Welcome

Welcome to the MAPP Health Home Tracking System (HHTS) Training Updates Newsletter. This document serves as an addendum to the Phase 1 Training Materials and focuses on system functionality workarounds, system enhancements, general training updates, and helpful tips to assist the end-user with completing certain tasks within the system.

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Claims Data Displayed in Billing Support File

Enhancement System Update: 06/05/2016
Information for: MCP, HH, and CMA Workers

The MCP, HH, and CMA Workers all have the ability to download the Billing Support Information Download file, which includes all billing instance information associated with a member's billing status for a given month. This file includes important information such as Add, Void, and potential billing instances for each monthly billing instance.
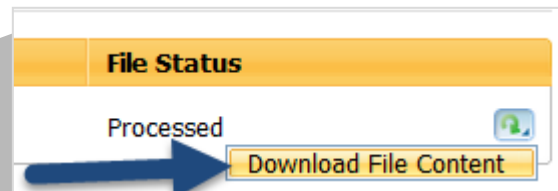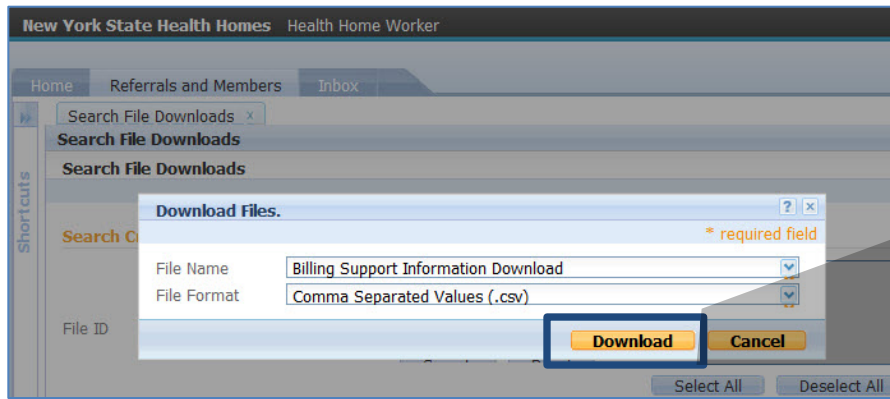
A new enhancement allows for Payment Reconciliation and Verification information to now be populated with information in the Billing Support Download File for all billing instances. Once the file is downloaded, a Worker is able to look for a member's CIN and their Service Date and can now see if the claim associated with that Service Date was paid, voided or denied.

Payment Reconciliation and Verification information includes: Claim Status, Date of Transaction, Payment Cycle, Denial Reason Code, Denial Reason Code Description, Denial Reason Code (2), Denial Reason Code Description (2), Paid Claim Provider ID, Paid Claim Provider Name, Paid Claim Rate Code, Paid Claim Provider ID equals MAPP Billed Entity MMIS ID, and Paid Claim Rate Code equals MAPP HML Rate Code.

These fields are only populated for Service Dates on and after January 1, 2016. If a Segment is manually entered into the MAPP HHTS with a Start Date prior to 1/1/2016, the MAPP HHTS will not populate these fields for those Billing Instances that have a Service Date prior to 1/1/2016.

If a Billing Instance for a specific Service Date has multiple Add and Void records, the MAPP HHTS will populate the Payment Reconciliation and Verification fields with the Billing Instance that has the Latest Transaction = Y. The system allows voided and potential Billing Instances to have paid claims information. Once the claim is voided and is updated in the MAPP HHTS, the Billing Support Information Download file should update the claims information with the voided claim.

When downloading the Billing Support Information Download File, scroll to the left to locate the fields relating to Claims Data (Columns BE through BQ in the Billing Support Download Information File Excel).

Claim Status	Date of Transaction	Payment Cycle	Denial Reason Code	Denial Reason Code Description	Denial Reason Code (2)	Denial Reason Code Description (2)	Paid Claim Provider ID	Paid Claim Provider Name	Paid Claim Rate Code	Paid Claim Provider ID equals MAPP Billed Entity MMIS ID	Paid Claim Rate Code equals MAPP HML Rate Code	Latest Transaction
P	02152016	2008					11146406	CenterPeace Health Home-100	1386			Y
D	02042016	2008	0142	REC DOB NOT EQUAL FILE			11146406	CenterPeace Health Home-100	1386	Y		Y
D	02042016	2008	2212	HH RT C NO VAL HH PAY WT	0144	REC SEX NOT EQUAL FILE	11146406	CenterPeace Health Home-100	1386	Y		Y
P	02292016	2010					02994109	Medi-Pro Care Management Agency-2	1386			Y
V	04042016	2015					02994301	Medi-Pro Care Management Agency-2	1386			Y

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Accepting a DOH Recommended Health Home Assignment as an MCP Worker

Enhancement System Update: 06/05/2016
Information for: MCP Workers

An Assignment is a process by which Medicaid members have been identified as potentially Health Home eligible members and assigned to a downstream provider for further action. DOH can make suggested Assignments, known as DOH Recommended Health Home Assignments, for members that are associated with a Managed Care Plan. These DOH Recommended Assignments are based off of claims related information and matches a member to a Health Home. Ultimately, the MCP is responsible for assigning the member to a Health Home, but the MCP Worker has the ability to accept or reject the member's "*Pending*" DOH Recommended Health Home Assignment, or assign a completely different Health Home altogether.

A new enhancement in the MAPP HHTS only allows the MCP Worker to accept a member's "*Pending*" DOH Recommended Health Home when the Managed Care Plan has an **active** Provider Relationship with that Health Home Organization. If the MCP and the Health Home do not have an active Provider Relationship, the MCP Worker receives an error when trying to accept the "*Pending*" DOH Recommended Health Home.

Scenario: The MCP Worker is able to view the list of Provider Relationships associated with the Managed Care Plan Organization. In the screenshot below, the Healthmore Managed Care Plan only has an active relationship with CenterPeace Health Home 201 through 205. The MCP Worker with Healthmore Managed Care Plan-10 has a "Pending" DOH Recommended Health Home for a member, Kevin Chestnut; however, it is with CenterPeace Health Home-73. Since the MCP does not have an active Provider Relationship with CenterPeace Health Home-73, the following occurs:

List of Health Homes that have an "Active" Provider Relationship with the MCP.

The MCP Worker navigates to the member's Assignments tab to accept the "Pending" DOH Recommended Health Home.

Kevin Chestnut has a "Pending" DOH Recommend Assignment

Remember: The MCP does **not** have an active Provider Relationship with CenterPeace Health Home-73.

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Accepting a DOH Recommended Health Home Assignment as an MCP Worker (Continued)

Enhancement System Update: 06/05/2016
Information for: MCP Workers

Scenario (Continued): After selecting the "Accept" option (as seen on the previous page), the MCP Worker receives a validation message to confirm the MCP Worker wants to accept the Assignment. The MCP Worker clicks the "Yes" button.

Note: After clicking **Yes**, since the MCP does not have an active Provider Relationship with CenterPeace Health Home-73, the MCP Worker receives the following validation message and is not able to accept the DOH Recommended Health Home. The validation message states "The assigned Managed Care Plan does not have an active relationship with the Health Home."

Solution: There are two options that can take place when the MCP and Health Home do not have an active Provider Relationship:

1) The MCP Worker can contact the Health Home to request that the Health Home properly document the MCP/HH Business Associate Agreement (BAA) with the Department of Health.
2) Alternatively, the MCP Worker can assign a different Health Home for the member, which will change the "Pending" DOH Recommended Health Home Assignment to an "Ended" status.

(*For more information on assigning a Health Home, please review Lesson 3 in the MAPP Health Home Tracking System for Managed Care Plan Workers End-User Guide.)

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Enhancements to Provider Relationships Tab

Enhancement System Update: 06/05/2016
Information for: MCP, HH, and CMA Workers and MCP, HH, and CMA Gatekeepers/Admins
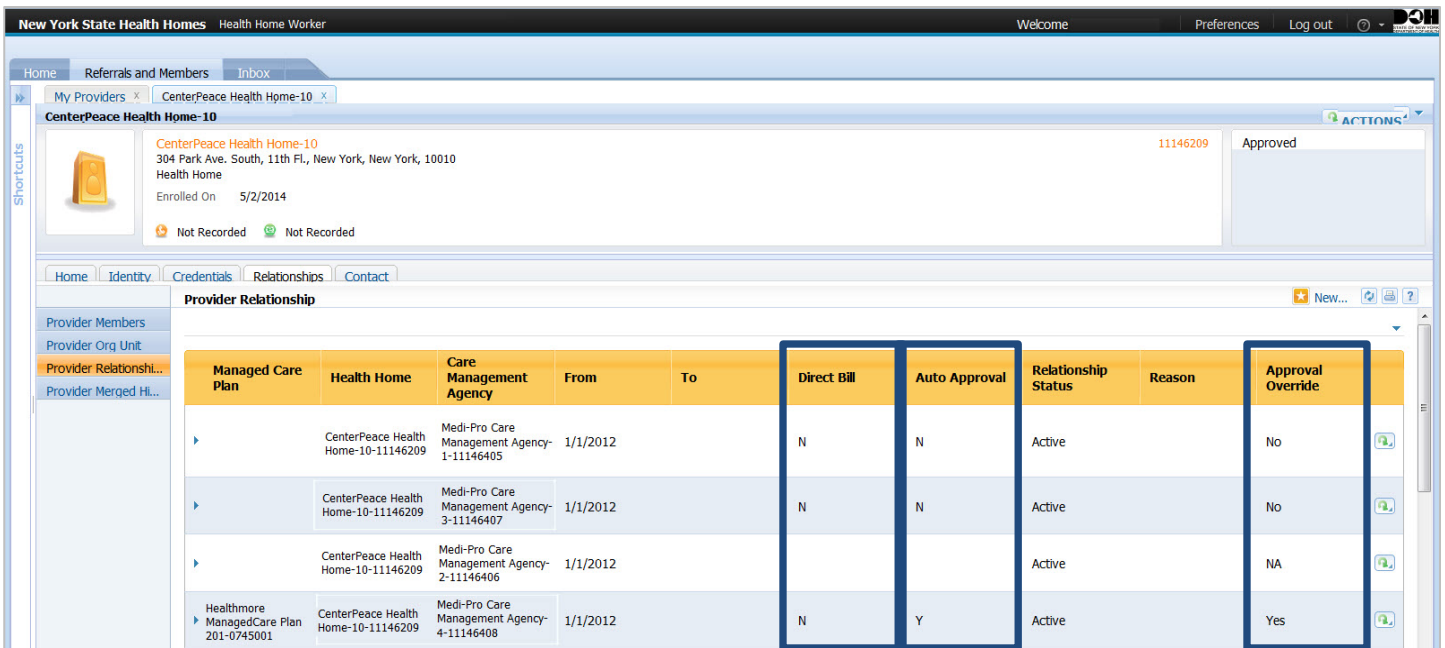
Managed Care Plan, Health Home, and CMA Gatekeeper/Admin and Workers can all view their Organization's Provider Relationships. The Provider Relationships Inner Tab allows these Administrators and Workers to view the full name and Provider ID of the MCP, Health Home, or CMA, as well as the Start and End Date of the relationship. The Relationship Status column indicates whether a Provider Relationship is Active, Closed, or Canceled. Provider Relationships are created by DOH based on Data Exchange Application Agreements (DEAA), Business Associate Agreements (BAA), or Administrative Services Agreements (ASA).

An enhancement to the Provider Relationships tab includes the addition of three new columns: **Direct Bill, Auto Approval** and **Approval Override.** For relationships between Managed Care Plans and Health Homes, the **Approval Override** column is blank or lists a "NA" value. When the Approval Override column displays a "Yes" value, it indicates the relationship between the Health Home and Care Management Agency is setup as auto-approval. When a "No" value is displayed, it indicates the Health Home and Care Management Agency is not setup as auto-approval. Auto-approval means that the Health Home has allowed the MAPP HHTS to automatically accept member Segments that have been created, modified, pended or deleted by the CMA. Only the DOH or Health Home Gatekeeper/Admin has the ability to edit the Yes/No value in the Approval Override column.

The **Direct bill** column displays "Yes" if the Care Management Agency bills Medicaid directly for Health Home services.

How to Access the Provider Relationships Inner Tab for MCP, HH, and CMA Workers

1) Click the Referrals and Members main tab (to the right of the Home tab).
2) Click the **Expand** button to open the Shortcuts Panel.
3) Click the **Providers** navigation bar (in the Shortcuts Panel).
4) Click the **My Providers** blue hyperlink.
5) Click the **Reference ID** blue hyperlink for the Organization.
6) Click the **Relationships** Tab (on the Navigation Bar).
7) Click the **Provider Relationships** inner tab.

How to Access the Provider Relationships Inner Tab for MCP, HH, and CMA Gatekeepers/Admins

After searching for the Provider, do the following:

1) Click the **Provider Name** blue hyperlink for the Organization
2) Click the **Relationships** Tab (on the Navigation Bar).
3) Click the **Provider Relationships** inner tab.

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Modifying "Hiatus" Outreach Segments for Enrollment Creation

System Fix: 06/18/2016
Information for: HH and CMA Workers

A Health Home or CMA Organization that has a member with an Outreach Segment in "*Hiatus*" status can modify the Segment End Date in order for another Health Home or CMA Organization to create an Enrollment Segment for the member.

For example, if the member is in "*Hiatus*" Outreach status, the HH Worker from Health Home 1 needs to first modify the Outreach Segment and include an End Date, End Date Reason, and select "Yes" to the 'Do You Want to End the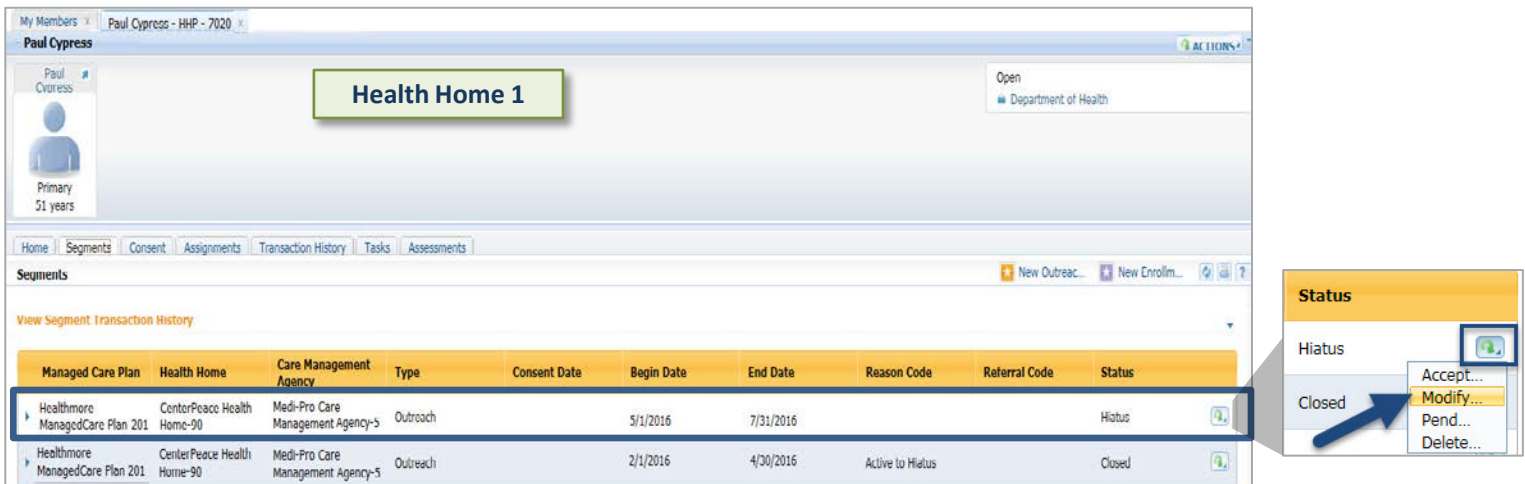 HH Assignment?' question. By ending the member's Health Home Assignment with Health Home 1, this allows Health Home 2 to create an Enrollment Segment for the member using his or her CIN with the Create Referral/Segment Wizard.

Previously, users were encountering an error that prevented them from entering an End Date for the Outreach Segment in "*Hiatus*" status, which stated: "Creating this outreach segment will result in the member receiving more than 3-months of Active Outreach in a 6-month period."

Upon the MAPP HHTS fix, Health Home 1 can now modify the "*Hiatus*" Outreach Segment, which allows Health Home 2 to create an Enrollment Segment using the Wizard.
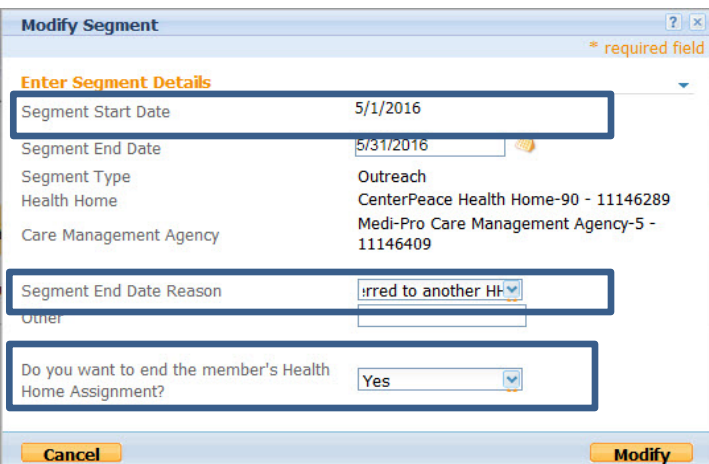
For more information on Outreach and Enrollment Segments or using the Create Referral/Segment Wizard please see Lesson 4 – Outreach & Enrollments in your Health Home or CMA ILT Guide.

Scenario – Paul Cypress has an Outreach Segment in "Hiatus" status with CenterPeace Health Home-90 (Health Home 1) with a Start Date of 5/1/2016. The Health Home Worker receives a phone call that another Organization (Health Home 2) would be a better fit for Paul's needs. Therefore, Health Home 1 will modify the existing Outreach Segment by adding an End Date of 5/31/2016 and selecting "Yes" to the "Do You Want to End the member's Health Home Assignment?" question. This action ends the Health Home 1 Assignment and relationship with the member.

Reminder Quick Steps –

1. Click the **Actions** button and select **Modify**.

2. Enter the End Date, Segment End Date Reason, and "Yes" to Do You Want to End the Member's Health Home Assignment. (*Note: The End Date must be the last day of the month prior to the Enrollment Start Date.*)

3. Click the **Modify** button.

4. Confirm the updated **End Date** and **Reason Code** are listed.

5. Notify Health Home 2 that the member can now be enrolled.

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Modifying "Hiatus" Outreach Segments for Enrollment Creation – (Continued)

System Fix: 06/18/2016
Information for: HH and CMA Workers

Scenario (Continued) – Now that the member's "*Hiatus*" Outreach Segment has an End Date of 5/31/2016. The HH Worker for Health Home 2 can create an Enrollment Segment with a 6/1/2016 Start Date and assign the member to a different Care Management Agency. Below is a summary of some of the steps to create an Enrollment Segment via the Create Referral/Segment Wizard.

Reminder Quick Steps – Continued

1. Click the **Create Referral/Segment Wizard** quick link to create an Enrollment Segment.

2. Select the **Enrollment Segment** radio button.

3. Enter the Member's CIN.

4. Verify Member Information.

5. Enter a new **Start Date** on the Create Enrollment Segment screen. *(Note: The Enrollment Start Date must be the 1st day of the month after the previous Outreach Segment was End Dated.)*

6. Assign a Care Management Agency (or a Health Home if this was done by a CMA Worker).

7. Verify Referral information is correct and click **Submit.**

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