



Department  
of Health

# **MAPP Health Home Tracking System Release 4.0 System Changes & Enhancements**

**Effective in MAPP HHTS July 24, 2022**

June 15, 2022

# MAPP HHTS Release 4.0 Webinar Agenda

*system changes will be implemented 7/24/22*

- Asking questions after webinar
- Website and File Specifications Document Update
- New HCBS Assessment Fee Billing Instance Type
- New End Date Reason Codes (HHSC only)
- New Provider Summary PDF report
- New fields on the Provider Relationship files
- New filters added to *My Members* screen
- Update MCP Display on the My Members screen
- My Members Download File restructuring
- New file Segments Potentially Incompatible with HH Services
- New fields to include 'Date of Death' on Enrollment Download file and Member Summary Report

## Health Home Team Mailbox and LISTSERV

Health Home **policy** questions should be directed to the DOH Health Home Provider Line (518) 473-5569 or be submitted via the HH Team mailbox using the HH email web form: [https://apps.health.ny.gov/pubdoh/health\\_care/medicaid/program/medicaid\\_health\\_homes/mailHealthHome.action](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/mailHealthHome.action)



Contact the DOH Policy team mailbox for Health Home policy related questions

Health Home policy updates and program announcements are distributed through the Health Home LISTSERV. Sign up as shown below, to receive these notifications.

Click on the link on the HH website and follow the instructions on screen.

### Medicaid Health Homes LISTSERV

The purpose of the Health Home Listserv (HHomes-L) is to notify interested parties that new information has been posted on the Health Home website. The notices will alert subscribers to new information available on the Health Home website which will include: webinar announcements and materials, updated timelines, program updates, press releases and any other information of interest.

#### Subscribe

To subscribe send an email addressed to [listserv@listserv.health.state.ny.us](mailto:listserv@listserv.health.state.ny.us). In the body of the message, type:

SUBSCRIBE HHOMES-L YourFirstName YourLastName



# 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 screenshot shows the Medicaid Analytics Performance Portal (MAPP) website. The left sidebar contains a navigation menu with the following items: 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, 1915c Children's Waiver and 1115 Waiver, Health Homes Serving Individuals with Intellectual and/or Developmental Disabilities (HHIDD), Lead Health Home Resource Center, Managed Care Organizations, Medicaid Analytics Performance Portal (MAPP), and Performance Management. The main content area is titled "Medicaid Analytics Performance Portal (MAPP)" and includes a breadcrumb trail: "You are Here: Home Page > Medicaid Health Homes > Medicaid Analytics Performance Portal (MAPP)". Below the title is a description of the MAPP Health Home Tracking System (HHTS) and two buttons: "Expand All" and "Collapse All". The main content area is divided into several sections: "Health Home Tracking System", "Member Assignment and Enrollment", "Tracking System Updates and File Formats", "MAPP Webinars", and "Archive". Red boxes and arrows highlight specific elements: a red box around "Medicaid Analytics Performance Portal (MAPP)" in the sidebar with an arrow pointing to the text "MAPP HHTS related information is found on this section of the DOH Health Home Program website."; a red box around "Tracking System Updates and File Formats" with an arrow pointing to the text "The MAPP HHTS File Specifications Documents (Word and xls) can be found here"; and a red box around "MAPP Webinars" with an arrow pointing to the text "Recent and past webinars are located here and are organized by date and title".

The updated File Specs XLS document and File Specs MS Word document will be posted as soon as possible.

## New Specifications Excel Document Format

- The format of the file specifications excel document will change with this release.
- The new document will contain one master table containing all files, file fields, and formatting information. Below are the fields in this new document:
  - **File Name**, **File #** (*unique number assigned to each file*), **Field ID** (*unique identifier for each field: File # + Field #*), **Field #**, **Field Name**, **Start Pos**, **Length**, **End Pos**, **Format**, **Updated R 4.0?** ('Y' = field was updated during the release)
- This document is filterable. If you're interested in seeing the file specifications for the Billing Support Upload file, you would filter the **File Name** field to 'Billing Support Upload'
- This file will be posted to the MAPP HHTS website as described on slide 4

## New HCBS Assessment Fee Billing Instance Type

- A new **Billing Instance Type** value of 'H' will be created to support billing of the new children's HCBS assessment fee rate, pending CMA approval of this new rate.
- This new children's HCBS assessment fee billing instance (BI) will closely resemble the current CANS assessment fee BI logic. It will remain in the potential status on the BSD and providers will not need to *add* it to the system. This BI indicates that a provider is eligible to submit a claim for the children's HCBS assessment fee.
- This enhancement is dependent on the next UAS update, which will not go live until August 2022.
- Within the next month, a notification will be distributed via the HH Listserv explaining this enhancement and the associated new rate code 1875.



## New End Date Reason Codes (HHSC only)

The end date reason codes listed below (2 new) will be used to help manage members with K1 RE codes (*New codes cannot be used until updated guidance is issued by HHSC Policy Team - TBD*)

- Reason Code 56: Disenrolled from HH and HCBS
  - when child is disenrolled from Health Home and discharged from HCBS
- Reason Code 57: Disenrolled from HH only, continue HCBS
  - when child is disenrolled from Health Home and will continue with HCBS

The new end date reason codes are only accepted if member is enrolled in a Children's segment ('C').

If the new end codes are used on an Adult ('A') segment an error message will display, "The End Date Reason is restricted to child-segment only"

## New Provider Summary PDF report

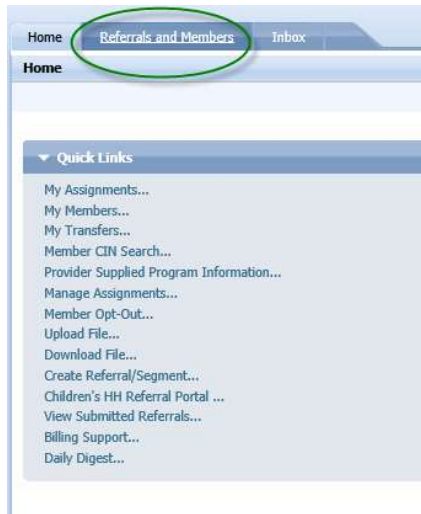
Managed Care Plan (MCP), Health Home (HH) and CMA (CMA) Workers and Read Only users can generate a Provider Summary pdf report format.

The Provider Summary PDF can be used to provide a quick “snapshot” of basic information such as; number of active or pending segments and assignments, number of Adults and Children being served, number of AOT, ACT, CYES, EI, HFW members, the counties served, active relationship information, and the current MAPP users able to access the system under your organization.

The information summarized in this report is current as of file generation.



# Accessing the Provider Summary PDF



# Accessing the Provider Summary PDF



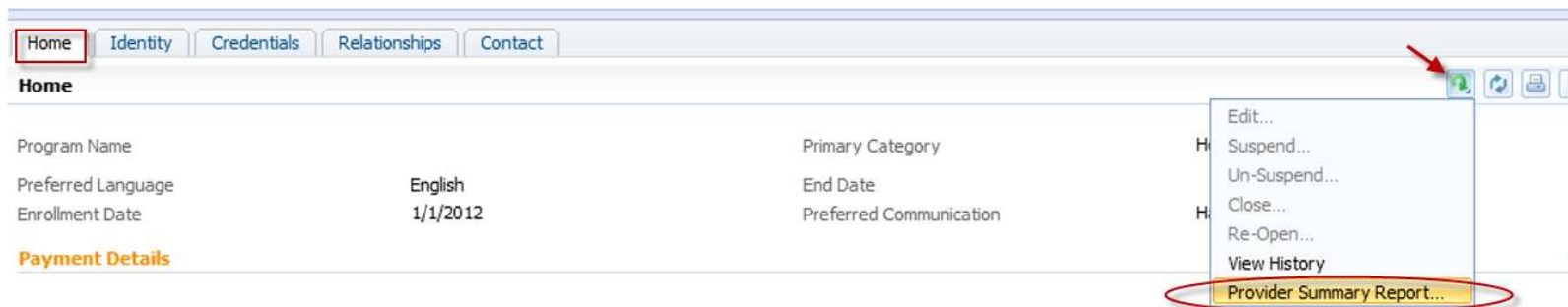
Home Referrals and Members Inbox

Search File Downloads x My Providers x

**My Providers**

Reference	Name	Primary Category	Address	Status
<a href="#">01234567</a>	Health Home Name	Health Home	101 Health Home Way, Sunny Town, NY 12345	Approved

Click on the MMIS ID hyperlink to launch the provider home screen.



Home Identity Credentials Relationships Contact

**Home**

Program Name		Primary Category	
Preferred Language	English	End Date	
Enrollment Date	1/1/2012	Preferred Communication	

**Payment Details**

- Edit...
- Suspend...
- Un-Suspend...
- Close...
- Re-Open...
- View History
- Provider Summary Report...**

## New Provider Summary PDF report continued

The system will then redirect you to the *File Download* page to wait for the PDF. It may take about 5 minutes to process. You can move to another screen within the system while the PDF is processed.

At this time, a user can only access the Provider Summary PDF for the user's provider. A user cannot request another provider's report.

If a provider uses the same MMIS Provider ID as both a HH and a CMA, the system will automatically create two PDFs, one for the HH and one for the CMA.

# PDF Summary Report Sample

<b>Name:</b>	Health Home 123	<b>Provider Category:</b>	Health Home
<b>Begin Date:</b>	1/1/2012	<b>End Date:</b>	
<b>Provider MMIS ID:</b>	01234567	<b>Provider Types:</b>	HHSA   HHSC

## Segment/Population Summary

Current Segments	Count of Members	% of all Segments
Active Enrollment	3232	94.59%
Pended	65	1.90%
Pending Active	0	0%
Pending Closed	0	0%
Pending Canceled	0	0%
Pending Pended	0	0%
Outreach	120	3.51%

## Provider Enrollment Break Down

Enrollment Breakdown	Count of Members	% of Active Enrollment Segments
Adult Program	2926	90.53%
Children's Program	306	9.47%
Members under 21	347	10.74%
OMH HH+ Eligible	132	4.08%
Recent HH+ Claim or Encounter	134	4.15%

## New fields on the Provider Relationship files

- The following relationship files will contain new fields containing counts of members associated with the listed provider relationship in the enrollment segment status types in addition to summarizing the providers' active MAPP user role information:
  - The **Provider Relationship Download** File (data is specific to the user that is downloading file and contains BOTH active and closed connections)  
NOTE: The member count fields will not be populated for MCPs that are downloading this file for their organization.
  - The **HH CMA Relationship Download** file (contains all ACTIVE relationships that are in the HHTS, between HHs and CMAs and data is not specific to the user downloading the file). This download file is available to all HHTS users in the MAPP Worker or Read Only roles.

## New fields on the Provider Relationship files

- The new count fields (excluding the **CMA Active Enrollment** field) contain the number of members in the specific segment status for the record relationship.
- The **CMA Active Enrollment** field will always contain the CMA's total enrollment across all HHs. The purpose of this field is for a HH to see the CMA's total enrollment outside of that HH.
- If CMA 1 has 100 actively enrolled members, 25 enrolled in HH 2 and 75 enrolled in HH 3, the following will be listed in the file:

Record Relationship	Active Enrollment	CMA Active Enrollment
HH 2 / CMA 1	25	100
HH 3 / CMA 1	75	100

# New fields on the Provider Relationship files

## Provider Relationship Download File

Provider Relationship Download File					
Field #	Field	Start Pos	Length	End Pos	Format
1	Managed Care Plan	1	40	40	Alpha
2	MCP MMIS ID	41	8	48	Numeric
3	Health Home	49	40	88	Alpha
4	HH MMIS ID	89	8	96	Numeric
5	Care Management Agency	97	40	136	Alpha
6	CMA MMIS ID	137	8	144	Numeric
7	Begin Date	145	8	152	MMDDYYYY, Numeric
8	End Date	153	8	160	MMDDYYYY, Numeric
9	Relationship Status	161	8	168	Alpha
10	Reason	169	40	208	Alphanumeric
11	Auto Approval	209	3	211	Alpha (Y/N)
12	Direct Bill Override	212	3	214	Alpha (Y/N)
13	HH+ Flag	215	3	217	Alpha (Y/N)
14	HH+ Flag Start Date	218	8	225	MMDDYYYY, Numeric
15	HH+ Flag End Date	226	8	233	MMDDYYYY, Numeric
16	Active Enrollment	234	6	239	Numeric
17	Closed Enrollment	240	6	245	Numeric
18	Pended Enrollment	246	6	251	Numeric
19	Pending Canceled Enrollment	252	6	257	Numeric
20	Pending Pended Enrollment	258	6	263	Numeric
21	Pending Closed Enrollment	264	6	269	Numeric
22	Pending Active Enrollment	270	6	275	Numeric
23	CMA Active Enrollment	276	6	281	Numeric
24	MCP Gatekeeper Role	282	3	284	Numeric
25	MCP Worker Role	285	3	287	Numeric
26	HH Gatekeeper Role	288	3	290	Numeric
27	HH Worker Role	291	3	293	Numeric
28	CMA Gatekeeper Role	294	3	296	Numeric
29	CMA Worker Role	297	3	299	Numeric

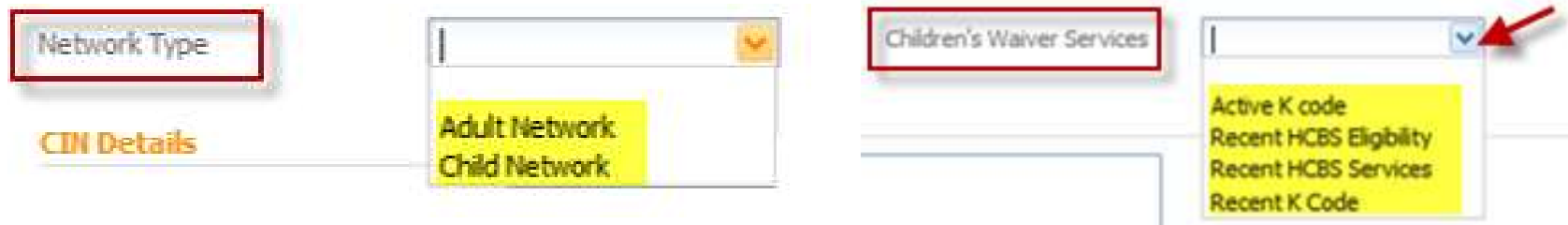
## HH-CMA Relationship Download

HH CMA Relationship Download					
Field #	Field	Start Pos	Length	End Pos	Format
1	HH MMIS Provider ID	1	8	8	Numeric
2	HH Name	9	40	48	Alphanumeric
3	CMA MMIS Provider ID	49	8	56	Numeric
4	CMA Name	57	40	96	Alphanumeric
5	HH-CMA Relationship From Date	97	8	104	MMDDYYYY, Numeric
6	HH+ Flag	105	3	107	Alpha
7	HH+ Flag Start Date	108	8	115	MMDDYYYY, Numeric
8	HH+ Flag End Date	116	8	123	MMDDYYYY, Numeric
9	HH Provider Type	124	40	163	Alphanumeric
10	CMA Provider Type	164	225	388	Alphanumeric
11	Active Enrollment	389	6	394	Numeric
12	Closed Enrollment	395	6	400	Numeric
13	Pended Enrollment	401	6	406	Numeric
14	Pending Canceled Enrollment	407	6	412	Numeric
15	Pending Pended Enrollment	413	6	418	Numeric
16	Pending Closed Enrollment	419	6	424	Numeric
17	Pending Active Enrollment	425	6	430	Numeric
18	CMA Active Enrollment	431	6	436	Numeric
19	MCP Worker Role	437	3	439	Numeric
20	HH Gatekeeper Role	440	3	442	Numeric
21	HH Worker Role	443	3	445	Numeric
22	CMA Gatekeeper Role	446	3	448	Numeric
23	CMA Worker Role	449	3	451	Numeric

## New Filters Added to the My Members Screen

New drop-down fields added to the My Members screen:

- Adult / Child Network Type. Can select:
  - Adult Network
  - Child Network
- Children's Waiver Services (active K code, recent HCBS C/E)
  - Active K code - members with an Active K1 code
  - Recent HCBS Eligibility - members with a HCBS claim or encounter within the last 6 mo.
  - Recent K Code - K1 within the last 6 mo.
  - Recent HCBS Services - assessment within the last 12 mo.





# Update MCP Display on the My Members Screen

This release will change the logic used when associating a member to a Managed Care Plan on the *My Members* screen.

When an MCP user interacts with the *My Members* screen, or if a non MCP user selects an MCP on the screen, the screen will limit the resulting records to only those members that are currently enrolled with that Managed Care Plan. Previously the screen would return records that overlapped with a member's plan connection, even if that member is no longer enrolled in the Plan. This also applies to any My Member Download files requested by a user.

The Enrollment Download, when requested by an MCP user, will continue to include all segments that overlap at least one day with the member's enrollment in the user's MCP.

## My Members Download File Restructuring

The My Members Download file has been completely restructured to better organize information, remove obsolete fields, and to add new member program indicator fields.

The previous file split HH MMIS ID and HH Name into four different fields. The new format contains one field for all HH names and one field for all HH MMIS Provider IDs.

Please note that this file format has been completely updated.

# My Members Download File Specifications

My Members Download File					
Id #	Field	rt Po	Length	End Pos	Format
1	Member ID	1	8	8	Numeric
2	First Name	9	30	38	Alpha
3	Last Name	39	30	68	Alpha
4	Date of Birth	69	8	76	MMDDYYYY, Numeric
5	Gender	77	1	77	Alpha (M,F)
6	Member Age	78	3	80	Numeric
7	Date of Death	81	8	88	MMDDYYYY, Numeric
8	Medicaid Eligibility End Date	89	8	96	MMDDYYYY, Numeric
9	Address 1	97	40	136	Alphanumeric
10	Address 2	137	40	176	Alphanumeric
11	City	177	40	216	Alpha
12	State	217	2	218	Alpha
13	Zip	219	9	227	Numeric
14	Phone	228	10	237	Numeric
15	County of Fiscal Responsibility Code	238	2	239	Numeric
16	County of Fiscal Responsibility Description	240	30	269	Alpha
17	Language	270	40	309	Alpha
18	HH Name	310	40	349	Alphanumeric
19	HH MMIS Provider ID	350	8	357	Numeric
20	CMA Name	358	40	397	Alphanumeric
21	CMA MMIS Provider ID	398	8	405	Alphanumeric
22	MCP Name	406	40	445	Numeric
23	MCP MMIS Provider ID	446	8	453	Numeric
24	Segment Type	454	1	454	Alpha (Q,E,Blank)
25	Segment Status	455	20	474	Alpha (Active, Closed, Hiatus, Pended, Canceled, Pending Active, Pending Closed, Pending Pended, Pending Canceled)
26	Assignment Created Date	475	8	482	MMDDYYYY, Numeric
27	Consent Date	483	8	490	MMDDYYYY, Numeric
28	Begin Date	491	8	498	MMDDYYYY, Numeric
29	End Date	499	8	506	MMDDYYYY, Numeric
30	End Date Reason	507	60	566	Alphanumeric
31	Segment End Date Reason Category Description	567	40	606	Alphanumeric
32	Pend Reason Code Description	607	40	646	Alphanumeric
33	Most Recent HH Rate Code	647	4	650	Numeric
34	Most Recent HH Service Date	651	8	658	MMDDYYYY, Numeric
35	MCP Type	659	10	668	Alphanumeric
36	OMH HH+ Eligible	669	1	669	Alpha
37	AOT Member	670	1	670	Alpha
38	ACT Member	671	1	671	Alpha
39	EI Member	672	1	672	Alpha
40	C-YES Member	673	1	673	Alpha
41	HFW Member	674	1	674	Alpha
42	HARP	675	2	676	Alpha (Blank, EL, or EN)
43	Impacted Adult Home Member	677	1	677	Alpha (Y,N)
44	Active K1 Code	678	1	678	Alpha (Y,N)
45	Recent K1 Code	679	1	679	Alpha (Y,N)
46	Recent Child HCBS Services	680	1	680	Alpha (Y,N)
47	Recent Child HCBS Eligibility	681	1	681	Alpha (Y,N)

## New file: Segments Potentially Incompatible with HH Services

MAPP MCP, HH, and CMA users will be able to download this file and view their organization's segments that are potentially incompatible with health home services. The purpose of this file is to highlight **enrolled** members that *may* need to be disenrolled from the HH program or *may* need their Medicaid enrollment, RE codes, or Coverage Codes updated.

More detailed information is available in **Appendix L** of the *File Specifications Document* with links to resources for determining if a member is eligible/appropriate for the Health Home Program, such as:

- Eligibility Requirements and Eligibility Criteria for HH Services
- Coverage Code Compatibility with HH Program
- Recipient R/E Compatibility with HH Program

## Segments Potentially Incompatible With HH Services

This file can be accessed from the File Download screen

Download Files. ? x

\*required field

File Name: Segments Potentially Incompatible With HH Services

File Format: Comma Separated Values (.csv)

Zip Download File:

Download Cancel

Segments Potentially Incompatible With HH Services 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	Date of Death	77	8	84	MMDDYYYY, Numeric
6	Segment Type	85	1	85	Alpha
7	Segment Status	86	20	105	Alpha
8	Begin Date	106	8	113	MMDDYYYY, Numeric
9	HH Name	114	40	153	Alpha
10	HH MMIS Provider ID	154	8	161	Alpha
11	CMA Name	162	40	201	Alpha
12	CMA MMIS Provider ID	202	8	209	Alpha
13	MCP Name	210	40	249	Alpha
14	MCP MMIS Provider ID	250	8	257	Alpha
15	MCP Type	258	20	277	Alpha
16	Mainstream v/s Non-Mainstream	278	20	297	Alpha
17	MCP Start Date	298	8	305	MMDDYYYY, Numeric
18	MCP End Date	306	8	313	MMDDYYYY, Numeric
19	MCP Incompatible	314	1	314	Alpha
20	Medicaid Coverage Code	315	2	316	Alpha
21	Medicaid Coverage Code Description	317	40	356	Alpha
22	Medicaid Effective Date	357	8	364	MMDDYYYY, Numeric
23	Medicaid Eligibility End Date	365	8	372	MMDDYYYY, Numeric
24	Medicaid Coverage Code Incompatible	373	1	373	Alpha
25	Medicaid Recipient Exemption Code Incompatible	374	1	374	Alpha
26	Incompatible Medicaid Recipient Exemption Code	375	40	414	Alpha
27	Medicaid Recipient Exemption Code Begin Date	415	8	422	MMDDYYYY, Numeric
28	Medicaid Recipient Exemption Code End Date	423	8	430	MMDDYYYY, Numeric
29	ACT Member	431	1	431	Alpha

## New fields to Include Date of Death

New fields to include Date of Death on the following files:

- Enrollment Download file (field #47)
- My Members Download File (field #7)
- Segments Potentially Incompatible with HH (field #5)
- Member Summary Report PDF (next slide)

The ***system*** will end the assignments (without an associated O or E segment), when the member is deceased.

The ***provider*** will need to end the O or E segment, with the appropriate end date.

# Member Summary Report PDF – Date of Death

## Member Summary

### Basic Information from Person Record

Member Name and CIN:		Assigned Health Home:	
DOB:		Enrolled Health Home:	
DOD:	10/18/2021	Enrolled Care Management Agency:	
Gender:	Female	Managed Care Plan:	
Latest Address:		Coverage Code:	
Latest Phone:		Coverage Description:	
Medicaid End Date:	10/18/2021		

### Current Program Statuses

Program Type	Status	Start Date	End Date
Adult Home	N		
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

- Issue: When a pending segment was ended in the future, the defect resulted in the segment becoming active. This will be fixed in Release 4.0 to close the segment on the appropriate date.
- Issue: An onscreen and file error that said 'No results found' when a certain combination of programs were chosen when downloading the Member Program Status File. This will be fixed in Release 4.0.



## 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](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](mailto: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](mailto:HHSC@health.ny.gov)