



Department  
of Health

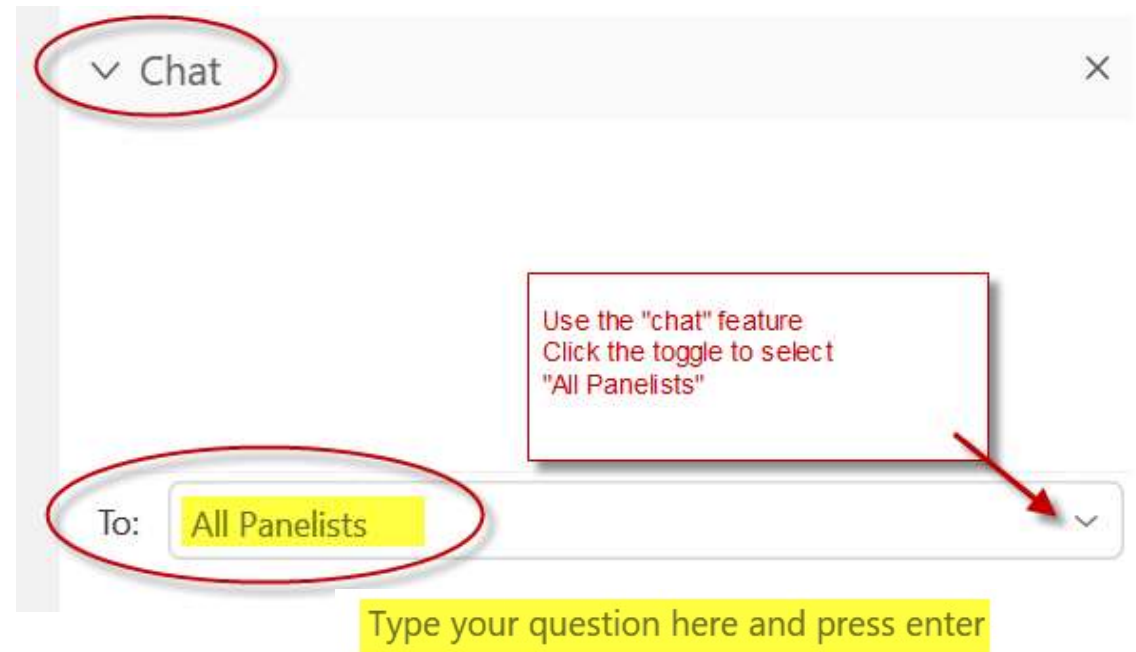
# MAPP Health Home Tracking System Release 3.5 System Changes & Enhancements

Effective in MAPP HHTS November 13, 2020

September 23, 2020

## If you have a questions during the Webinar...

Please send in your questions using the “Chat” feature shown below.



# Webinar and Reference Documents

The MAPP HHTS reference documents, guides and webinars can be found on the MAPP portion of the Health Home website. The updated File Specifications documents will be posted on our website, by the end of next week.

**Medicaid Health Homes**

- Home
- Find a Health Home
- Frequently Asked Questions
- Health and Recovery Plan (HARP)/Managed Care Transition
- Health Homes Serving Children (HHSC)
- Children's Medicaid System Transformation
- Health Homes Serving Individuals with Intellectual and/or Developmental Disabilities (HHIDD)
- Lead Health Home Resource Center
- Managed Care Organizations
- Medicaid Analytics Performance Portal (MAPP)**

You are Here: [Home Page](#) > [Medicaid Health Homes](#) > Medicaid Analytics Performance Portal (MAPP)

## Medicaid Analytics Performance Portal (MAPP)

The Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS) is a performance management system to support providing care management for the Health Home population. The HHTS is housed within MAPP, which also supports (DSRIP) program performance management technology needs.

[Expand All](#) [Collapse All](#)

- Health Home Tracking System**
- Member Assignment and Enrollment** Click the toggle to expand the menu of release outlines, and *File Specifications* reference documents.
- Tracking System Updates and File Formats**
- MAPP Webinars** Click the toggle to expand for a list of webinar slide decks, organized by year.
- Archive**

# MAPP HHTS Release 3.5 Webinar Agenda

- **MAPP HHTS Release 3.5 is scheduled for Deployment on 11/13/2020 and includes the following enhancements:**
  - **Allows the Creation of Segments for Members in Restricted Setting**
  - **Additional Provider Info added to Opt Out Screen**
  - **Updates to the Past Assignment File**
  - **RE Code Info Expansion**
  - **New Member Summary Report**
  - **Plan of Care Date Added to the Billing Support Download File**
  - **Elimination of Outreach Billing Instances**
  - **Updates to HARP Eligible/Enrolled logic based on H codes**
  - **New Step Down End Reasons for Members Graduating from the program**

# Allow Creation of Segments for Members in Restricted Setting

## Allow Creation of Segments for Members in Restricted Setting

- This enhancement allows providers to create a segment on screen, for a member with an NH coverage code. A question will appear on the screen to ask the provider if the member is transitioning out of the restricted setting.
- This functionality has been added to the Children's HH Referral Portal, the Create Referral/Segment links, and the segment tab in the Member's case.



# Allow Segments for Members in Restricted Settings

When creating an Outreach or an Enrollment segment for a member with a RE code for a restricted setting, the provider will be prompted to answer the following question.

Transitioning out of restricted setting

 Print

Member

Does the individual want to enroll in Health Home Care Management and/or Home and Community Based Services while transitioning out of the restricted setting?

Yes

## Allow Creation of Segments for Members in Restricted Setting

- This question requires a response, when a member has a code for a restricted setting. If the “next” button is clicked without a response to this question, an error message will display

New York State Department of Health

• Transitioning from Restricted Setting question is required due to R/E Code N7.

Member



## Billing for Members in a Restricted Setting

- The Enrollment Segments for these members may be billable if you have confirmed that the member is transitioning out of the nursing home.
- Please be sure to follow policy guidance on when it is appropriate to bill for a member with an NH RRE code. Billing guidance for Health Home policy HH0011 is located here:  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_home/policy/docs/hh0011\\_hhcm\\_activities\\_billing\\_protocol\\_excluded\\_settings.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_home/policy/docs/hh0011_hhcm_activities_billing_protocol_excluded_settings.pdf)
- HH policy questions should be directed to 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)

# Additional Provider Info Added to Opt Out Screen

## Additional Provider Info Added to Opt Out Screen

New columns have been added to the member opt out screen for:

- Provider Name
- Provider MMIS ID

These new fields can be used to search for the provider that submitted the opt out.



The screenshot displays the 'Member Opt-Out' screen in a web application. The interface includes a navigation bar with 'Home', 'Referrals and Members', and 'Inbox'. Below this, there are tabs for 'My Members', 'Search File Downloads', and 'Member Opt-Out'. A red arrow labeled 'New Search Options' points to two newly added search fields: 'Provider Name' and 'Provider MMIS ID'. Both fields are circled in red. The search area also includes a 'CIN' field, a 'Search' button, and a 'Reset' button. Below the search fields is a table with the following columns: Member, Initiated By, Type, Reason, Submission Date, Start Date, End Date, and Status. The table header is highlighted in yellow.

Member	Initiated By	Type	Reason	Submission Date	Start Date	End Date	Status
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# Updates to the Past Assignment File

## Past Assignment File Changes

- There is an update to the past assignment file to include all assignment changes within the last year. Previously, this file only included one assignment per member.
- There will be a new column 'Most Recent Record', that indicates that the record is the most recent past assignment on the file.

