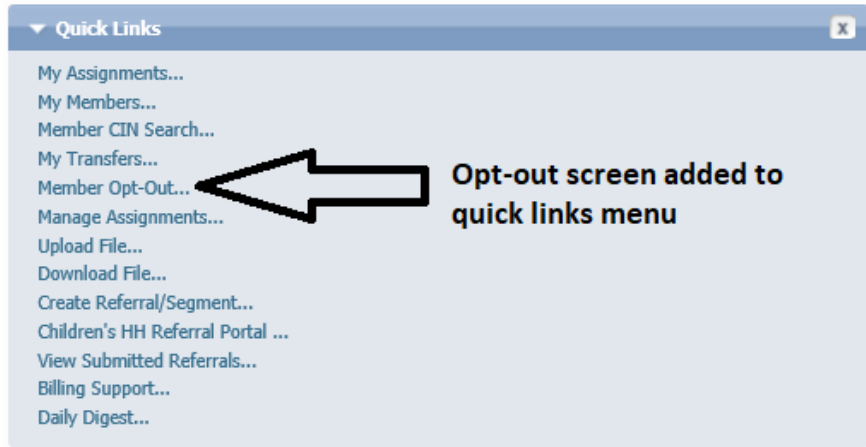
# The chronic conditions/pre-conditions of the member will be required for all HML responses, both full and limited, for all DOS.

- All HMLs (both full and limited) will require that the chronic conditions/ pre-conditions be answered for all dates of service.
- This goes into effect December 1, 2019.
- There are no changes to children's Questionnaires, which require this question each month.

# Changes to Opt-Out

- Logic will be added to automatically end an opt-out based on opt-out reason codes:
  - *Member Not Interested: No Follow-Up*, the system will not set an end date
  - *Member Not Interested: Follow-Up in Three Months*, the system will set the end date for the opt-out record to the start date + 90 days
  - *Member Not Interested: Follow-Up in Six Months*, the system will set the end date of the opt-out record to the start date + 180 days
- Users can continue to include an end date when opting a member out and the user submitted end date will override the system calculated end date.
- A new Opt-Out screen will be on the short cut menu and providers can access the Opt-Out list.
- Providers will be able to submit opt-out records without association to the member either on screen or via file.

# Opt-Out Screen Mock-Ups



Opt-Out List Example

Home Referrals and Members Inbox

Member Opt-Out

Member Opt-Out

Search

CIN \*  Search Reset

Member	Type	Reason	Submission Date	Start Date	End Date	Status
[REDACTED]	Opt-Out	Member Not Interested: No Follow-Up	10/4/2019	10/1/2019	11/1/2019	Open
[REDACTED]	Opt-Out	Member Not Interested: Follow-Up in Three Months	10/4/2019	11/1/2019	1/30/2020	Open
[REDACTED]	Opt-Out	Member Not Interested: Follow-Up in Six Months	10/4/2019	12/1/2019	5/29/2020	Open

# Opt-Out Screen Mock-Ups (continued)

**Add New Member** [?] [X]

1 Member Search 2 Member Details

**Step 1: Search for member**

Enter member CIN to search for member to add to Member Opt-Out.

**Search Criteria**

Member CIN \*

**Search Results**

Member CIN
<input type="text"/>

**Add New Member** [?] [X]

1 Member Search 2 Member Details

**Step 2: Enter Start Date**

Member

Type

Reason

Opt-Out Signature Date

End Date

**Comments**

# Modify Assignment Purge Logic

- a. Members will be purged after 3 months of inactivity for both adults and children.
- b. Exclude members that have pended MCP assignments based on pend reason code.

## Appendix F: Assignment Pend Reason Codes

Code	Code Description	Purge Inactivity Period
01	Receiving care management services	90 days
02	Member enrolled in different program	Never purged
03	Alternate HH needs to be identified	60 days
04	Awaiting contract with Health Home	60 days
05	Referral Not Appropriate	Never purged
06	Other	Never purged
07	Follow up 1 month	45 days
08	Follow up 3 months	90 days
09	Follow up 6 months	180 days



# **Add additional values to engagement-optimization plan. This will be collected via the *MCP Final Assignment File* as a single letter.**

- As of Release 3.2, a value of 'Y' will no longer be accepted. These 'Y' records already submitted to the system will continue to be displayed on the Assignment download files.
- Letters will include A-F (located in Appendix K: MCP Final HH Assignment File Accepted Values):
  - A= Warm Hand-Off
  - B= Direct Enrollment
  - C= Consent Signed
  - D = will continue to be used to delete a previously submitted record
  - E= High Risk
  - F = High Risk, Direct Enrollment

# Add logic surrounding *Plan of Care* dates (Implementation TBD)

- Prevent billing after 90 days of enrollment if there is no plan of care date
- This logic will be added to the system **BUT WILL NOT** be turned on until a later date.
- DOH will provide at least 30 day notice before turning on this system rule.
- This implementation delay gives providers time to upload POC for previously entered segments and set up processes to ensure that POC information is submitted to the system in a timely manner.

# Display additional RE codes on Member CIN Search screen and download file

- The CIN Search Download file will contain a new field (Medicaid Recipient Exemption Code 6 to 16) which will display up to 11 additional RE codes for a member, with each being space delimited.
- The system displays members' complete RE code segment history. This means that if a member had two Health Home segments, that member would have two sets of A1/A2 codes displayed. DOH is working to eliminate ended RE segments from the system.

202	Pending Transfer Effective Date	2309	0	2310	MMDDYY, NUMERIC
110	Pending Transfer Reason	2311	75	2385	Alpha
111	Pending Transfer Comment	2386	300	2685	Alphanumeric
112	Medicaid Recipient Exemption Code 6 to 16	2686	32	2717	Alphanumeric (space delimited)

\*CIN Search Download File

# **Add an additional field to *MCP Final Assignment File* and HH/CMA assignment file (MCP Determined Eligibility) to allow the MCP to indicate why they have found the member HH eligible.**

This includes a list of 2-digit codes. Up to 8 codes will be accepted with a space delimitator and include:

- 04: Substance Abuse
- 06: Asthma
- 08: Diabetes
- 10: Heart Disease
- 12: Overweight
- 14: HIV/AIDS
- 16: Other
- 18: Complex Trauma (under 21 years of age)
- 20: SED/SMI
- 22: One or more DD conditions
- 24: Children's HCBS only
- 26: Children's HCBS and other conditions
- 28: Adult HCBS and other conditions
- 30: Mental Health non-SMI/SED

## Null out values on the *Assignment Files* that are no longer utilized

Values include:

- Date of Patient Acuity
- Acuity Score, Risk Score
- Outpatient Score
- DOH Composite Score
- DOH Recommended Health Home MMIS ID (MCP file only)
- DOH Recommended Health Home Name (MCP file only)
- Assignment Source

# Updated File Specification Information

Information relating to the new fields and files can be found on the MAPP HHTS portion of the Health Home website under Tracking System File Formats and is entitled 'MAPP HHTS File Specifications v8.0' and 'MAPP HHTS File Specifications Document v3.2'

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/mapp/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm)

# 2020 MAPP HHTS Release Schedule

- DOH is planning four MAPP HHTS releases in 2020.
- The next release (3.3) should occur in March.
- A detailed DRAFT schedule of releases will be posted to the website and distributed to the Health Home listserv.
- This schedule includes dates when the following items will be released:
  - Broad outline of proposed changes
  - Webinar to discuss release
  - Updated MAPP HHTS Specifications Document

# Health Home Contact Information

- For Questions regarding billing of transitioning Children's HCBS services contact the children's team at [HHSC@health.ny.gov](mailto:HHSC@health.ny.gov)
- 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: [http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_mapp.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm)