MAPP Health Home Tracking System Best Practices and Quality Assurance Webinar Series: *Billing Support Files*

Utilizing the Billing Support Files

May 23rd 2019

Topics Covered

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DOWNLOADING THE BILLING SUPPORT DOWNLOAD FILE

Downloading and Formatting a .csv file

- Please follow the link below for step by step instructions describing how to download a .csv file from the MAPP HHTS, how to save it as an excel workbook, and how to apply basic formatting to the file.

Downloading and Formatting a file

Billing Support Download Search Criteria – Service Date

- This search will return a file that has all the billing instances currently in the system for the service dates that you have selected.

- This file is limited to a six month period.

- You will still be able to view the latest transaction for the service dates included in your downloaded file by filtering the **latest transaction indicator** field to 'Y'.
  - The drawback to this is that you may miss a newly added/voided billing instance (BI) that has a service date outside the search criteria you selected.
  - For example on 6/30/2017, I download my BSD with a DOS range from 1/1/2017 to 6/30/2017, but on 6/5/2017 a member's HML was completed for a 11/1/2016 service date. This newly added billing instance will not appear in the 6/30/17 download.

Billing Support Download Search Criteria – Last Transaction Date

- This search will return a file that has all the billing instances currently in the system for the transaction dates that you have selected.

- This file will include both Y and N indicators in the **latest transaction field**.

  - For example a BI with a 5/1/2017 DOS was added on 6/1/2017. On 6/15/2017 this BI was voided. When I download the BSD with a last transaction date of 6/1/2017-6/30/2017 both of these BIs display, but only the 6/15/2017 has a Y in the latest transaction indicator field.

  - For example if you would like to see what has been added between 4/1/19 and 5/22/19 you could download a file with Last Transaction from 4/1/19 and 5/22/2019. This could include DOS prior to 4/1/19 if there was an update made between the date ranges you selected.

Download Files.

* required field

File Name: Billing Support Information Download

File Format: Comma Separated Values (.csv)

Select Search Criteria (Search is restricted to a maximum of a 6 month date range)

Search By: Service Date
- Service Date
- Last Transaction Date

From Date:

To Date:

Download   Cancel

HELPFUL FIELDS ON THE BSD FILE

BSD – Add/Void Indicator

- Whenever there is a member within the MAPP HHTS that could ***potentially*** have a health home service a ***potential billing instance*** is added to the BSD. This occurs when a member has an outreach or enrollment segment that could result in a billable health home service.
  - In addition to having a segment the system looks to any pend statuses, RE codes, coverage codes, Medicaid eligibility, CANs completion etc to determine if the member could have a potentially billable health home service for a certain service date.
  - If the system determines that the member could potentially have a billable health home service but no questions have been responded to by the provider, the member has a potential billing instance on the BSD. This is indicated by a **blank value** in *column A* (A/V indicator).

- When responses to a Billing questionnaire (outreach/children's/HML) are recorded in the system the system '**Adds**' the billing instance and appropriate rate code based on the question responses. This is indicated by an '**A**' in *column A*.

- When responses are deleted the system voids the Billing questionnaire and records this in the system by adding a '**V**' in *column A*.

	A	B	C	D	E	F	G	H	I	J
1	Add/Void Indicator	Membe	Service	Health	Billing	Membe	Manage	Adjuste	Diagno	Medica
2		AA12345A	03012019	03559515	E			6.1790		N
3	A	BB12345B	04012019	03559515	E			6.1790		N
4	V	CC12345C	05012019	03559515	E			6.1790		N
5		DD12345D	03012019	03559515	E	97				Y

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BSD – General Information Fields

- *Column C* **'Service Date'** displays the date of service that the potential, added or void billing instance is for.

- *Column E* **'billing instance Type'** indicates which type of Health Home Service was provided
    - **'E'** = Enrollment
    - **'O'** = Outreach
    - **'F'** = First Time Cans Assessment Fee

- *Column CB* **'Provided Service Indicator'** indicates if the member is being served as a child **('C')** or adult **('A')**
    - Please note that for outreach segments both the child and adult rate are the same; therefore, anyone under 21 in outreach will have a 'C'. Enrollment segments are determined by age and the selection made when creating the segment.

BSD – Responses to billing questionnaire

- *Columns AB – BA, BW-CA, and CC* display the responses the uploading provider made to the billing questionnaire.
  - The actual columns that contain data are different based on billing questionnaire type and month.
    - Outreach BIs for adults and children contain fewer responses than adult enrollment BIs.
    - Enrollment BIs for children also contain less responses then an adult BI since the CANs-NY Assessment, not the MAPP HHTS HML, determines the child's acuity rate.
    - Since 5/1/2018, providers have the option to upload a limited HML for the 5 months following a full HML. These limited HMLs provide less information as the first months full HML locks in a HML rate until the member's level of service has changed.

  - A voided billing questionnaire will display the text that was uploaded in the originally added questionnaire.

  - *Columns BB-BD* display the rate code, rate code description and rate code amount that the MAPP HHTS determined should be billed for the member based on the responses to the billing questionnaire and other information about the member.

BSD – Claims Feedback Loop

- The BSD file displays Claims Feedback information from Medicaid in *Columns BE-BP*
  - Currently the feedback loop only includes claims information submitted to eMedNY, but as of Release 3.1 (scheduled July 3rd 2019) this will also include encounter information submitted to DOH by Managed Care Plans.

- These data can be used to see if a claim was paid **('Claim Status'),** confirm that the paid claim matches what is in MAPP HHTS **('Paid Claim Rate Code equals MAPP HML Rate Code'),** see when the claim was paid/denied **('Date of Transaction')**, and who paid the claim **('Paid Claim Provider Name')**.

- Providers can utilize these data to see where an upstream provider is in the reimbursement process, if there were any issues with a denied claim or if something was billed incorrectly.

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BSD – MCP Information

- The BSD file displays MCP information for a member in *Columns G and S*
  - If these fields are blank the member is a Fee For Service member and the HH should submit any claims for the member and date of service directly to Medicaid
  - If these fields are populated one should review the MMIS ID and MCP name information to determine if the MCP is mainstream or non-mainstream
    - Non-mainstream – HH should submit the claim directly to Medicaid
    - Mainstream – HH should submit an 837i to the MCP

BSD – Upstate/Downstate Rate Determination

- The BSD displays the **Rate Amount** (*column BD*)
  - The system determines the rate amount by looking at the **Member Fiscal County Code** *(column F)* and the **Rate Code** *(Column BB)*
  - The rate amount will display the upstate rate for members with an upstate county of fiscal responsibility and a downstate rate for members with an upstate county of fiscal responsibility.
  - In rare instances the member's county of fiscal responsibility does not compute to a physical county in this case MAPP HHTS defaults the rate to upstate

- At times the rate amount displayed should not be the rate billed. Use the chart on the next slide to determine what rate amount should be billed

MCP/FFS	Member's County of Fiscal Responsibility	Rate Displayed in MAPP HHTS	Location where HH served the member	Rate to Bill at
FFS	Upstate	Upstate	Upstate	Upstate
FFS	Downstate	Downstate	Upstate	Upstate
FFS	Downstate	Downstate	Downstate	Downstate
FFS	Upstate	Upstate	Downstate	Downstate
FFS	Non-physical	Upstate	Upstate	Upstate
FFS	Non-physical	Upstate	Downstate	Downstate
MCP	Upstate	Upstate	Upstate	Upstate
MCP	Downstate	Downstate	Upstate	Downstate
MCP	Downstate	Downstate	Downstate	Downstate
MCP	Upstate	Upstate	Downstate	Upstate
MCP	Non-physical	Upstate	Downstate	Plan determines based on member info
MCP	Non-physical	Upstate	Downstate	Plan determines based on member info

BSD File – Last Transaction Fields

The BSD file contains a field entitled **'Latest Transaction'** *column BS*

- This field identifies the most recent of a member's billing transactions for a specific date of service.

The **'Insert Date'** always populates with the date that the billing instance was first created

- For example - A member had an potential billing instance for 3/1/19. On 3/8/19, the worker entered the supporting segment into the system. On 3/30/19 he completed the HML. On 4/15/19 he realized that he responded to a question incorrectly and therefore voided the HML. On 4/20/19 he re-added the correct HML.

Download Date	Latest Transaction	Insert Date	Last Transaction Date and Time
3/15/19	Potential Billing instance	03082019	0308201900:00:00
4/4/2019	Added billing instance	03082019	0330201910:44:18
4/18/2019	Voided billing instance	03082019	0415201909:10:22
4/22/2019	Added billing instance	03082019	0420201918:01:55

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UTILIZING THE BSD FILE

Finding newly added billing instances

- Filter *Column A* (**'ADD/Void Indicator'**) to **"A"** to locate all the Added billing instances

- Filter *Column BQ* (**'Latest Transaction'**) to **"Y"** to locate each latest transaction

- Filter *Column C* (**'Service Date'**) to the dates you would like to focus on (for example 4/1/16 to current to determine if all members have a completed HML)

- HML answers are populated in columns AF-AS
  - Filter AR (**'Core Service Provided'**) to **"Y"** *
  - At this point *column BC* (**'Rate Code Description'**) and *Column BD* (**'rate amount**') will show the rate code and amount that was calculated by the system based on the responses submitted when the BI was added.

* Be sure to also review special population questions. When one responds yes to both the special population question and that minimum services were met for ACT, Aot and Exp HH+ Core service is not required

Finding newly voided billing instances

- Filter *Column A* (**'ADD/Void Indicator')** to **"V"** to locate all the voided billing instances

- Filter *Column BQ* (**'Latest Transaction')** to **"Y"** to locate each latest transaction

- Filter *Column C* (**'Service Date')** to the dates you would like to focus on (for example 4/1/16 to current to determine if members have a voided HML)

Finding the latest transaction for a member/DOS

- Filter *Column BQ* ('**Latest Transaction')** to <u>**"Y"**</u> to locate each latest transaction
  - Be sure to think about the type of file you downloaded and the search criteria you used when using this field.

Utilizing the Claims Feedback loop

- Providers can use the Claims feedback loop to see if a claim has been paid or denied by Medicaid.
    - Providers can see why a claim was denied (*Columns BH-BL)* and work to correct any denied claims.
    - Providers can also review the Claims feedback loop to ensure that the claim that was submitted matches the rate code that MAPP HHTS calculated (*Column BP).*
    - Finally, providers can review the claims feedback loop to see if and when a claim has been paid when waiting for remittance advice.
- When encounters are included in Release 3.1, only paid encounters will be displayed in the feedback loop fields because only paid encounters are reported by Managed Care Plans to DOH.

THE BILLING SUPPORT UPLOAD FILE

The Billing Support Upload File

- The Billing Support Upload File (BSU) is used by HH and CMAs to attest to providing core services to a member for a specific date of service.

- Users respond to specific questions based on if the member being served is an adult or child and if they are in outreach or enrollment.

CHILD ENROLLMENT QUESTIONNAIRE

BSU File – Child Enrollment Questionnaire

- When submitting an Enrollment segment where the value in the Adult/Child Indicator on the segment is C, the following fields need to be completed:
  - **'Add/Void Indicator'** *Column A* – indicates if you are adding a new billing instance or voiding out one that has already been added
  - **Member ID** *Column B* – The ID of the member you are submitting a billing instance for
  - **Service Date** *Column C* - The date of service you are referencing in MMDDYYYY format
  - **Diagnosis Code** *Column D* – Free text field meant to hold ICD-10 codes indicting the child's diagnosis. This field is optional
  - **Pre-Conditions of member** *Column E* – Numeric Code indicating what qualifies the member for HH services
  - **Core Service Provided** *Column S* – Y/N indicates if a core service has been provided. Answering Y means the provider is attesting to providing the minimum monthly and face-to-face services based on the child's acuity score
  - **Child in Foster Care** *Column AC* – Y/N to indicate if the member is in foster care

ADULT HML

BSU File – Adult HML

- The HML or High, Medium Low Assessment asks the provider a series of questions that are used determine what Health Home rate tier a member falls into (Care Management, High Risk/High Need, Health Home Plus/Adult Home Plus).
  - The responses to the HML along with other known information about the member (HARP status, special population services etc) are used to determine the HML level which dictates what rate code the provider should use for billing.

- Providers must submit a full HML every 6 months as well as anytime a MAPP HHTS release makes updates to the HML logic in the system.

- During months 2-6 providers must submit a 'limited' HML. When submitting a limited HML, providers are responsible for submitting responses to certain questions attesting to the member's special population status (ACT/AOT/AH etc) and associated billable services. The responses to the HML specific questions from month 1 are brought forward and used in the rate calculation.

BSU File –HML Response

When completing a full or limited HML the following fields are always required:

- **'Add/Void Indicator'** (Column A) - An **'A'** adds a new billing instance, A **'V'** voids out a previously added billing instance

- **'Member ID'** (Column B)

- '**Service Date'** (Column C) – MMDDYYYY format

BSU File – HML Response

The below fields are only required on a full HML and don't have additional logic based on the response:

- **'Pre-Conditions of Member'** *(Column E)* – What qualifies the member for HH

- **'UAS Complexity Assessment'** (*Column AI*) – N/Y/U

- **'SUD'** *(Column R) – Y/N*

The next series of slides describe the remaining required and conditional fields in the HML

HML – Pre-Conditions of Member

Full HML – Required

Limited HML – Do Not Populate

Pre-Conditions of Member
(*Column E*)

02= Mental Health
04= Substance Abuse
06= Asthma
08= Diabetes
10= Heart Disease
12= Overweight
14= HIV/AIDS
16= Other *(*if other is selected Column F '**Description of Other'** must be completed)*
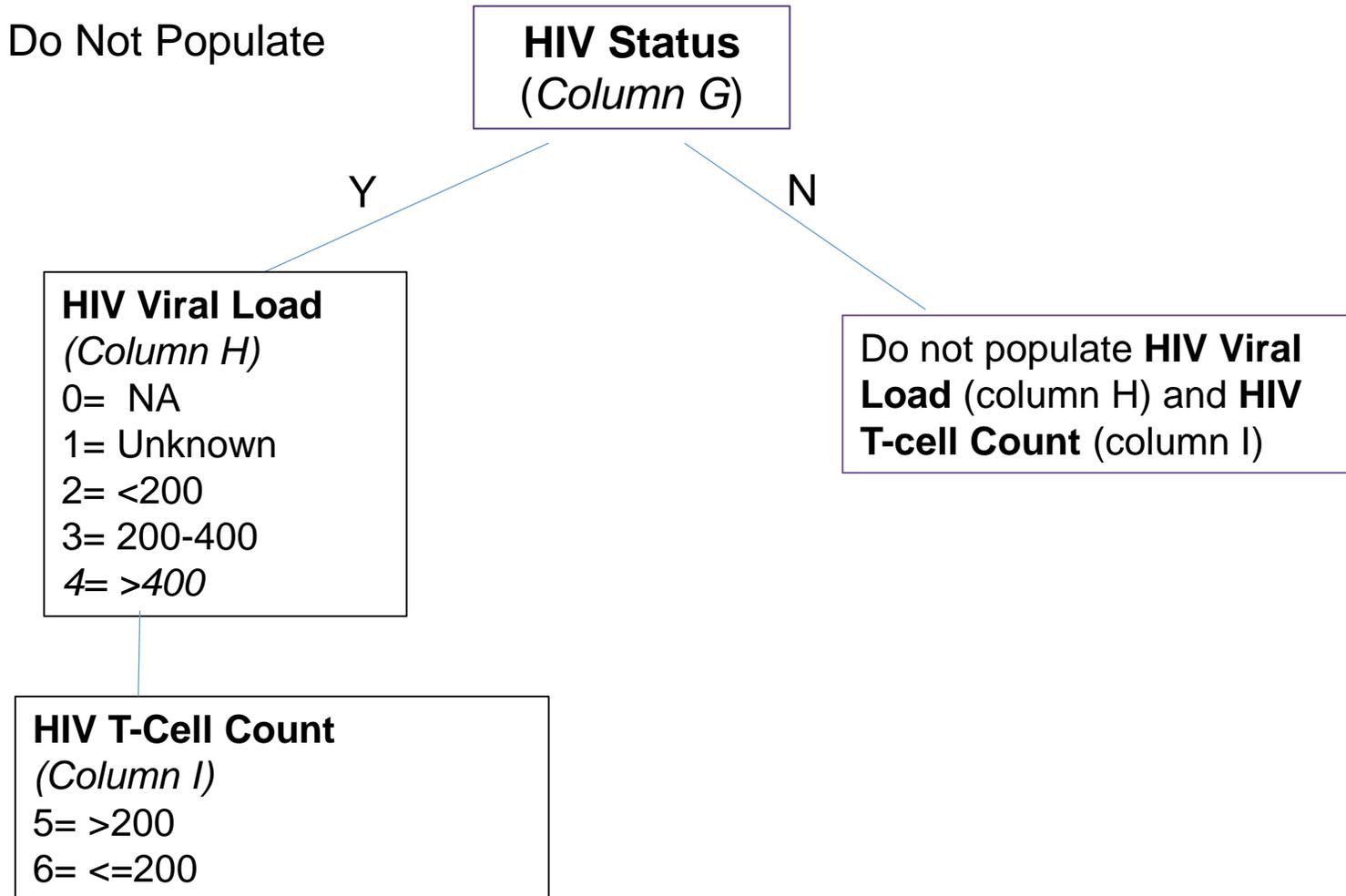20= SED/SMI
22= One or more DD conditions
28= Adult HCBS and other conditions

HML – HIV Status

Full HML – Required

Limited HML – Do Not Populate

HIV Status
(*Column G*)

Y   N

HIV Viral Load
(Column H)
0= NA
1= Unknown
2= <200
3= 200-400
4= >400

Do not populate **HIV Viral Load** (column H) and **HIV T-cell Count** (column I)

