



Department
of Health

MAPP Health Home Tracking System Release 3.9 System Changes & Enhancements

Effective in MAPP HHTS March 13, 2022

February 9, 2022

Webinar and Reference Documents

The MAPP HHTS reference documents, guides and webinars can be found on the MAPP portion of the Health Home website.

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**
- Tracking System Updates and File Formats**
- MAPP Webinars**
- Archive**

Click the toggle to expand the menu of release outlines, and File Specifications reference documents.

Click the toggle to expand for a list of webinar slide decks, organized by year.

MAPP HHTS Release 3.9 Webinar Agenda

MAPP HHTS Release 3.9 Implementation is scheduled on March 13, 2022, and includes the following system changes and enhancements:

- Updates to the *Consent Upload File*
- New functionality to collect and display Early Intervention (EI) information
- New functionality to collect and display High Fidelity Wrap (HFW) information
- New functionality to display C-YES information received from UAS
- Updates to the program filters on My Members/Assignments screens
- Change to the HML question on screen
- New: *HCBS Member Billed Claims Download File*
- Changes to the *Member Summary Report*
- System defect resolutions

Update to the Consent Upload File Name

The Consent Upload File has been updated and will now be known as the ***Consent and Member Program Status Upload***. The purpose of this change is to allow collection of a member's program information from the provider such as, Early Intervention and High-Fidelity Wraparound.

These additional fields will appear on the file:

- **Member Program Type** - this field will be populated with the member program that is being uploaded (see appendix M of the File Specifications document for code information).
- **Member Program Start Date**
- **Member Program End Date**

This collected information from this upload file will be displayed in the *My Members Download*, *Enrolled Member Details Download* and the *Member Summary Report* (PDF). The contents of the *Consent File* download will not change.

Consent and Member Program Status Upload File (Formerly the Consent File)

Consent and Member Program Status Upload					
Field #	Field	Start Pos	Length	End Pos	Format
1	Record Type	1	1	1	Alpha (C, M, W, P, D, A, U, R)
2	Member ID	2	8	9	AA11111A, Alphanumeric
3	HH MMIS Provider ID	10	8	17	Numeric
4	Existing Start Date	18	8	25	MMDDYYYY, Numeric
5	New Start Date	26	8	33	MMDDYYYY, Numeric
6	End Date	34	8	41	MMDDYYYY, Numeric
7	Consenter	42	2	43	Numeric (01, 02, 03, 04, 05, 06)
8	Existing Consent Type	44	2	45	Numeric (01, 02, 03, 04)
9	New Consent Type	46	2	47	Numeric (01, 02, 03, 04)
10	Plan of Care Date	48	8	55	MMDDYYYY, Numeric
11	Member Program Type	56	2	57	Numeric (01, 02)
12	Member Program Start Date	58	8	65	MMDDYYYY, Numeric
13	Member Program End Date	66	8	73	MMDDYYYY, Numeric

We are expanding the file to add the ability for the HHs and CMAs to upload this file to create, modify and delete provider supplied program information (Early Intervention, and High-Fidelity Wraparound).

New Functionality to Collect and Display Early Intervention (EI) information

An update to the Consent Upload file (now the ***Consent and Member Program Status Upload***) will allow the MAPP worker to submit EI program information for an HHTS member.

- We recognize that some children may be enrolled in EI beyond their 3rd birthday. To capture these children, the system will automatically end an EI program record the day prior to the member's 4th birthday.
- The system will ensure that Program Status for type '01' (EI) can only be added to a member record that is before the member's 4th birthday.
- If the member is already 4, then the record needs to have the Member Program End Date (field #13) on or before their 4th birthday.

New Functionality to Collect and Display High Fidelity Wrap (HFW) information

An update to the Consent Upload file (now the Consent and Member Program Status Upload) will allow the MAPP worker to submit High Fidelity Wraparound (HFW) program information for an HHTS member.

- The system will ensure that Program Status for type '02' (HFW) can only be added to a member record that is before the member's 21st birthday.
- If the member is already 21, then the record needs to have the Member Program End Date (field #13) on or before their 21st birthday.
- The system will automatically end a HFW program record the day prior to the member's 21st birthday.

Add New Functionality to Flag C-YES Members from UAS

C-YES is the Children and Youth Evaluation Service, which is a statewide program that determines whether a child/youth (under age 21) is eligible for Home and Community Based Services (HCBS) for children who do not currently have Medicaid or for children who opt-out of the Health Home Serving Children's program.

The MAPP HHTS will now flag members whose most recent HCBS assessment was completed through C-YES. This purpose of this flag is to identify member's who either recently entered the Health Home program through C-YES or to flag member's who are eligible for HCBS services but have opted out of the Health Home program.

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/c-yes.htm

Add New Functionality to Flag C-YES Members from UAS

- This information is based upon a member's most recent HCBS assessment completed within the UAS
- This field will display on member-related screens (*My Members, Member CIN Search*) and will appear as a Y/N indicator on the following files:
 - CIN Search Download
 - My Members Download
 - Enrolled Member Details Download
- C-YES information processed for individuals not known to the HHTS will be displayed on the CIN Search screen only.