# Past Assignment Download File

Past Assignments Download File					
Field #	Field	Start Pos	Length	End Pos	Format
1	Member First Name	1	30	30	Alpha
2	Member Last Name	31	30	60	Alpha
3	Member ID	61	8	68	AA1111A, Alphanumeric
4	DOB	69	8	76	MMDDYYYY, Numeric
5	Assignment Start Date	77	8	84	MMDDYYYY, Numeric
6	Assignment End Date	85	8	92	MMDDYYYY, Numeric
7	Assignment End Reason Code	93	2	94	Alphanumeric
8	Assignment End Reason Description	95	40	134	Alpha
9	Assignment Rejection Date	135	8	142	MMDDYYYY, Numeric
10	Assignment Rejection Reason Code	143	2	144	Alphanumeric
11	Assignment Rejection Reason Description	145	40	184	Alpha
12	Assignment Created Date	185	8	192	MMDDYYYY, Numeric
13	Last Modified Date	193	8	200	MMDDYYYY, Numeric
14	Opt-Out Signature Date	201	8	208	MMDDYYYY, Numeric
15	Opt-Out Submission Date	209	8	216	MMDDYYYY, Numeric
16	Opt-Out Effective Date	217	8	224	MMDDYYYY, Numeric
17	Opt-Out End Date	225	8	232	MMDDYYYY, Numeric
18	Opt-Out Submitted by Organization Name	233	40	272	Alpha
19	Most Recent Record	273	1	273	Alpha

Y indicates the most recent past assignment, N indicates not the most recent past assignment.



# RE Code Information Expansion

# RE Code Information Expansion

## Member CIN Search

- The RE code **start** and **end** dates have been added to the member CIN Search Download (CSD) file for the first 5 RE codes, which are now displayed in individual fields.
- The Begin and End Date information has been added to fields 114-123 on the CIN Search Download File.

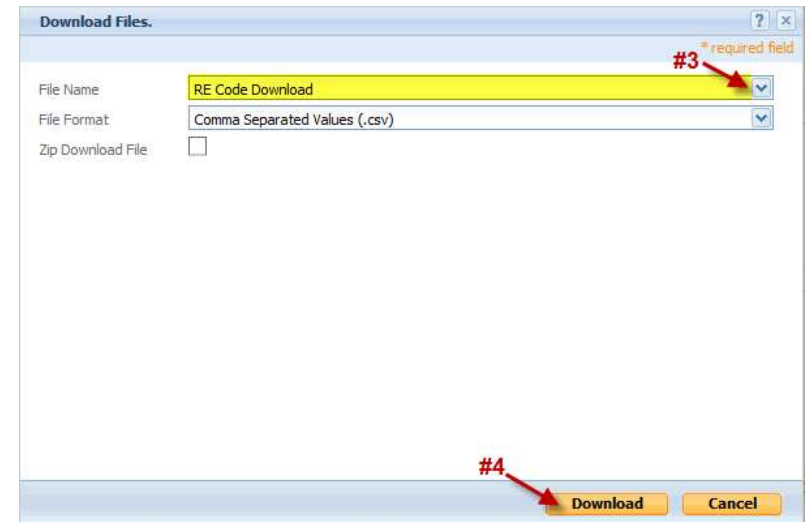
## New Download File, **RE Code Download**

- Expansion on RE code history to include all RE codes with begin and end dates, for members that you have current connection with in MAPP HHTS.
- The new RE Code Download file information will be included in the updated File Specifications document.



# RE Code Download

1. Click on Download File
2. Click on the Download icon
3. Select **RE Code Download** from the drop down menu
4. Click the download button.



## RE Code Download File Specifications

RE Code Download File					
Field #	Field	Start Pos	Length	End Pos	Format
1	Member ID	1	8	8	AA11111A, Alphanumeric
2	First Name	9	30	38	Alpha
3	Last Name	39	30	68	Alpha
4	DOB	69	8	76	MMDDYYYY, Numeric
5	Medicaid Recipient Exemption Code	77	2	78	Alphanumeric
6	Medicaid Recipient Exemption Code Description	79	40	118	Alphanumeric
7	Medicaid Recipient Exemption Code Begin Date	119	8	126	MMDDYYYY, Numeric
8	Medicaid Recipient Exemption Code End Date	127	8	134	MMDDYYYY, Numeric