HIV T-Cell Count
(Column I)
5= >200
6= <=200

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Homelessness/Housing Status

Full HML – Required

Limited HML – Do Not Populate

Always leave **Member Housed** *(Column AE)* blank

Member Housing Status (Is the member homeless?) *(Column J)*

N

Y

HUD1 within last 6 mo question *(Column AD)* **Leave Column K blank, if Member Housing Status =N

Y

N

HUD Category *(Column K)*

1= Meets HUD Category 1: Literally Homeless Definition
2= Meets HUD Category 2: Imminent Risk of Homelessness Definition
*Leave Column AD blank, if Member Housing Status = Y
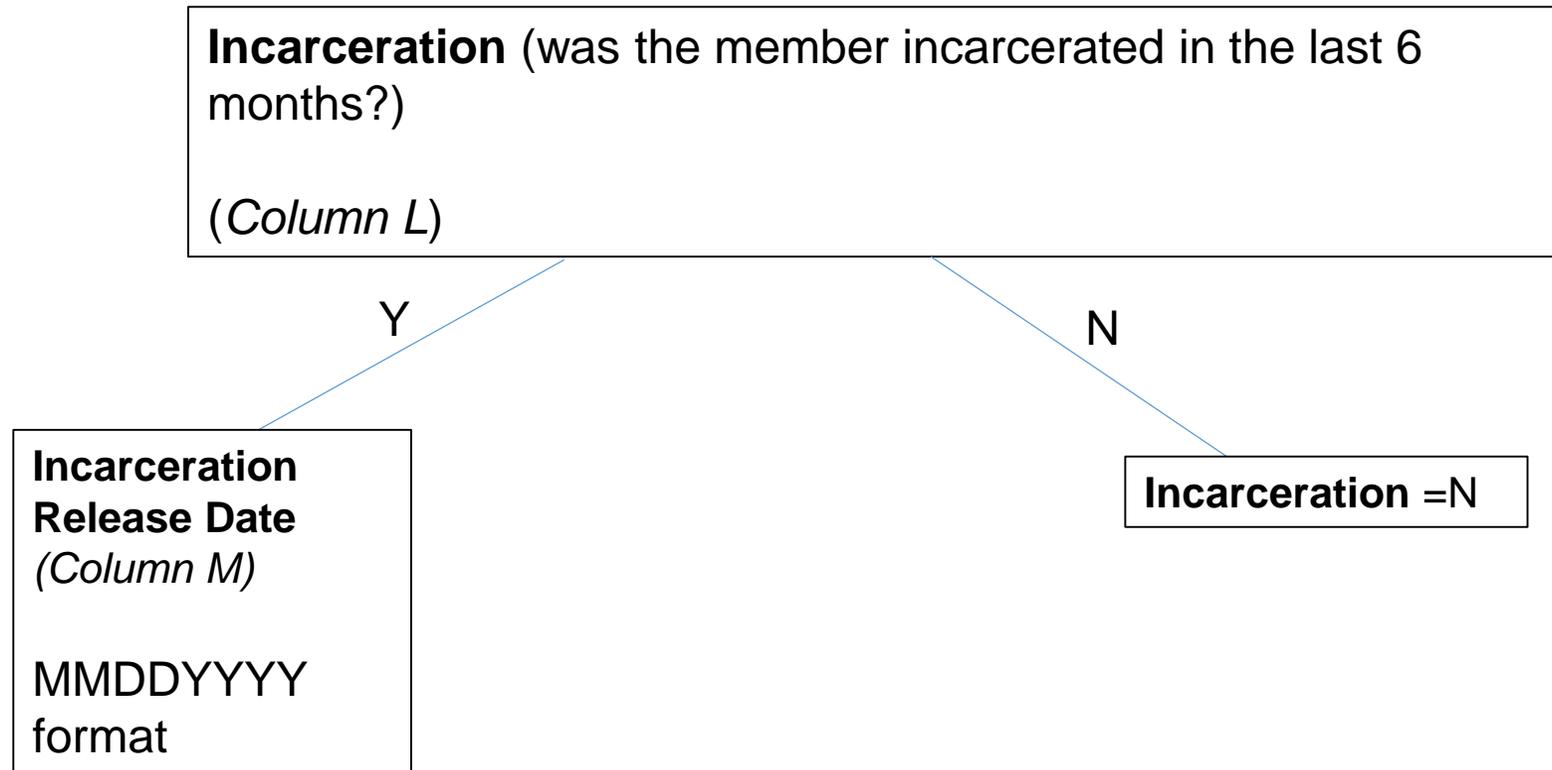
Date Member Housed *(Column AF)*

MMDDYYYY Format

HUD1 within last 6 mo = N
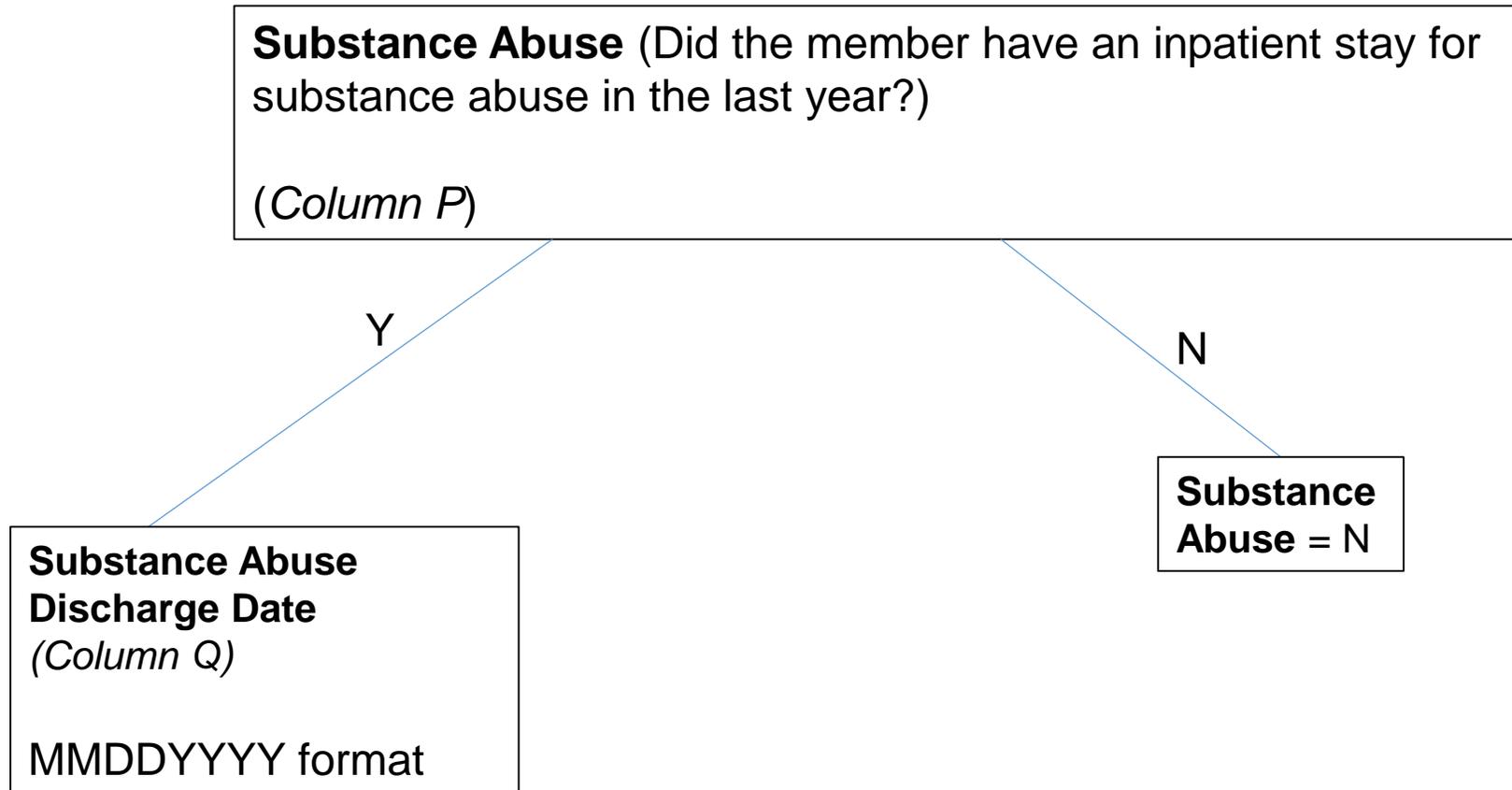
HML – Incarceration

Full HML – Required

Limited HML – Do Not Populate

Incarceration (was the member incarcerated in the last 6 months?)

(*Column L*)

Y

N

Incarceration Release Date *(Column M)*

MMDDYYYY format

Incarceration =N

HML – Substance Abuse

Full HML – Required

Limited HML – Do Not Populate

Substance Abuse (Did the member have an inpatient stay for substance abuse in the last year?)

(*Column P*)

Y

N

Substance Abuse Discharge Date
(Column Q)

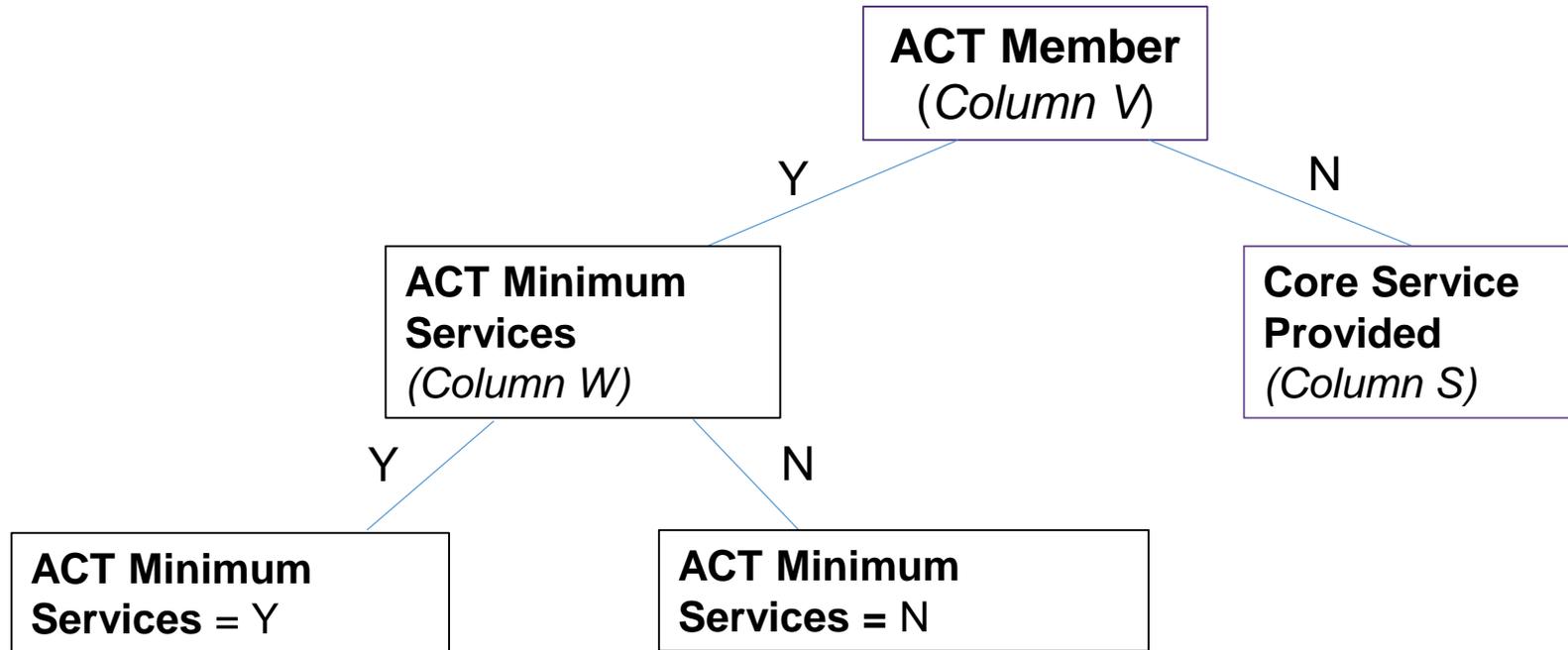MMDDYYYY format

Substance Abuse = N

HML – ACT Questions

Most CMAs are not ACT CMAs. These fields only pertain to ACT CMAs. Do not populate these fields unless the member is enrolled in a CMA identified as ACT in the MAPP HHTS.
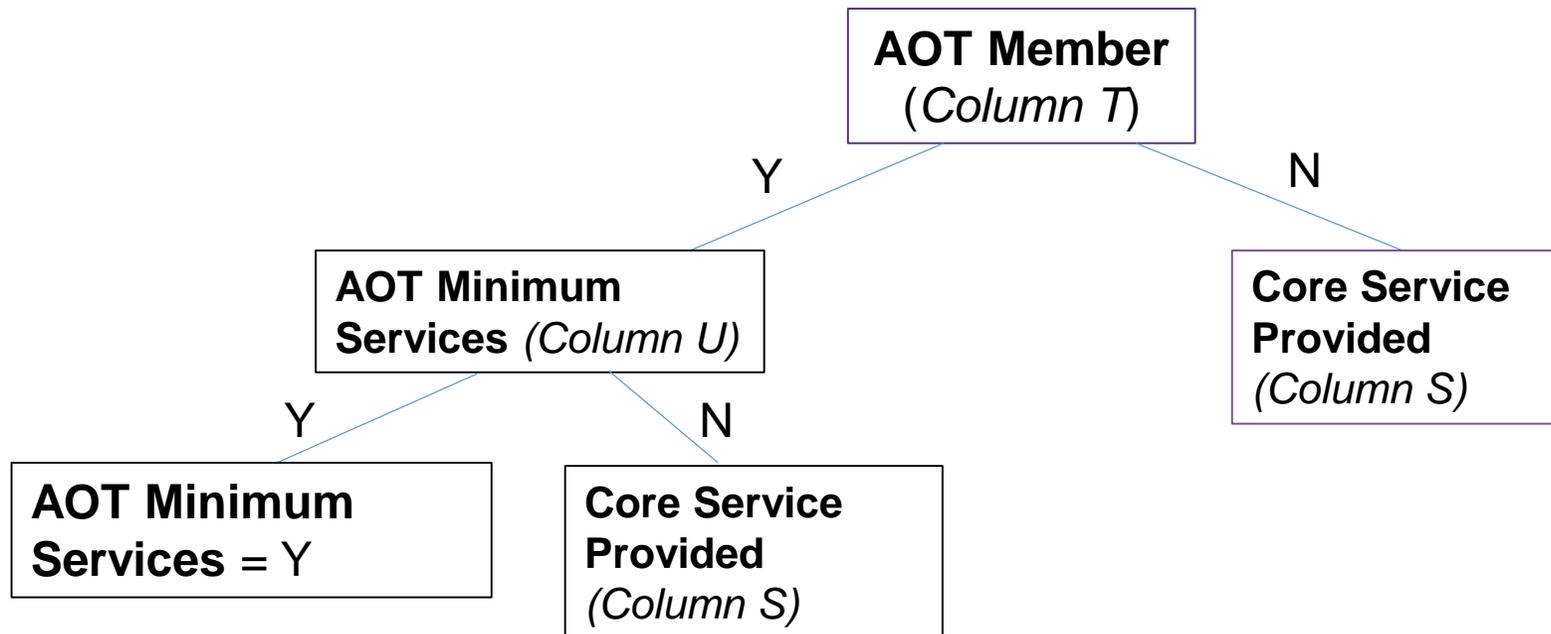
Full HML (ACT CMA Only) – Required

Limited HML (ACT CMA Only) – Required

HML – AOT Questions

Full HML – Required

Limited HML – Required

AOT Member (*Column T*)

Y

N

AOT Minimum Services (*Column U)*

Core Service Provided (*Column S)*

Y

N

AOT Minimum Services = Y

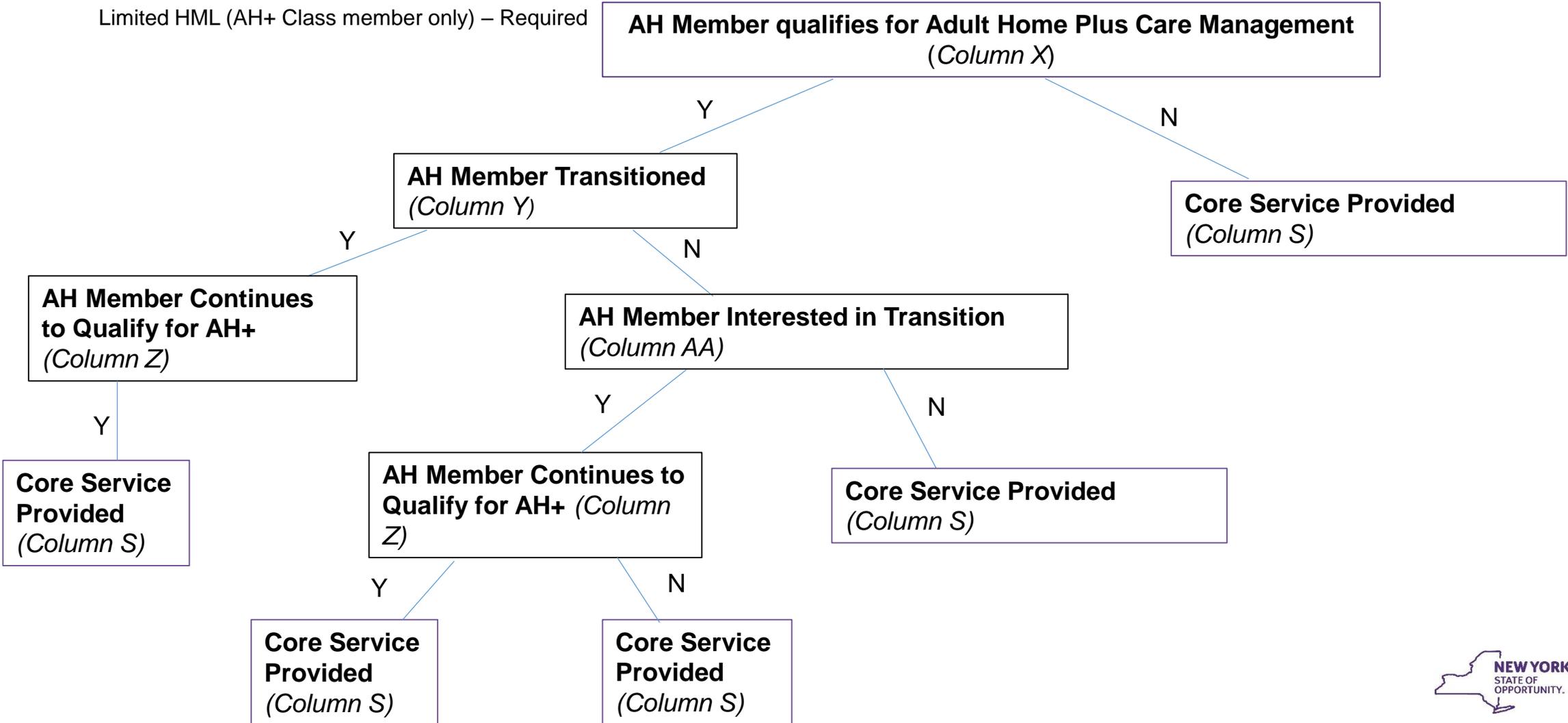**Core Service Provided** (*Column S)*

HML – Adult Home Questions

Most Members are not part of the AH+ Class Tables. These fields only pertain to AH+ Class Members. Do not populate these fields unless the member is identified as an AH+ class member in the MAPP HHTS.
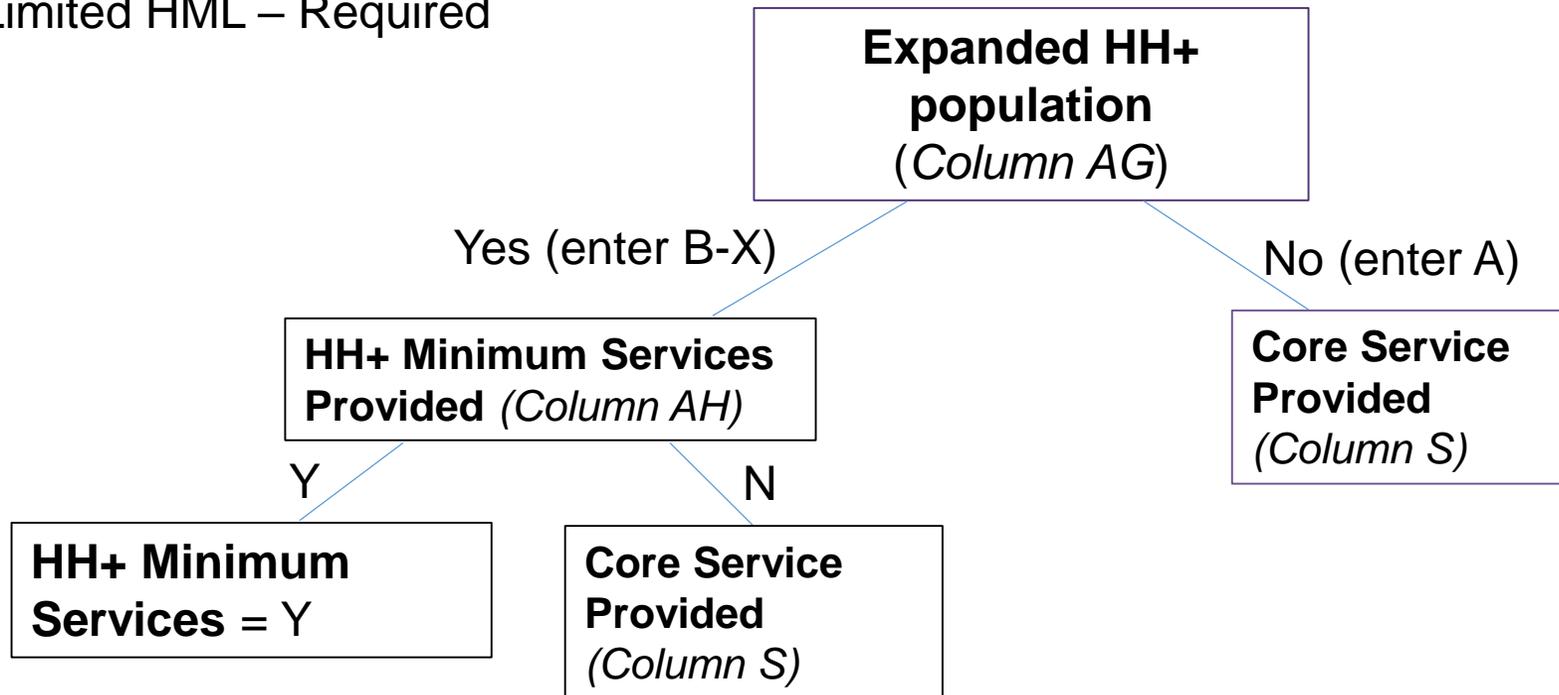
Full HML (AH+ Class member only) – Required

Limited HML (AH+ Class member only) – Required

AH Member qualifies for Adult Home Plus Care Management
(Column X)

Y

N

AH Member Transitioned
(Column Y)

Core Service Provided
(Column S)

Y

N

AH Member Continues to Qualify for AH+
(Column Z)

AH Member Interested in Transition
(Column AA)

Y

Y

N

Core Service Provided
(Column S)

AH Member Continues to Qualify for AH+ *(Column Z)*

Core Service Provided
(Column S)

Y

N

Core Service Provided
(Column S)

