



Department
of Health

MAPP Health Home Tracking System Release 3.4 System Changes & Enhancements

Effective in MAPP HHTS 6/5/2020

Release 3.4 HHTS Agenda

- **MAPP HHTS Release 3.4 is scheduled for Deployment on 6/4/2020**
- Updates to the Provider Management Module (new download file)
- Update to Member's Personal Information Screen
- Update to Consent for Members Turning 18
- Minor MCP Assignment File field population changes
- Change to **Child HCBS Flag** on the Enrollment Download file
- Update to CMA User Role: Create and Edit Plan of Care (POC) on Screen
- Additional Validation Checks on Dates
- Updated reason codes to align with HH policy guidelines
- Limit Member CIN Search to Active R/E Codes Only
- Resolution of System Defects
- 2020 MAPP HHTS Release Schedule

Updates to the Provider Management Module

New functionality to improve how provider data is collected.

Provider Members screen will include the following: name, email address, phone number, role, position, date span, status, and title.

Health Home
Enrolled On 1/1/2012
Not Recorded

Home Identity Credentials Relationships Contact

Provider Members

Name	From	To	Role	Position	Sta
	10/8/2019		HHSA	Alternate Contact Contact (for website)	Act
	10/8/2019		HHSA	Partner Update Contact	Act
	10/8/2019		HHSC	Primary Contact (for website)	Act
	10/8/2019		HHSC	Billing Contact	Act
	10/8/2019		HHSC	Partner Update Contact	Act
	10/8/2019		HHSA	Billing Contact	Act
	10/8/2019		HHSA	Referral Contact (for website)	Car
	10/8/2019		HHSA	Primary Contact (for website)	Act

Updates to the Provider Management Module

The following values have been added to the “Position” drop down list:

- Criminal Justice Contact
- HCS Contact
- Fair Hearing Contact

Edit Member ? x

* required field

Name Referral Line

From * 10/8/2019 To

Role * HHSA Position *

Save Cancel

Updates to the Provider Management Module

Purpose of Provider Management Module Changes

The goal of these changes is to empower providers' gatekeepers to enter contact information for their organization's users. Over the next few months, DOH will release additional guidance regarding organizational contact information that should be added to and maintained within the MAP HHTS.

Additionally, now that providers can download their active users, gatekeepers should be available to make updates to their organization's contact information.

Provider Management Module: New Provider Download File

The **Provider Active User Download File** will be available for all MCP, HH, and CMA Gatekeeper, Worker, and Read Only users.

A detailed description of this file will be included in the updated MAPP HHTS File Specifications Document found at the following link:*

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm

**Updated Specifications document should available on the MAPP Website by 5/6/20. An email will be sent to the Health Home listserv when the document is posted.*

Provider Active User Download File					
Field #	Field	Start Pos	Length	End Pos	Format
1	Name	1	40	40	Alpha
2	Email Address	41	40	80	Alphanumeric
3	Area Code	81	3	83	Numeric
3	Phone Number	84	10	93	Numeric
4	Role	94	4	97	Alpha
5	Position	98	40	137	Alpha
6	Title	138	40	177	Alpha
7	From	178	8	185	MMDDYYYY, Numeric
8	To	186	8	193	MMDDYYYY, Numeric
9	Status	194	8	201	Alpha
10	Provider Name	202	40	241	Alpha
11	MMIS Provider ID	242	8	249	Numeric

Update to Member's Personal Information Screen

Member evidence will now be grouped into *Type* with only the most recent value for each *Type* displaced on the main page. To access historical *Type* values, expand the toggle as shown below. The additional historical data found under the toggle is displayed in ascending date order.

Home **Personal Information** Cases Administration

Evidence

Type	Description	Source	Period
▶ Adjusted Acuity	Adjusted Acuity: 8.072 Start Date: 6/1/2016 End Date: 12/31/9999	Person Record	4/9/2016 -
▶ Birth and Death Details	Born [redacted]	Person Record	4/9/2016 -
▶ County of Fiscal Responsibility	CHEMUNG	Person Record	4/9/2016 -
▼ Diagnosis Details	Diagnosis Code Details- Service Date: 12/1/2016 Diagnosis Code: F41.1	Person Record	4/9/2016 -
▶ Diagnosis Details	Diagnosis Code Details- Service Date: 12/1/2016 Diagnosis Code: F41.1	Person Record	4/9/2016 -
▶ Diagnosis Details	Diagnosis Code Details- Service Date: 11/1/2016 Diagnosis Code: F41.1	Person Record	4/9/2016 -
▶ Diagnosis Details	Diagnosis Code Details- Service Date: 10/1/2016 Diagnosis Code: F41.1	Person Record	4/9/2016 -
▶ Diagnosis Details	Diagnosis Code Details- Service Date: 9/1/2016 Diagnosis Code: F41.1	Person Record	4/9/2016 -
▶ Diagnosis Details	Diagnosis Code Details- Service Date: 8/1/2016 Diagnosis Code: F41.1	Person Record	4/9/2016 -
▶ Diagnosis Details	Diagnosis Code Details- Service Date: 7/1/2016 Diagnosis Code: F41.1	Person Record	4/9/2016 -

Expand toggle to see historical information

Update to Consent for Members Turning 18

Users can select “Member/self – Individual is 18 years of age or older” consent option for members that are 18 years of age or older, within the month of enrollment.