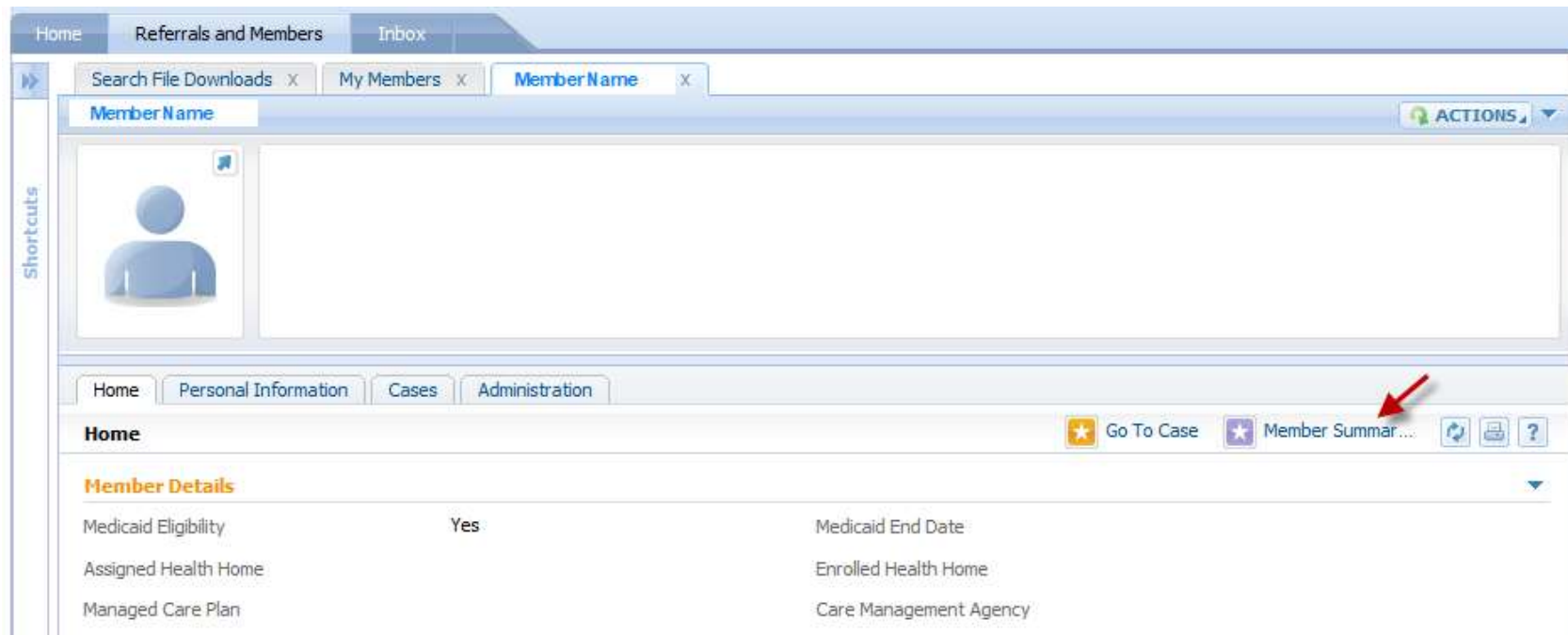
# ***New Member Summary Report***

## ***New Report: Member Summary Report***

- A new report has been created by pulling data from several different tables into a more comprehensive report. This report is available for any member that you have a connection with.
- The new report contains more complete information such as:
  - CANS/HCBS information
  - Segment history
  - Assignment history
  - Billing Information
  - RE Code history

# New: Member Summary Report

The new Member Summary report can be generated by clicking the link below when in the member's screen.



The screenshot displays a web application interface for a member's profile. The top navigation bar includes 'Home', 'Referrals and Members', and 'Inbox'. Below this is a search bar and a tabbed interface with 'Member Name' selected. A red arrow points to the 'Member Summary' link in the 'Home' section. The 'Home' section contains a 'Member Details' table with the following information:

Member Details		
Medicaid Eligibility	Yes	Medicaid End Date
Assigned Health Home		Enrolled Health Home
Managed Care Plan		Care Management Agency

# Member Summary Report

## Member Summary

[REDACTED]

### Basic Information from Person Record

Member Name and CIN:	[REDACTED]	Assigned Health Home:	HUDSON RIVER HEALTHCARE INC
DOB:	[REDACTED]	Enrolled Health Home:	HUDSON RIVER HEALTHCARE INC - 00473038
Gender:	[REDACTED]	Enrolled Care Management Agency:	JAWONIO MH - 02941082
Latest Address:	[REDACTED]	Managed Care Plan:	
Latest Phone:		Coverage Code:	19
Medicaid End Date:	4/30/2021	Coverage Description:	19-COMMUNITY COV W COMMUNITY LTC

### Current ACT/AOT/HARP and Other Statuses

Program Type	Status	Start Date	End Date
Adult Home	N		
Assertive Community Treatment (ACT)	N		
Assisted Outpatient Treatment (AOT)	N		
HARP	N		
Pioneer ACO	N		

SAMPLE

### ACT/AOT/HARP and Other Statuses History

Program Type	Start Date	End Date

### Complete Segment History

HH MMIS ID	HH Name	CMA MMIS ID	CMA Name	Type	Create Date	Consent to Enroll	Begin Date	End Date	End Reason Code	End Reason Description	Status
00473038	HUDSON RIVER	02941082	JAWONIO MH	Enrollment	4/8/2015		4/1/2015				Active

# Plan of Care Date now included in BSD

## Plan of Care Date is now included in the Billing Support Download (BSD) File

	A	B	C	D	R	CE	CI
	Add/Void Indicator	Member ID	Service Date	HH MMIS Provider ID	HH Name	Month Submitted	Plan of Care Date
1							
2	A		07012020			1	03012016
3			07012020				02122020
4	A		07012020			1	
5	A		07012020			1	12152014
6	A		07012020			1	04062020
7			07012020				04242015
8	A		07012020			1	
9	A		07012020			1	03182016
10	A		07012020			1	03122020
11			07012020				
12	A		07012020			1	08112014
13	A		07012020			1	03132019



## Plan of Care Information in MAPP HHTS

- Only the initial Plan of Care (POC) date is required, but providers do have the ability to update the POC date if they want.
- Updated dates should be entered as a new POC date, this way the system will look at all POC dates that the provider has with the member when determining if one can bill.
- All POC dates remain active in the system, unless the provider cancels them. This POC date requirement for billing is set up based on the Health Home policy that was issued.
- The slide deck for HHTS POC information can be found here:  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_home/s/mapp/docs/plan\\_of\\_care\\_and\\_billing\\_instances\\_mapp\\_hhts.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_home/s/mapp/docs/plan_of_care_and_billing_instances_mapp_hhts.pdf)

# Health Home Policy on Plan of Care Dates

- **This functionality was turned on as of 7/1/20.**
- All segments with a start date on or before 7/1/20, need to have a POC date in order to bill on or after 11/1/20.
- Currently the provider has 120 days from the start of the enrollment segment, to enter a POC date. Enrollment segments with start dates on or after **8/1/20** will need a POC date within **120 days** of the start of the segment. After this 120 day period of time billing will be prevented, if there is no POC date.
- The Plan of Care policy can be found here:  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_home\\_s/mapp/docs/plan\\_of\\_care\\_and\\_billing\\_instances\\_mapp\\_hhts.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_home_s/mapp/docs/plan_of_care_and_billing_instances_mapp_hhts.pdf)

## Adding POC to HHTS on screen or by File Upload

- Plan of Care can be added by uploading a 'P' record on the consent file with a POC date in column 10. Please refer to the editing logic on page 46 of the file specifications document for further details.  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_home/mapp/docs/mapp\\_hhts\\_file\\_specifications\\_v3.4.1\\_track\\_changes.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_home/mapp/docs/mapp_hhts_file_specifications_v3.4.1_track_changes.pdf).
- Alternatively POC can be added individually on screen by navigating to the members case and going to the plan of care tab or when creating a new enrollment segment from the member's case (see next slide).
- A validation code of 'J' will appear on the Billing Support Download File when a Potential Billing Instance would be prevented from being added to the system because the member doesn't have a Plan of Care.

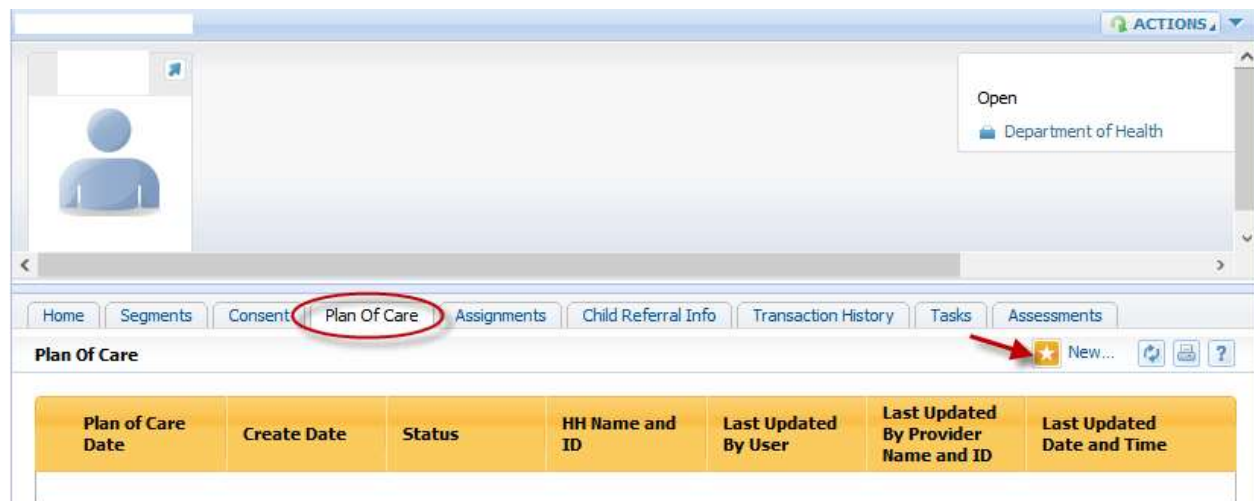
## Updating POC Via Member's Case

When in a Member's case, click on the tab titled, **Plan of Care**.

Then, click on the **New** icon

When the **Create Plan of Care** box pops up, enter the POC information

Click **Create**.



The screenshot shows a web application interface for a member's case. The 'Plan Of Care' tab is selected and circled in red. Below the tabs, there is a 'Plan Of Care' section with a 'New...' button highlighted by a red arrow. Below this is a table with the following columns:

Plan of Care Date	Create Date	Status	HH Name and ID	Last Updated By User	Last Updated By Provider Name and ID	Last Updated Date and Time
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The 'Create Plan of Care' dialog box is shown. It contains the following fields:

- Plan of Care Date\* (required field)
- Plan of Care Health Home

Buttons for 'Cancel' and 'Create' are visible at the bottom.

## Updating POC Via Member's Case

The POC information will now appear on screen.



Plan of Care Date	Create Date	Status	HH Name and ID	Last Updated By User	Last Updated By Provider Name and ID	Last Updated Date and Time
▶ 8/1/2020	9/23/2020 03:06 PM	Active	MEDICAL CENTER -	HH er work	MEDICAL CENTER -	9/23/2020 03:06 PM

# Elimination of Outreach Billing Instances

## Elimination of Outreach Billing Instances (BI)

**Will outreach segments remain even though outreach billing is removed?**

**Yes**. You can continue to create outreach segments, however there will no longer be a BI created for that segment, after 11/30/2020.

**Can I bill for Outreach after July, as long as I have a Billing Instance?**

**No**. Outreach billing was eliminated as of 7/1/2020. Therefore, the outreach BIs created from July 2020 – November 2020, have a blank rate. This was an interim solution until this system update could be made. No outreach billing is allowable as of 7/1/2020.

## Elimination of Outreach Billing Instances

- The system will no longer create billing instances for outreach segments in MAPP HHTS, either on the screen or on the file, as of December 2020.
- Outreach segments can still be added to MAPP HHTS.
- Example:

### ***Outreach Segment begins on 11/01/2020 and Ends on 12/31/2020***

- The BI for 11/01/2020 **will** show up on screen and on the BSD.
- The BI for 12/01/2020 **will NOT** show up on the screen or on the BSD.
- The Outreach segment **will** still show in the HHTS.



# Elimination of Outreach Billing Instances (on screen)

Primary 44 years

Open AA12345B  
Department of Health

Home Segments Consent Plan Of Care Assignments Child Referral Info Transaction History Tasks Assessments

Segments New Outreach... New Enrollme...

View Segment Transaction History

Managed Care Plan	Health Home	Care Management Agency	Type	Create Date	Consent to Enroll	Begin Date	End Date	Reason Code	Referral Code	Status
	ADIRONDACK HEALTH INSTITUTE INC	HUDSON HEADWATERS HEALTH NETWORK	Outreach	11/27/2020		12/1/2020	01/31/2021		Referral	Active

No BIs for Outreach Segment

Primary 44 years

Open AA12345B  
Department of Health

Home Segments Consent Plan Of Care Assignments Child Referral Info Transaction History Tasks Assessments

Assessments

- CANS-NY Assessments
- Children's Questionna...
- Community Mental H...
- HML Assessments
- Children's HCBS Eligi...

Service Date	Billing Instance Type	Assessment Status	Rate Code	Rate Code Description	Rate Amount	Month Assessment Submitted

# Updates to HARP Eligible/Enrolled logic based on H codes

## Updates to HARP Eligible/Enrolled logic based on H codes

- The HARP eligible/enrolled logic will be updated to be in line with how OMH uses the H codes.
  - HARP **enrolled** is indicated by an active 'H1' or 'H4' code.
  - HARP **eligible** is indicated by an active 'H9' code, without an active 'H1' or 'H4' code.

# Step Down Pend & End Reasons

## New Step Down Pend & End Reasons

The “Step Down” policy will be issued by the HH Policy Team for members that are graduating from the HH program. Due to this, Step Down specific pend and end Reason Codes have been added to MAPP HHTS.

- This system change gives the ability to track members who are stepping down from the Health Home program vs. members that have left the program due to other reasons.
- When the Step Down policy is issued, it will include more specific information on the parameters of use, for the available pend and end reason codes.
- Once the Step Down policy is complete, it will be distributed through the HH listserv and posted on the Health Home Website found here:  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/policy/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/index.htm)

## New Step Down Pend Reasons

For members stepping down to another level of care management, the following **pend** reasons will be used:

- Step Down to PCMH
- Step Down to MCP Care Management

For members stepping down and not utilizing care management services upon disenrollment (e.g., member has services/supports in place, or has the ability to self-manage without need for care management) the following **pend** reason will be used:

- Step Down

# New Step Down End Reasons

When the 'Step Down' period is complete and the member is fully disenrolled from the Health Home program but receiving PCMH or MCP care management services, the following **end** reasons will be used:

- Step Down to PCMH
- Step Down to MCP Care Management

For members stepping down and not utilizing care management services, the following **end** reason should be used:

- Step Down

**All Step Down policy questions should be directed to the DOH Health Home Provider line or policy mailbox, found on the next slide.**

# Health Home Contact Information

- MAPP HHTS issues and questions should be directed to MAPP Customer Care Center at (518) 649-4335 or [MAPP-CustomerCareCenter@cma.com](mailto:MAPP-CustomerCareCenter@cma.com)
- Health Home policy questions should be directed to 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)
- Questions relating to the billing of transitioning Children's HCBS services should be submitted to the HHSC team at [HHSC@health.ny.gov](mailto:HHSC@health.ny.gov)
- MAPP HHTS resources and presentations can be found here: [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_home/mapp/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_home/mapp/index.htm)