



Department
of Health

MAPP Health Home Tracking System Release 4.4 System Changes & Enhancements

System changes are scheduled to be implemented 12/9/23

November 9, 2023

MAPP HHTS Release 4.4 Webinar Agenda

System changes scheduled to be implemented 12/9/23

New Functionality

- Collecting Eligibility and Appropriateness Information
- IRAMS information on the Plan of Care (POC) download file
- Provider Contacts (Provider Members) screen updates
- MCP Communication Tool

Functionality Updates

- New CANS values from the Uniform Assessment System (UAS)
- Updating HH+ CMA designation to AI HH+ and OMH HH+
- Add fields on the HH Claim and Encounter Summary File:

Screen Changes

- Add program filter to the My Members search screen for MAP Members
- Update the Children's Referral Portal Questions relating to VFCAs

Collecting Eligibility and Appropriateness Information

The Consent and Member Program Status Upload file will newly collect the following:

- Continuous Eligibility Screening Tool (CEST) Outcome
 - providers can start submitting CEST outcomes and system will calculate the CEST end date, but not yet required for providers to submit.
 - Will be included in the Assessment Download
- Initial Appropriateness
 - Required for all new segments beginning 2/1/24 within 30 days of consent date
 - Will be included in the Enrollment Download and Consent Download files

Consent and Member Program Status Upload						
Field #	Field	Start Pos	Length	End Pos	Req'd	Format
14	CEST Outcome	74	1	74	C	Alphanumeric (C,E,M)
15	CEST Start Date	75	8	82	C	MMDDYYYY, Numeric
16	CEST End Date	83	8	90	C	MMDDYYYY, Numeric
17	Appropriateness Category	91	2	92	C	Alphanumeric
18	Appropriateness Detail	93	250	342	C	Alphanumeric

Consent and Member Program Status - Record Type

Submitted Information	Add, Create	Modify	Delete, Withdraw, Cancel
Consent to Enroll AND Appropriateness Criteria	C	M	W
<i>You can submit consent to enroll and appropriateness criteria on the same record. To add appropriateness criteria to an already submitted consent date record, use the 'M' modify record type. You cannot add an appropriateness criteria code alone unless a consent to enroll record is in the system. Consent and Appropriateness Criteria fields will be included in the Consent Download file.</i>			
Plan of Care Date	P		D
<i>These record types and Plan of Care Date field # 10 will become obsolete once the Comprehensive POC is required to be uploaded on the Plan of Care Upload file for all members. Plan of Care Date is included in the Consent Download file.</i>			
Member Program Information	A	U	R
<i>This record is used to upload into the system a member's connection to the Early Intervention (Program Type: '01') and the High Fidelity Wrap (Program Type: '02'). This information is included in the Member Program Status Download file, not the Consent Download file.</i>			
Continuing Eligibility Screening Tool Outcome	X	Y	Z
<i>These record types are used to submit the Continuing Eligibility Screening Tool (CEST) Outcome. This information is included in the Assessment Download file, not the Consent Download file.</i>			
Children's HCBS Status Update	N		E
<i>This record is used to upload into the system members that have an active K1 RE code that are no longer receiving HCBS services but are still enrolled in the Health Home program. This information is used by DOH to end date K1 RE codes. This information is not available on a download file. Submitted information is listed in the Member Program Information section of the Personal Information tab within the member's page in the tracking system.</i>			

File Updates Related to CEST and Appropriateness

The CEST outcome information will be included in the **Assessment Download** file, as it is an assessment that may be collected multiple times in the duration of a member's enrollment segment (*CEST Outcome will be displayed in existing field #5 Assessment Outcome*).

Assessment Download File					
Field #	Field Name	Start Pos	Length	End Pos	Format
21	CEST Start Date	207	8	214	MMDDYYYY, Numeric
22	CEST Submission Date	215	8	222	MMDDYYYY, Numeric
23	CEST End Date	223	8	230	MMDDYYYY, Numeric

The initial appropriateness information will be included in the Consent Download file and the Enrollment Download file. This information is only collected once per segment, similar to how the consent to enroll date is collected.

Consent Download File					
Field #	Field Name	Start Pos	Length	End Pos	Format
18	Appropriateness Category	259	2	260	Alphanumeric
19	Appropriateness Detail	261	250	510	Alphanumeric
20	Appropriateness Submission Date	511	8	518	MMDDYYYY, Numeric

Enrollment Download File					
Field #	Field Name	Start Pos	Length	End Pos	Format
56	MCP Comment Code	1409	2	1410	Alphanumeric
57	MCP Comment	1411	300	1710	Alphanumeric
58	MCP Comment Effective Date	1711	8	1718	MMDDYYYY, Numeric
59	Appropriateness Category	1719	2	1720	Alphanumeric
60	Appropriateness Detail	1721	250	1970	Alphanumeric
61	Appropriateness Submission Date	1971	8	1978	MMDDYYYY, Numeric

CEST Outcome End Date Calculation

The CEST End Date is calculated based on the submitted **CEST Start Date** and the **CEST Outcome**:

CEST Outcome	Description	CEST End Date calculation logic
C	Continue enrollment	CEST Start Date + 365
E	End enrollment	CEST Start Date + 60
M	More information needed	CEST Start Date + 60

If a new CEST Outcome is submitted to the system with a **CEST Start Date** that falls between an existing outcome's **CEST Start Date** and **CEST End Date**, the existing outcome's **CEST End Date** will be updated to equal new outcome's **CEST Start Date** minus one day

IRAMS information on Plan of Care (POC) download file

- While the tracking system has been updated to accept children's HCBS information from IRAMS, IRAMS Children's HCBS Referral process will not be implemented until late Dec 2023.
- IRAMS information will not be available in the POC Download file as of release 4.4 12/9/23 implementation. The *Children's HCBS Services Identified* section of the Plan of Care Download file will continue to be blank.
- More information about when and how children's HCBS information will be incorporated into the tracking system will be released through the Health Home email listerv: <https://apps.health.ny.gov/pubpal/builder/email-health-homes>

Provider Member Screens for MCPs, HHs and CMAs

- MCPs, HHs, and CMAs can access the ***Provider Members*** screens for their organizations (there are likely contacts listed now for most of the HHs). This information can be viewed by the Organization's MAPP Gatekeepers.
- As mentioned in the Release 4.3 Webinar presentation, there are significant updates to the Provider Member screens and functionality as part of Release 4.4, as well as a new Provider Contacts Download file.
- **DO NOT** update this information in the HHTS, as all data will be **purged at the time of Release 4.4 implementation**. You should enter information for the members of your organization on or after December 10, 2023.
- This upcoming purge (December 2023) will be a ONE-TIME purge for this information in the HHTS, due to the complexity of the changes being made. These changes will make the ***Provider Members*** functionality more user friendly and useful for the provider community once this update is live.

Updating Organization Contacts (Provider Members)

Login to MAPP HHTS using the MAPP Gatekeeper role and click on the “My Providers” quick link.



The screenshot shows the MAPP HHTS interface. On the left, the 'Quick Links' menu is visible, with 'My Providers...' circled in orange. On the right, the 'My Providers' page is displayed, showing a table of provider information. An orange arrow points to the 'Reference' column of the table.

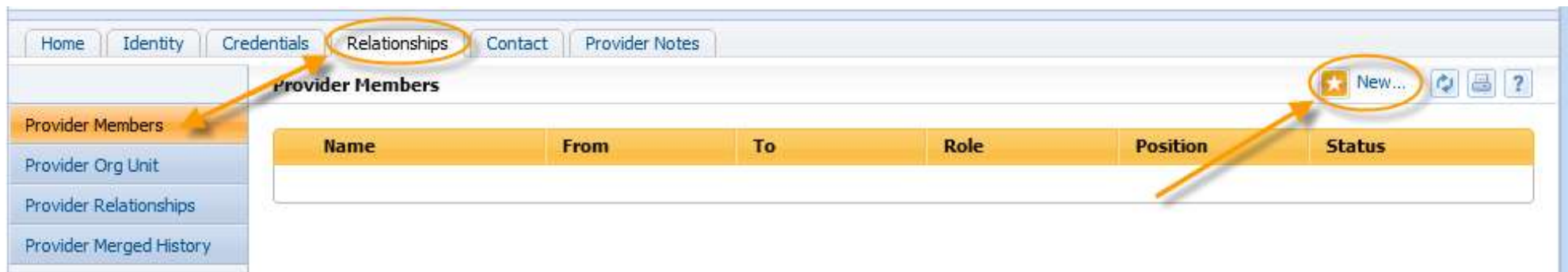
Reference	Name	Primary Category	Address
01234567	HEALTH PLAN, INC	Managed Care Plan	

*MAPP Gatekeeper updates are completed by the organization submitting a completed MAPP Gatekeeper form to MAPP CCC. MAPP Gatekeeper forms can be found at the following link:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/mapp/docs/mapp_gatekeeper_add_remove_form.docx

Updating Organization Contacts (Provider Members)


The **Provider Members** (an organization's designated contacts) will be listed in the relationships tab, under the Provider Members inner tab as shown.

To add a new "Provider Member" (contact from your organization), click on "New" and enter the individual's information in the required fields



The screenshot displays a web application interface for managing Provider Members. At the top, there are navigation tabs: Home, Identity, Credentials, Relationships (circled in orange), Contact, and Provider Notes. Below these tabs, a left-hand sidebar contains a menu with options: Provider Members (highlighted in orange), Provider Org Unit, Provider Relationships, and Provider Merged History. The main content area is titled "Provider Members" and features a table with the following columns: Name, From, To, Role, Position, and Status. In the top right corner of the main area, there is a "New..." button with a star icon, which is also circled in orange. To the right of the "New..." button are icons for refresh, print, and help.


Adding a New Provider Member (Organization Contact)

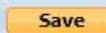
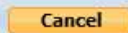
1. In the pop-up box, add the information for the staff person and assign the appropriate role and position(s).
2. Add the begin date that the position is effective.
3. Select the position(s) on the left side of the screen and click the  arrow to assign the position to a staff member.
4. Click "Save".

New Member ? x
*required field

Name	Joe Testing		
Street 1		Apt/Suite	
Street 2		City	
State	New York	Zip	
Country Code	1	Extension	
Phone Number	5555555	Email Address	
Area Code	555	Fax Number	
Role *	MCP	Title	HH Program Manager
From *	9/1/2023	To	

Position Type

MAPP/HH TRACKING		
HCS Contact		
Fair Hearing Contact		
Primary Contact		Primary Contact
Alternate Contact		

Editing Provider Member Information

If any edits need to be made to an existing **Provider Member**, click on the green action arrow and select **Edit** from the drop-down menu. Make any needed edits and click on save. If you have added a **Provider Member** in error, select delete to cancel.

The screenshot displays a user interface for managing provider members. At the top, the organization is identified as 'HEALTH PLAN, INC' with ID '01234567' and a status of 'Approved'. Below this are several tabs: Home, Identity, Credentials, Relationships, Contact, and Provider Notes. A 'Provider Members' section contains a table with the following data:

Name	From	To	Role	Position	Status
Jane Doe	7/11/2023		MCP	MAPP/HH TRACKING	Active

A green arrow points to the 'Edit...' button in the status column of the table row.

MCP Communication tool: Files

The new MCP Comment file will be used by MCPs to submit comments about their enrolled members to inform the HHs and CMAs about a member's needs.

- HH/CMA users cannot upload this file.
- Information submitted by MCPS on this file will be added to the Enrollment Download and My Members Download files; there is no MCP Comment Download file.
- Uploaded information will be included in files for 90 days (or until the End Date passes) and should be used by plans to alert HH/CMAs of member needs in real time.

MCP Comment File					
Field #	Field Name	Start Pos	Length	End Pos	Format
1	Record Type	1	1	1	Alphanumeric (C,M,D)
2	Member ID	2	8	9	AA11111A, Alphanumeric
3	MCP Comment Code	10	2	11	Alphanumeric (A1/00)
4	MCP Comment	12	300	311	Alphanumeric
5	Effective Date	312	8	319	MMDDYYYY, Numeric
6	End Date	320	8	327	MMDDYYYY, Numeric

MCP Error Comment File					
Field #	Field Name	Start Pos	Length	End Pos	Format
1	Line Number	1	6	6	Numeric
2	Record Type	7	1	7	Alphanumeric
3	Member ID	8	8	15	AA11111A, Alphanumeric
4	Effective Date	16	8	23	Date as MMDDYYYY
5	Error Reason Code 1	24	3	26	Numeric
6	Error Reason Code 2	27	3	29	Numeric
7	Error Reason Code 3	30	3	32	Numeric
8	Error Reason Code 4	33	3	35	Numeric
9	Error Reason Code 5	36	3	38	Numeric
10	Error Description 1	39	70	108	Alphanumeric
11	Error Description 2	109	70	178	Alphanumeric
12	Error Description 3	179	70	248	Alphanumeric
13	Error Description 4	249	70	318	Alphanumeric
14	Error Description 5	319	70	388	Alphanumeric

MCP Communication tool: Files

The following MCP fields will be added to the ***My Members Download*** file and the ***Enrollment Download*** file:

- MCP Comment Code
- MCP Comment
- MCP Comment Effective Date

My Members Download						
Field #	Field	Start Pos	Length	End Pos	Always Populated(Y/N)	Format
52	MCP Comment Code	799	2	800	N	Alpha
53	MCP Comment	801	300	1100	C	Alpha
54	MCP Comment Effective Date	1101	8	1108	C	Date

Enrollment Download file specification changes shown on slide 27

MCP Communication tool: Screens

A Communication tool has been created to allow MCPs to add comments about their enrolled members to inform the HHs and CMAs about a member's needs from the member's page within the HHTS.

A new screen section titled "MCP Comments" was added under the **Member Personal Information** tab on the screen. To access this screen, enter a CIN on the **My Members** page and click on the member's name. Comments can be added, modified, or deleted on this screen.

Female Age 54
Not Recorded

Home **Personal Information** Cases Administration

Click "New" to add a Comment

MCP Comments

Comment Code	MCP Comment	Effective Date	End Date	Status	Last Updated By	Last Updated On

Personal Information
Last 5 Services
R/E Code Details
Notes
Chronic Conditions
Restrictions
Member Program Inform...
MCP Comments

MCP Communication tool: Screens

A comment box will pop up to add your comment

1. Select the Comment Code from the drop-down
2. Add an End date if applicable
3. Type the comment into the text box
4. Click “save”

The added comment will then be shown on the screen and some download files.

MCP Comments							New...			
Comment Code	MCP Comment	Effective Date	End Date	Status	Last Updated By	Last Updated On				
▶ A3	Test	10/24/2023	12/31/2023	Active	kristen	10/24/2023 04:26 PM				

New CANS Values from Uniform Assessment System (UAS)

Updated CANS-NY 2.0 values will be available in MAPP HHTS after the Release 4.4 implementation. The updated CANS-NY 2.0 goes live in the UAS on November 15, 2023. No screens or files will be updated to accommodate this change; the updated values will simply display within current CANS-NY fields.

- Per the CANS 2.0 announcement, the current completed CANS-NY assessments do not need to be redone using the new CANS 2.0 tool. They will remain visible within the UAS for reference when completing the first re-assessment, after November 15, 2023.
- **CANS-NY 2.0 reference guides** and additional information pertaining to this update can be found [CANS-NY page](#) of the DOH website.
- **All CANS related questions should be directed to:**
 - Technical questions: UAS Help Desk uasny@health.ny.gov
 - HHSC policy questions should be submitted using the HH Team Mailbox: <https://apps.health.ny.gov/pubpal/builder/email-health-homes>, using the dropdown selection of “**Care Management/Health Home Core Services – HHSC ONLY**”.

HH+ CMA Designations & Relationship Attributes in HHTS

Currently in the MAPP HHTS, the same HH+ relationship attribute (flag) is used for both OMH and AI HH+ Designations but OMH and AI designations are not the same.

- AI HH+ designations are specific to a single HH-CMA relationship
- OMH HH+ designations are made at the CMA level and will apply to all HH-CMA connections for that CMA.
- The MAPP HHTS will allow billing for HH+ rates if **at least** one HH+ billing attribute is active on the HH-CMA relationship.

Managed Care Plan	Health Home	Care Management Agency	From	To	Relationship Status	Reason	Auto Approval	Direct Bill Override	OMH HH+ Flag	AI Attest
	Health Home A -01234567	CMA 1 - 12345678	1/1/2012		Active		Yes	No	Yes	No

Relationship Attribute	Start Date	End Date	Status	Last Updated Date
OMH HH+ Flag	6/1/2021		Active	7/2/2021 07:49 AM

AIDS Institute CMA Designations for HH+

This system change will separate OMH HH+ and AI HH+ designations to better identify (on screens and files), which CMAs have attested to provide AI HH+ level of Care Management with the specific identified Health Home.

Since there are significantly more OMH HH+ flags, any current HH+ billing flags in HHTS will update to “OMH HH+” and the HH+ flags for AI will be added as soon as possible, once Release 4.4 is live.

The updates to add the AI HH+ billing flags are added by DOH **manually** starting on 12/11/23. Therefore, please allow 2-3 days for these HH+ descriptions to accurately be reflected in the HHTS. The updates will not cause any billing errors. If there is a HH+ flag on now, it will still be on after implementation. The manual update will only be to identify if the flag is AI HH+, OMH HH+, or both HH+ flags.

New AI HH+ Attribute for AIDS Institute CMA Designations

The Provider Relationships inner tab will be updated to show columns for AI HH+ designations for CMAs. The added columns will display: Attestation (Y/N), AI Start Date, and AI End Date.

The screenshot displays the 'HEALTH HOME' interface for ID 01234567. The 'Relationships' tab is selected, showing a table of provider relationships. The table includes columns for Managed Care Plan, Health Home, Care Management Agency, From, To, Relationship Status, Reason, Auto Approval, Direct Bill Override, OMH HH+ Flag, AI Attest, AI Start Date, and AI End Date. A red box highlights the 'AI Attest', 'AI Start Date', and 'AI End Date' columns, and a red arrow points to the 'AI Attest' column. The 'Provider Relationships' menu item in the left sidebar is also circled in red.

Managed Care Plan	Health Home	Care Management Agency	From	To	Relationship Status	Reason	Auto Approval	Direct Bill Override	OMH HH+ Flag	AI Attest	AI Start Date	AI End Date
	Health Home - 01234567	CMA - 12345678	9/1/2022		Active		Yes	No	No	Yes	9/1/2022	

Provider Relationship downloads: AI HH+ Designated CMAs

The download files that contain HH+ designation flags are:

- HH CMA Relationship Download file which contains all **active** HH-CMA relationships in the HHTS for **all** providers.
- Provider Relationship Download file which contains all **active and closed** relationships for the specific provider that is downloading the file.

Both files will be updated to contain the AI HH+ Flag (Y/N), AI HH+ Start Dates, and AI HH+ End dates.

As a reminder, permissions for turning the HH+ designation flags on or off, on a HH-CMA provider relationship, must come directly from our contacts at OMH or AIDS Institute, by submission to MAPP CCC.

HH Claim and Encounter Summary File

New fields on the HH Claim and Encounter Summary File were added and will include the following information:

- **HH Enrolled Member Months in Past 10 Years:** This field would display the number of months the Member had *active or closed* enrollment segment in the past 10 years, irrespective of Health Home (excluding any closed pended segments).
- **HH Enrollment Months with Current HH in Past 10 Years:** This field would display the number of months the Member is with the current Health Home in the past 10 years in either *active or closed* segments (excluding any closed pended segments).

Example of HH Enrolled Member Months Calculation

HH Enrolled Member Months in Past 10 Years and HH Enrollment Months with Current HH in Past 10 Years fields, will use 120 months as the look back period to calculate Enrolled Member months in the past for the file.

For example, if the file is downloaded during the month of **April 2023**, the HHTS will look back until **May 2013**, to calculate HH Enrolled Member months Past 10 Years, and HH Enrollment Months with Current HH Past 10 Years fields. The Member has the following history in MAPP HHTS:

- 11/1/20 - 12/31/20: **Outreach** (0 months)
- 1/1/21 - 9/30/22: **Enrollment with HH1** (active-to-closed) = **21** months
- 10/1/22 - 11/30/22: **Enrollment with HH2** (pended-to-closed) = **0** months
- 12/1/22 - 4/2023: **Enrollment with HH2** (Active) = **5** months

Therefore, the download file would contain the following values:

Total HH Enrolled Member Months (21 HH1 + 5 HH2) = **26 months**

Total HH Enrollment Months with Current HH = **5 months**

My Members Program Filter for MAP Members

A member program filter for MAP Enrolled members has been added to the drop-down for the program filters, on the My Members search screen.

The MAP information is already included in several download files under the field labeled “MCP Type”. The MAP “MCP Type” will be displayed as “NMMCP MAP” in the download files.

If selected, the MAP program filter will return members currently enrolled in a MAP MCP.

First Name	<input type="text"/>	Last Name	<input type="text"/>		
Min. Age (Years)	<input type="text"/>	Max. Age (Years)	<input type="text"/>	Language	<input type="text" value="v"/>
County	<input type="text" value="v"/>	Zip Code	<input type="text"/>	Program	<input style="background-color: yellow; color: black; font-weight: bold; font-size: small; font-family: sans-serif; border: 1px solid black;" type="text" value="MAP Enrolled"/>
Member Status	<input style="font-weight: bold; font-size: small; font-family: sans-serif; border: 1px solid black;" type="text" value="All"/>	Consent	<input type="text" value="v"/>	Consenter	<input type="text" value="v"/>
Segment	<input type="text" value="v"/>	Segment Status	<input type="text" value="v"/>		
Reason	<input type="text" value="v"/>	Segment Begin Date	<input type="text" value="v"/>	Segment End Date	<input type="text" value="v"/>
Network Type	<input type="text" value="v"/>	Children's Waiver Services	<input type="text" value="v"/>	Record Last Updated	<input type="text" value="v"/>
Canceled Segment	<input type="checkbox"/>				

Update the Children's Referral Portal Questions relating to VFCAs

When an LDSS enters a child in foster care through the Children's Referral Portal, the system will no longer require that a Voluntary Foster Care Agency (VFCA) is collected. This will not be a mandatory selection.

This edit in the portal was requested by the LDSS providers, as a VFCA selection does not always apply to the referral and therefore resulted in system errors if no VFCA was selected.

• : You must choose one option.

Assign Voluntary Foster Care Agency

Member [REDACTED]

Select a Voluntary Foster Care Agency

: You must choose one option.

Voluntary Foster Care Agency *

If you have questions about this change, please submit using the Health Home Policy webform: <https://apps.health.ny.gov/pubpal/builder/email-health-homes>

Defect Resolutions Included in Release 4.4

POC Download File

Currently, MAPP HHTS is storing the uploaded values from the POC *upload* file correctly in the system.

There are two defects that are causing incorrect results on the POC *download* File.

- 1) displaying the wrong values to the History and Risk Factor community column.
- 2) incorrect or blank data in the following fields
 - POC Effective Date
 - POC Most Recent Modified Date
 - Member's Most Recent POC

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
- 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** 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>
- HHSC questions should now be directed to the HH Team mailbox:
<https://apps.health.ny.gov/pubpal/builder/email-health-homes>, using the dropdown selection of “Care Management/Health Home Core Services – HHSC ONLY”. **NOTE: The HHSC@health.ny.gov is no longer being used.**