Previously, this value could not be selected during the month that a member turned 18, unless the member turned 18 on the first of the month.

The screenshot shows a web form titled "Create Consent". At the top right, there are help and close buttons. Below the title bar, a note indicates "* required field". The main section is titled "Enter Consent Details" and contains four fields:

- Health Home ***: A dropdown menu with "Health Home Name" selected.
- Start Date ***: A date input field containing "4/16/2020".
- Consenter ***: A dropdown menu with "Member/Self Individual is 18 yea" selected.
- Consent Type ***: An empty dropdown menu.

At the bottom of the form, there are two buttons: "Cancel" on the left and "Create" on the right.

MCP Assignment File changes: Display Most Recent Active Pieces of Evidence per Member Record

Display only the most recent active pieces of Evidence in the **MCP Assignment** and **HH Assignment Files** for the following fields (*eliminating some situations where assignment files contained multiple entries for one member that had multiple submissions for the fields below*):

- Plan Provided Secondary Address – Street 1
- Plan Provided Secondary Address – Street 2
- Plan Provided Secondary Address – Apt/Suite
- Plan Provided Secondary Address – City
- Plan Provided Secondary Address – State
- Plan Provided Secondary Address – Zip
- Plan Provided Member Phone Number
- Plan Provided Member Language
- Engagement Optimization Plan
- MCP Determined Eligibility

MCP Assignment File changes: All Submitted Pend Reason Comments Will Now Display on MCP Assignment file

MCP Assignment File field 107 **Pend Reason Comment** will now show all entered comments regardless of the **Pend Reason Code**. *Previously, submitted comments were only displayed if the pend reason was 'other'.*

							Referral, Transfer)
104	End reason Comment	2060	300	2359	C	HH/CMA	Alphanumeric
105	Rejection reason Comment	2360	300	2659	C	HH/CMA	Alphanumeric
106	Pend Reason Code	2660	2	2661	C	MCP	Alphanumeric
107	Pend Reason Code Comment	2662	300	2961	C	MCP	Alphanumeric
108	CMA Assignment Created Date	2962	8	2969	C	HH	MMDDYYYY, Numeric
109	CMA Assignment Start Date	2970	8	2977	C	CMA	MMDDYYYY, Numeric

Updated HCBS Flag on Enrollment Download File

A change will be made to the definition of the Home and Community Based Services (HCBS) flag on the Enrollment Download file. A 'Y' will only appear when a member has an active K1 R/E code within the MAPP HHTS when the file is downloaded. This field was also renamed "**Child HCBS Flag Based on R/E Code**". *Previously, this field contains a value of 'Y' for members with any active K R/E code.*

Release 3.4 changes to names in red font and all changes highlighted in yellow

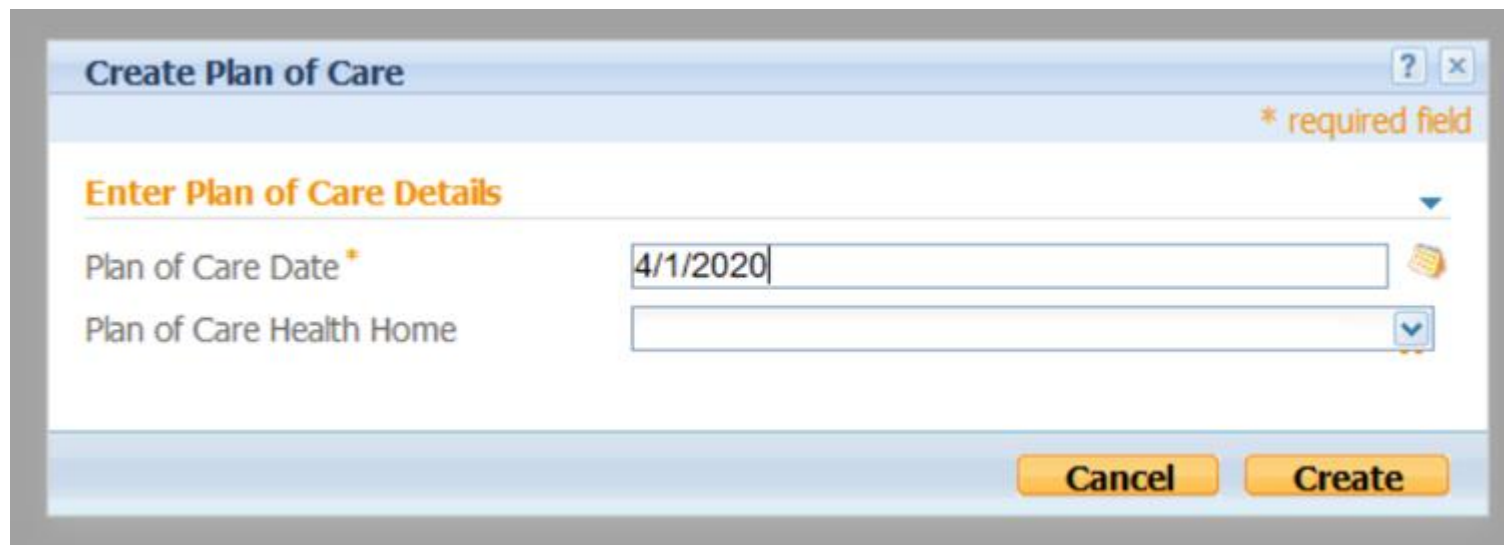
Field #	Field	Start Pos	Length	End Pos	Format
31	Current MCP Name	358	40	397	Alpha
32	Current MCP MMIS Provider ID	398	8	405	Numeric
33	Pend Reason or Segment End Date Reason Comment	406	300	705	Alphanumeric
34	Child HCBS Flag Based on R/E Code	706	1	706	Alpha (Y/N)
35	Transfer Initiator MMIS ID	707	8	714	Numeric
36	Transfer Initiator Organization Name	715	40	754	Alpha
37	Transfer Receiver MMIS Provider ID	755	8	762	Numeric
38	Transfer Receiver Organization Name	763	40	802	Alpha