Core Service Provided
(Column S)

HML – Expanded HH Plus

Full HML – Required

Limited HML – Required

Expanded HH+ population (*Column AG*)

Yes (enter B-X)

No (enter A)

HH+ Minimum Services Provided *(Column AH)*

Core Service Provided (*Column S*)

Y

N

HH+ Minimum Services = Y

Core Service Provided (*Column S*)

BSU File – Outreach Questionnaire

BSU File – Outreach Questionnaire

When completing an outreach questionnaire the following fields are required:

- **'Add/Void Indicator'** (*Column A*)

- **'Member ID'** (*Column B*)

- '**Service Date'** (*Column C*)

- **'Core Service Provided'** *(Column S)*

- **'Child in Foster Care'** *(Column AC)* - if member is under 21

- **'ACT member'** *(Column V)* – if CMA in segment is an ACT CMA

- **'AOT member'** *(Column T)* – if member is under 21

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
1	Add/Void	Member (	Service Da	Diagnosis	Pre-Condi	Descriptic	HIV status	HIV Viral L	HIV T-Cell	Member F	HUD Cate;	Incarcerat	Incarcerat	Mental Ill;	Mental Ill;	Substance	Substance	SUD Activi	Core Servi	AOT mem	AOT min	ACT meml	Act Min
2	A	AA12345A	03012019							Y													

UTILIZING THE BSU FILE

BSU File – Voiding a Billing Questionnaire

When voiding a billing instance the following fields must be completed:

- **'Add/Void Indicator'** *(Column A)* = V

- **'Member ID'** *(Column B)*

- '**Service Date'** *(Column C)* service date you want to void (must already be added in the system)

- Data in any remaining fields will be ignored

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X
1	Add/Void	Member I	Service Da	Diagnosis	Pre-Condi	Descriptic	HIV status	HIV Viral L	HIV T-Cell	Member F	HUD Categ	Incarcerat	Incarcerat	Mental Illr	Mental Illr	Substance	Substance	SUD Activr	Core Servi	AOT meml	AOT minir	ACT meml	ACT minir	AH Mer
2	V	AA12345A	03012019																					
3																								
4																								

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Uploading the BSU File

- The Billing Support Upload File is uploaded by logging into MAPP HHTS and navigating to the "Upload File…" quicklink

- Select the Upload Star in the top right hand corner

- Select the BSU file type and browse for the file (file must be in .csv or .txt format)

- Click Upload

- Once the file is loaded one can click on the actions button and either validate or process the file
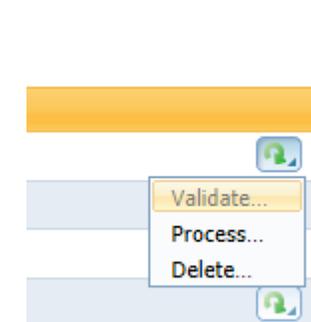
BSU File – Helpful Hints

- The BSU file is processed from top to bottom
  - When submitting multiple actions for a member for a date of service the records must go in descending order (for example if you would like to void and then re-add a billing instance the void must come before the new add)
  - When submitting a full BI (month 1) in addition to limited HMLs (months 2-6) on the same file, the service dates (DOS) must be in descending order. If they are submitted out of order, the system will calculate months 1-6 incorrectly and may require a full HML for a month 2-6 BI.
- A BSU file can be validated prior to processing the file. This is helpful in determining what may error out. These records can be corrected prior to processing the file. Validating a file does not write any records to the system.

BSU File – Common Errors

- When validating or processing a BSU file the system will create an error file if any of the records do not meet system validations and therefore are not processed.
  - If you process a file and receive some errors, the records in the file that did not error are processed. A corrected file with only those records that errored should be re-uploaded.

Error Message	Meaning	Troubleshooting
No BI for XXXXXXXX as of MMDDYYYY	The system is not seeing a potential billing instance for the member for the DOS	• Check to make sure the member has a segment on the DOS • Check to make sure you are attempting to add the correct billing type (O/E) • Check member eligibility, RE/Coverage code and CANs status
MMDDYYYY Duplicate Billing Instance	The system has already received a billing questionnaire for the member for the DOS	• Check the BSD or screen to see if the billing instance has already been submitted and if it has the correct responses • If responses are incorrect, void the billing instance and re-add
Chronic Condition not selected/BI not in chron order	Either the Chronic Conditions question was not completed on a full HML or a limited HML is failing	• If the submitted HML is a full HML respond to the chronic conditions questions • If the submitted HML is a limited HML check to ensure that the HML for the DOS prior was completed, that you haven't reached the 7th month (where a full HML would be needed), and that there were no system changes requiring a full HML

Additional BSD/BSU Resources

- The latest version of the File Specifications can be found on the MAPP HHTS portion of the HH website: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm

- This document explains the BSU and BSD files in greater detail

- Appendix H: High, Medium, Low (HML) Assessment Codes contains a comprehensive list of codes that can be used on the BSU file

- Appendix B: File Error Reason Codes describe additional errors that you may receive when uploading the BSU file and describes them

Medicaid Analytics Performance Portal (MAPP)

The Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS) is a performance management system that will provid Delivery System Reform Incentive Payment (DSRIP) program performance management technology needs.

Expand All   Collapse All

➕ **Health Home Tracking System**

➕ **Member Assignment and Enrollment**

➖ **Tracking System File Formats**

- MAPP HHTS File Specifications Document version 3.02 (PDF)
- MAPP HHTS File Specifications v7.0 (XLSX)
- MAPP HHTS File Specifications v6.0 (XLSX)

➕ **MAPP Webinars**

➕ **Archive**

Health Home Contact Information

- For Questions regarding billing of transitioning Children's HCBS services contact the children's team at HHSC@health.ny.gov

- For MAPP HHTS issues, contact: MAPP Customer Care (518) 649-4335 or email 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

- For MAPP HHTS Training Newsletters or MAPP HHTS presentations: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm

- MAPP HHTS Specifications Document (Tracking System File Formats) can be found at the following link (expand **Tracking System File Formats)**: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm