MAPP Health Home Bi-weekly Webinar

May 19, 2015

Agenda

- MAPP Health Home Implementation Update

  - Implementation of HML (High/Medium/Low) Health Home rates

- Assignment and Segment Status Types

- Upcoming webinar topics

- Reference Slides

  - Behavioral Health Transition to Managed Care for Adults

  - MAPP File Submissions (frequency, release of file specifications)

  - Current Tracking System Known Issue –members enrolled through exchange not properly recognized

MAPP Health Home Implementation Update

Updated MAPP Implementation Schedule

- July 2015 – Web based training released (prerequisite for ILT training)

- Mid July 2015 – Managed Care and Health Home ILT trainings begin
  - Schedule will be sent to SPOC

- August 15, 2015 – MAPP Phase 1 Go-Live
  - Direct Billing by converting CMA continues; Current HH rates (1386, 1387) and current legacy rates (18XX) continue
  - Users can access HML questionnaire, but it does not determine HH payment and is not required

- September – Training begins for Children's HH MAPP Updates

- October 1, 2015
  - Children's Health Homes begin; Children's HH reimbursed based on rate determined by CANS assessment
  - LDSS/LGU/SPOA gain limited access to MAPP **FOR REFERRAL OF CHILDREN ONLY**
  - Adult Health Homes
    - Direct Billing by converting CMA continue. Current HH (1386, 1387) & legacy rates (18XX) continue
    - Users are required to complete monthly HML questionnaire, but it does not determine HH payment

- January 1, 2016
  - Direct Billing by converting CMA ends (except for ACT providers).
  - Users are required to complete monthly HML questionnaire, which determines HH payment

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Other Billing Rules Effective January 1, 2016

- Referrals for members not already on assignment list (referring provider is not starting outreach/enrollment)
  - Policy: Referrals made to Health Home or Plan must be approved or assigned by the Plan
- Plan members who are enrolled in a Health Home that their Plan does not contract with:
  - Policy: Preserve continuity of care by requiring Plan to pay out of network to Health Home – Plan must approve the plan of care developed by out of network Health Home
  - Example: FFS member enrolled in HH B with legacy downstream care manager that direct bills. The FFS member is enrolled in Plan A. Plan A does not contract with HH B, Plan A must pay HH B out of network for HH services provided by legacy downstream care manager. HH B makes payment to legacy downstream care manager.
- Plan members who are in hiatus and assigned to Health Home that their Plan does not contract with:
  - Policy: When hiatus period is complete, member will return to Plan's assignment list for assignment by the Plan to Health Home it contracts with (HH w/o contract will not start outreach)
  - Example: Member enrolled in Plan A but in outreach with HH B, which does not have a contract with Plan A. Upon end of hiatus period, member's assignment to HH B will end, member will be added to Plan A assignment list, and Plan A will reassign member to contracted HH C.
- Plan is Responsible for verifying that member is Health Home eligible and appropriate for program (this may be delegated by the Plan to Health Home)

Other Rules Effective August 15, 2015

- Referrals for members not already on assignment list (referring provider is not starting outreach/enrollment)
  - Policy: Referrals submitted for MCP members into MAPP will be sent to Plan must be approved or assigned by the Plan
- Beginning outreach/enrollment for member not on assignment list (referral - referring provider is starting outreach/enrollment):
  - Policy: Preserve continuity of care by requiring Plan to pay out of network to Health Home – Plan must approve the plan of care developed by out of network Health Home

- **Connections b/t MCP & HH**
- **Talk about how referrals work**
- **Add to other slide outreach hiatus**

NEW YORK STATE | Department of Health | Medicaid Redesign Team

Health Home Billing Readiness Requirements

- **By October 1, 2015, each Health Home must submit to DOH either:**

    a) **Attestation**

        i. That the Health Home has procedures in place that will allow it to pay CMAs within X days of receiving payments from the Plans

        ii. The Health Home has tested their ability to bill Managed Care Organizations for Health Home services and pass Health Home payments down to Care Management Agencies, including a description of such testing procedures; Or

    b) **Letter of Deficiency**

        i. Identify issues Health Home encountered when billing Managed Care Organizations for Health Home services and passing Health Home payments down to Care Management Agencies.

        ii. Include possible solutions and timeframes for resolving deficiency prior to January 1, 2016

        iii. DOH will work with these Health Homes to overcome billing issues

- Inability to successfully pass Health Home payments to CMA by October 1, 2015 will negatively affect a Health Home's re-designation review and may impact the ability to enroll new members.

Several Health Homes have already provided attestations!!!