Update to CMA User Role: Create and Edit Plan of Care (POC)

The Care Management Agency (CMA) user role permissions were updated to allow a CMA user to create and edit *Plan of Care* (POC) on screen. *Previously, CMAs were not able to enter POC into the system.*

When the CMA enters the POC, they will need to select the POC date and the HH that the POC is associated with.



The screenshot shows a web application window titled "Create Plan of Care". The window has a light blue header with a question mark icon and a close button. Below the header, there is a red asterisk and the text "* required field". The main content area is titled "Enter Plan of Care Details" in orange. There are two input fields: "Plan of Care Date" with a red asterisk and a date picker icon, containing the text "4/1/2020"; and "Plan of Care Health Home" with a dropdown arrow icon. At the bottom of the window, there are two orange buttons: "Cancel" and "Create".

Additional Validation Checks on Dates

Add validation checks to all dates submitted to the system:

- Start Dates cannot be prior to the member DOB
- Start Dates cannot be prior to 1/1/2012
- End dates cannot be > 180 6 months in the future
- Start Dates cannot be >180 days in the Future

Previously, some submitted dates were subject to logic validations, but this release will apply appropriate logic validations to all dates entered into the system. Within the coming year, DOH may reach out to Health Homes to clean up bad dates previously entered into the system (e.g. mostly due to transposed numbers such as 1/1/2109, which is an actual date but illogical for our system)

Updates to End Reason Codes

We have removed of the following End Reason codes:

- **Assignment Rejection Code 13** (No resources speak member language)
- **Transfer Reason Code 5** (No resources that speak the member's primary language)

Reason for removal: *language* is not a reason to reject a referral nor require a member to be transferred, per Health Home policy.

Limit Member CIN Search to Active R/E Codes Only

New functionality in the CIN Search Module that only displays active R/E codes. An active R/E code is a code without an end date or with an end date in the future. *Previously, the Member CIN Search Module contained all historical R/E codes.*

Medicaid Recipient Exemption Code 1	Medicaid Recipient Exemption Description 1	Medicaid Recipient Exemption Code 2	Medicaid Recipient Exemption Description 2	Medicaid Recipient Exemption Code 3	Medicaid Recipient Exemption Description 3	Medicaid Recipient Exemption Code 4	Medicaid Recipient Exemption Description 4	Medicaid Recipient Exemption Code 5	Medicaid Recipient Exemption Description 5
H9	HARP ELIG PE H1		HARP ENROLLED W/O HCBS						
A1	HEALTH HOM A2		HEALTH HOME PROGRAM - HEALTH HOME						
H9	HARP ELIG PENDING ENROLLMNT								
H1	HARP ENROLL H9		HARP ELIG PENDING ENROLLMNT						

This functionality will be on the Member Search Report and on the download file.

Resolution of System Defects

- The correct MCP “type” will now be populated in the Billing Support Download.
- My Members Download Search results will be fixed for OCFS Users.
- A correction to how the CMA field is populated on the Provider Relationship Screen.
- A validation date check was added to verify that a CIN doesn't have an active and pended segment.

2020 MAPP HHTS Release Schedule

- DOH is now planning three MAPP HHTS releases in 2020 instead of the four releases initially scheduled.
- The next release (R3.5) is scheduled to occur in Fall 2020.
- A detailed DRAFT release schedule will be posted to the website and distributed via the Health Home listserv.
- This schedule includes dates when the following items will be posted:
 - Broad outline of proposed release changes and enhancements
 - Webinar to cover new release changes and enhancements
 - Updated MAPP HHTS Specifications Documents

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 resources and presentations:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/index.htm