C-YES Shown on Screen

Member Search Report		
Member		Coverage Code Description
Generated On		Program Participation
Latest Address		Opt-Out Signature Date
Latest Phone		Opt-Out Submission Date
Medicaid End Date		Opt-Out Submitted by User
Assigned Health Home		Opt-Out Submitted by Organization Name
Enrolled Health Home		Pending Transfer Create Date
Managed Care Plan		Pending Transfer Effective Date
ACT Member	No	Pending Transfer Initiated By
CYES Member	Yes	
Coverage Code	01	

01-ALL BENEFITS (A)

Print Transfer-Out Member... Transfer-In Request...

Additionally, C-Yes information will be included in the *Program Type* section of the Member Summary Report (pdf.)

HCBS Member Billed Claims Download File

The new ***HCBS Member Billed Claims*** file can be downloaded by MCPs, HHs, and CMAs. This file will summarize HCBS claims and encounters submitted to Medicaid for the child members associated with the downloading provider within the past six months.

The ***HCBS Member Billed Claims*** file will include information such as:

- HCBS Service Date
- Rate code/Rate code description
- Billed provider ID
- Billed provider name

HCBS Member Billed Claims Download File

HCBS Member Billed Claims 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	County of Fiscal Responsibility Code	77	2	78	Numeric
6	County of Fiscal Responsibility Description	79	30	108	Alphanumeric
7	HH Name	109	40	148	Alpha
8	HH MMIS Provider ID	149	8	156	Alpha
9	CMA Name	157	40	196	Alphanumeric
10	CMA MMIS Provider ID	197	8	204	Numeric
11	MCP Name	205	40	244	Alphanumeric
12	MCP MMIS Provider ID	245	8	252	Numeric
13	Service Date	253	8	260	MMDDYYYY, Numeric
14	Rate Code	261	4	264	Numeric
15	Rate Code Description	265	50	314	Alphanumeric
16	Billed Provider Name	315	40	354	Alphanumeric
17	Billed Provider MMIS ID	355	8	362	Numeric

Update to the Program Filters on My Members & Assignments Screens

An update has been made to the following screens:

- My Members
- My assignments
- Manage Assignments

The new filters in the drop-down menu in the “Program” field on the screen will now include:

- C-YES
- Early Intervention (EI)
- High Fidelity Wraparound (HFW)

Update to the Program Filters on My Members & Assignments Screens

Referrals and Members | Inbox

My Members

Search is restricted to Members assigned to Department of Health.

Managed Care Plans

- None
- 03458546 - AETNA BETTER HEALTH - 03458546
- 03885701 - AETNA BETTER HEALTH FIDA PLAN - 03885701
- 04342307 - AFFINITY HEALTH PLAN-ENRICHED PLAN - 04342307
- 00477156 - AFFINITY HEALTH PLAN INC - 00477156
- 02802899 - AFFINITY HEALTH PLAN M/M - 02802899
- 03864495 - AGEWELL NEW YORK FIDA - 03864495

Select All | Deselect All

Health Homes

- 03449974 - ADIRONDACK HEALTH INSTITUTE INC - 03449974
- 00689703 - ALCOHOL & DRUG DEPENDENCY - 00689703
- 03005323 - BESTSELF BEHAVIORAL HEALTH INC - 03005323
- 00476022 - BRONXCARE HOSPITAL CENTER - 00476022
- 03520990 - CHAUTAUQUA COUNTY DEPARTMENT OF MH - 03520990
- 04277941 - CHUNYNY LLC - 04277941
- 04587495 - CHILDREN'S HEALTH HOME OF WNY INC. - 04587495

Select All | Deselect All

Care Management Agencies

- 02996490 - ABBOTT HOUSE INC - 02996490
- 01189019 - ACCESS: SUPPORTS FOR LIVING - 01189019
- 00635112 - ADDICTION CTR OF BROOME CNTY - 00635112
- 05436342 - ADIRONDACK HEALTH INSTITUTE INC - 05436342
- 06320965 - AHIVM INC - 06320965
- 01225456 - AIDS CENTER QUEENS CNTY AI - 01225456
- 02996601 - AIDS CENTER QUEENS COUNTY INC - 02996601

Select All | Deselect All

First Name: Last Name:

Min. Age (Years): Max. Age (Years):

County: Zip Code:

Member Status: Consent:

Segment: Segment Status:

Reason: Segment Begin Date: Segment End Date:

Program

- Adult Home
- Assertive Community Treatment (ACT)
- Assisted Outpatient Treatment (AOT)
- CYES
- Early Intervention (EI)
- HARP Eligible
- HARP Enrolled
- High Fidelity Wraparound (HFW)
- OMH HH+ Eligible

My Assignments Screen

Home Referrals and Members Inbox **My Assignments**

My Assignments

Search is restricted to Members assigned to Department of Health.
This screen displays those members assigned to your organization with no outreach or enrollment segment.

Managed Care Plans

- None
- 03458546 - AETNA BETTER HEALTH - 03458546
- 03885701 - AETNA BETTER HEALTH FIDA PLAN - 03885701
- 04342307 - AFFINITY HEALTH PLAN-ENRICHED PLAN - 04342307
- 00477156 - AFFINITY HEALTH PLAN INC - 00477156
- 02802899 - AFFINITY HEALTH PLAN M/M - 02802899
- 03864495 - AGEWELL NEW YORK FIDA - 03864495

Select All Deselect All

Health Homes

- 03449974 - ADIRONDACK HEALTH INSTITUTE INC - 03449974
- 03005323 - BESTSELF BEHAVIORAL HEALTH INC - 03005323
- 03520990 - CHAUTAUQUA COUNTY DEPARTMENT OF MH - 03520990
- 04277941 - CHHURY LLC - 04277941
- 04587495 - CHILDREN'S HEALTH HOME OF WNY INC - 04587495
- 03549144 - CHYHH INC - 03549144
- 03606902 - COMMUNITY CARE MANAGEMENT PARTNERS - 03606902

Select All Deselect All

Care Management Agencies

- 02996490 - ABBOTT HOUSE INC - 02996490
- 01189019 - ACCESS: SUPPORTS FOR LIVING - 0118
- 00635112 - ADDICTION CTR OF BROOME CNTY - 00
- 05436342 - ADIRONDACK HEALTH INSTITUTE INC -
- 06320965 - AHDVM INC - 06320965
- 02996601 - AIDS CENTER QUEENS COUNTY INC - 0:
- 01272031 - AIDS COMMUNITY RESOURCES A1 - 012

Select All Deselect All

Member Information

First Name: Last Name: Gender:

Min. Age (Years): Max. Age (Years):

County: Zip Code: Program: Language:

Assignment Information

MCP Assignment Status: Assignment Source: Created By:

HH Assignment Status: Min Created Date: Suggested Alt HH Assignment:

CMA Assignment Status: Max Created Date: DOH Recommended HH:

CIR Details

- Adult Home
- Assertive Community Treatment (ACT)
- Assisted Outpatient Treatment (AOT)
- CYES
- Early Intervention (EI)
- HARP Eligible
- HARP Enrolled
- High Fidelity Wraparound (HFW)
- OMH HH+ Eligible

Manage Assignments Screen

Home Referrals and Members Inbox

Manage Assignments

Manage Assignments

This screen displays either assignments or referrals that require action from your organization.
 Selecting all selects only the records displayed on this page.

Managed Care Plan Health Home Care Management Agency

First Name: Last Name: Member Population:
 Min. Created Date: Max. Created Date: Record Type:
 Min. Age: Max. Age: County:
Program Language: Status:

Program

- Adult Home
- Assertive Community Treatment (ACT)
- Assisted Outpatient Treatment (AOT)
- CYES
- Early Intervention (EI)
- HARP Eligible
- HARP Enrolled
- High Fidelity Wraparound (HFW)
- OMH HH+ Eligible

CDM Details
 CDM
 Delimiter

Change to the HML Question on Screen

There has been a change to the wording on the HML assessment screen relating to member incarceration. The current question wording asks, “Was the member incarcerated within the past year?”

The updated question wording will display as, “**Was the member recently incarcerated?**” This update to the language **does not** change the billing logic for the HML or the HH policy regarding re-engagement for enrolled HH members.

The current HML Billing Logic and HML Billing Flow can be found on the MAPP section of the Health Home program website, https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm, under the heading *Health Home Tracking System*.

**All Health Home policy questions should be directed to the DOH Health Home Team (contact information on last slide).

Changes to the Member Summary Report

The changes made to the *Member Summary Report (.pdf)* will make the report easier to read for the user and include valuable added information.

The following changes have been made:

- Eliminated unnecessary spaces
- Left justified the data
- Added repeating table names in the header when table spans multiple pages
- Added data fields in the Program Type section of the report for the following program information:
 - Early Intervention flag
 - High Fidelity Wrap flag
 - C-YES information
- Added a redirection to the download screen when clicking on the member summary report link

Changes to the Member Summary Report

MAPP user will be redirected when downloading the report. After clicking, the user will now be taken to the Download files screen (confirms the action is in process) to download the Member Summary Report (.pdf).



Search Results

File ID	File Name	File Type	Requested By	Generated On	File Status
123456	225_MemberSummary_20220204.pdf	Member Summary Report	MAPP User 1	2/4/2022 03:01 PM	Processed 

Re-formatting the Member Summary Report (.pdf)

Current ACT/AOT/HARP and Other Statuses

Current Document

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		
OMH HH+ Eligible	N		

Current Program Statuses

New Document

Program Type	Status	Start Date	End Date
Adult Home	Y	7/30/2001	
Assertive Community Treatment (ACT)	N		
Assisted Outpatient Treatment (AOT)	N		
CYES	N		
Early Intervention	N		
HARP	N		
High Fidelity Wraparound	N		
OMH HH+ Eligible	N		

System Defect Resolution

- Assessment Download File fix: File will include all HCBS assessments with a finalized date within 12 months prior to the segment begin date.
- Correction to the 'Claim-related' field names in the BSD.

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
- 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
- Questions relating to the billing of transitioning Children's HCBS services should be submitted to the HHSC team at HHSC@health.ny.gov
- 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