NEW YORK STATE | Department of Health | Medicaid Redesign Team

Assignment and Segment Status Types

Use of Assignments in MAPP

1. Once DOH/MCP enters member into MAPP for assignment, MAPP creates an assignment for member
   - MAPP will track the dates that a member is in assignment with each provider.
   - For example, an MCP member assigned by DOH to MCP and then assigned to a HH by MCP will have a few assignment dates:
     - Date DOH released the member as assignment to MCP
     - Date MCP accepted the assignment
     - Date MCP Assigned the member to the Health Home (will likely be same as MCP assignment acceptance date)

2. Additionally, MAPP creates assignments that correspond to all outreach and enrollment segments.
   - This means that MAPP will create for community referrals a "behind the scenes" assignment that corresponds to the referred member's new outreach/enrollment segment
   - These "behind the scenes" assignments will be marked differently than assignments

3. Members from # 1 that move to O/E will no longer be considered an actionable assignment, but will maintain a "behind the scenes" assignment

Assignment Status Types

- Purpose of assignment status types
  - MAPP uses assignments status types to indicate to providers potentially Health Home eligible members AND used to show providers' connection to a member, granting those providers access to certain member information

- Pending Assignment – Indicates that provider has to act on assignment
  - Is created when a member is assigned a) to MCP by DOH, b) to HH by DOH/MCP, c) to CMA by HH
  - Member remains in pending assignment status until provider either accepts or rejects the assignment
  - Rejected pending assignments are maintained in a member's assignment history, but are removed from the rejecting provider's assignment view. The rejecting provider can also access rejected assignments in the **Past Assignments Download File** download.

- Active Assignment – Indicates that the provider accepted the assignment
  - When a provider accepts a pending assignment, the status moves from pending to active.

- Pended Assignment
  - Managed Care Plans are the only providers that can pend an assignment. MCP will pend an assignment using the pend reason codes to indicate why (HH at capacity, member incarcerated)

Assignment Workflow in MAPP

- DOH loads MAPP with HH member assignments for MC and for FFS members. Members are in *pending* assignment status until MC/HH acts on assignment

- Managed Care Plans will review their assignments and either:

  - Pend the assignment – meaning that the member is not appropriate for HH assignment at this time (member MC assignment status will be *pend)*; OR

  - Assign the member to a Health Home – (creates *active* MC assignment & *pending* HH assignment)

- Health Homes will review their pending FFS & MC assignments and will either:

  - Reject the assignment – member's HH assignment is ended. FFS are returned to DOH for reassignment and MC are returned to member's Plan for reassignment.

  - Accept and assign to a CMA - moves member into *active* HH assignment and creates *pending* assignment with CMA.

- Care Management Agencies will review their assignments and either:

  - Reject the assignment – member's CMA assignment is ended and member returned to HH for reassignment.

  - Accept assignment- moves member into *active* assignment with CMA. CMA starts outreach/enrollment

Segment Status Types

- Each outreach/enrollment segment will be assigned a status type to indicate the member's current connection to the Health Home program.

- Active – member is currently in an open & active E/O segment

- Closed – member had an active E/O segment that is currently end dated

- Canceled – member had an active E/O that was deleted. Canceled segments can be accessed in member's segment history, but will not be included in the enrollment download file.

- Pended – Member is currently in E/O, but the O/E is on hold. Pending a member's segment does not end date the segment, but it indicates that the member is not active using the pend reason codes (e.g. incarcerated, no longer Medicaid eligible) and cannot be billed.

- Pending –only applies to segments created by non "auto approve" CMAs
  - Pending Active, Pending Pended, Pending Closed, Pending Canceled
  - Segment remains in "pending status" until HH accepts the segment

Outreach & Enrollment Workflow in MAPP

- Care Management Agencies create outreach/enrollment segments by submitting segment information into MAPP

  - Once entered, member is in *pending active* outreach/enrollment status

- Health Home reviews *pending active* CMA O/E segment & either:

  - Accepts segment – segment is processed and placed into *active* outreach/enrollment status; OR

  - Works with CMA to modify segment and then approves modified segment – segment is processed and placed into *active* outreach/enrollment status

- Managed Care Plan can review their plan members and see member movement from active assigned to pending active O/E to active O/E

Referral in MAPP

- Pending Referral– Indicates that provider has to act on assignment
  - Is created when a member is assigned a) to MCP by DOH, b) to HH by DOH/MCP, c) to CMA by HH
  - Member remains in pending assignment status until provider either accepts or rejects the assignment
  - Rejected pending assignments are maintained in a member's assignment history, but are removed from the rejecting provider's assignment view. The rejecting provider can also access rejected assignments in the **Past Assignments Download File** download.

- Active Referral– Indicates that the provider accepted the assignment
  - When a provider accepts a pending assignment, the status moves from pending to active.

- Pended Referral
  - Managed Care Plans are the only providers that can pend an assignment. MCP will pend an assignment using the pend reason codes to indicate why (HH at capacity, member incarcerated)

Questions?

- Please submit questions regarding MAPP to the Health Home email web form (link below) under the subject: **Medicaid Analytics Performance Portal (MAPP)**

  - https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action

- Call Health Home policy line: (518) 473-5569

- Check MAPP section of Health Home website for upcoming information regarding MAPP access and MAPP implementation.

  - http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm

NEW YORK STATE | Department of Health | Medicaid Redesign Team

Reference

Date	New Schedule for Behavioral Health Transition to Managed Care for Adults, MAPP, HML Rates and Billing Procedures
Mid-May	InterRAI Community Mental Health Training begins
July 2015	First phase of HARP enrollment letters distributed in NYC
Mid-July	**MAPP Training Begins**
August 15, 2015	**MAPP Released:** • **Current Health Home Rates and Legacy Rates remain in effect** • **Care management agencies will pre-populate/report High, Medium and Low functional and clinical indicators in MAPP**
October 1, 2015	• NYC Mainstream Plans and HARPs implement non-HCBS behavioral health services for enrolled members • Begin to enroll children in Health Homes (see April 29, 2015 Webinar – DOH Website)
October 2015 through December 2015	Phase-in schedule for Enrolling NYC HARP members • Approximately 20,000 enrollment letters distributed July/August for October enrollment • Approximately 20,000 enrollment letters distributed August/September for November enrollment • Approximately 20,000 enrollment letters distributed September/October for December enrollment
January 1, 2016	• HCBS Behavioral Health Services begin for HARP Population in NYC • **Direct Billing is Eliminated** • **High, Medium and Low with Functional and Clinical Indicators takes effect**
April 1, 2016	First Phase of HARP enrollment letters distributed in Rest of State
July 1, 2016	Rest of State Mainstream Plan and HARPs implement non-HCBS behavioral health services and phase-in schedule for HARP enrollment begins

File Submissions to MAPP

MAPP Files

- HH Member Specifications Document, which explains how the files inform tracking, will soon be updated to reflect how the new files will interact with the MAPP Health Home Tracking System.

- All files will be available in fixed length text and .csv formats

- New fields added to existed files were added to the end of the file

Most File Specifications Are Now Available

- An excel document containing most of the MAPP Health Home file specifications should be posted to the MAPP section of the HH website today.

- This file includes all of the file specifications, except for the three billing files (upload, download, and error), which should be released soon.

- http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm

MAPP Upload/Download Files

Files listed in red are new to MAPP   <u>*Underlined files are posted*</u>

Files Uploaded into MAPP

1. <u>MCP Final Health Home Assignment File</u>

2. <u>Tracking File Segment Records (formerly Add/Change file)</u>

3. <u>Tracking File Assignment Records</u>

4. <u>Tracking File Delete Record</u>

5. Billing Support Upload File

6. <u>Partner Network File Upload</u>

Files Downloaded from MAPP

7. <u>Managed Care Plan Assignment File</u>

8. <u>MCP Final HH Assignment File Error Report</u>

9. <u>Health Home Assignment File</u>

10. <u>Tracking File Error Report</u>

11. <u>Enrollment Download File</u>

12. <u>Acuity File Download</u>

13. Billing Support Download File

14. Billing Support Error File

15. <u>Partner Network File Error Report</u>

16. <u>Partner Network File Download</u>

17. <u>CIN Search Download File</u>

18. <u>My Member Download File</u>

19. <u>Past Assignments Download File</u>

20. <u>Manage Assignments Download File</u>

NEW YORK STATE | Department of Health | Medicaid Redesign Team

File Submission Frequency

- Providers submitting information to MAPP using files must submit tracking files **daily OR when a member's assignment, outreach or enrollment status changes.**

- Providers must pull down assignment files **at least weekly**

- Billing support submission frequency up to providers

  - Provider can submit information once a billable service is provided during the month, wait until the beginning of the following month to submit claims, or figure out a different submission schedule that works best for MCP/HH/CMA partners

  - Once billing support is submitted, MCP/HH/CMA connected to the member can access billing information. Responsible billing entity must pull down billing information at least once a month.

  - Up to MCP/HH/CMA to determine billing support submission schedule.

Current Tracking System Known Issue

Current Tracking System Issue – Members enrolled in Medicaid Through the Exchange (NY State of Health)

Issue

- Managed Care Members that enroll in Medicaid through the NY State of Health Market Place (the exchange) are not properly identified as Managed Care Members in the current Health Home Tracking System (HHTS)
- These members are identified as being in transaction district 78
- This issue with exchange members should be fixed once we get into MAPP.

Impact

- When exchange members are submitted to the HHTS on the assignment file, the members are not rejected, but are also not included on the assigned Health Home's assignment file.
- When managed care exchange members are submitted to the HHTS on the billing roster file, members that are actually enrolled in managed care are either rejected or they are accepted, but not passed on to the member's Plan.

NEW YORK STATE OF OPPORTUNITY. | Department of Health

Current Tracking System Issue – Members enrolled in Medicaid Through the Exchange (NY State of Health)

Resolution

- This issue with exchange members should be fixed once we move to MAPP.
- All assignment files from MCP to HH must be submitted through the HHTS.
- MCP should always notify HH when they have submitted new assignments to the HHTS and let the HH know how many assignments were accepted by HHTS.
- If the HH does not receive all of the assignments, the MCP should send the HH the assignment file, in a secure manner, outside of the HHTS.
- HH should notify MCP of any plan enrolled members that were either inappropriately rejected from the billing roster upload or were accepted but not included in the billing roster download.
- DOH has a follow up meeting with current system developers to discuss this issue. DOH will release any updates regarding this issue through the Health Home email listserv: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm