



Department  
of Health

# Connection Between the Initial Plan of Care Date and Billing Instances in the MAPP HHTS

Effective July 1, 2020

# Initial Plan of Care Date Required in MAPP HHTS

Effective July 1, 2020, providers are required to submit to the MAPP HHTS for all actively enrolled members the initial date that a member's plan of care (POC) was completed. A POC date is between a member and a Health Home.

A member's plan of care date can be added when creating a segment, on the plan of care screen in the member's case, or via the Consent file upload.

The purpose of this new system requirement is to incorporate existing Health Home policy into the MAPP HHTS, not to change the existing POC policy. The links below contain current Health Home plan of care policy. If you have any additional questions regarding when a new POC is required, please contact the Health Home policy team using the webform link below.

**POC Policy:** [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/policy/docs/hh0008\\_plan\\_of\\_care\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/hh0008_plan_of_care_policy.pdf)

**POC & COVID Policy:** [https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/hh\\_covid\\_19\\_faq.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_covid_19_faq.pdf)

**Email HH about POC questions:** <https://apps.health.ny.gov/pubpal/builder/email-health-homes>

# Submitting POC while Creating a Segment Online

Using the *Create Referral/Segment* link

This screenshot shows a web form from the New York State Department of Health. The form includes the following fields: 'Member' (text input), 'Consent to Enroll Date' (calendar icon), 'Consent to Share Information Date' (calendar icon), 'Consenter' (dropdown menu with '--Please Select--'), and 'Plan of Care Date' (calendar icon). The 'Plan of Care Date' field is highlighted in yellow.

This screenshot shows the 'Create Enrollment Segment' form, specifically 'Step 2: Consent'. The form includes the following fields: 'Consent to Enroll Date' (calendar icon), 'Consent to Share Information Date' (calendar icon), 'Consenter' (dropdown menu), and 'Plan of Care Date' (calendar icon). The 'Plan of Care Date' field is highlighted in yellow.

Using the Member's *Segments* tab

# Submitting POC while Creating a Segment Online

The screenshot displays a web application interface for managing a member's care. The member is identified as 'UNIQUE CARTER', Primary, 44 years old. A 'Create Plan of Care' dialog box is open, prompting the user to 'Enter Plan of Care Details'. The dialog includes a required field for 'Plan of Care Date' and a dropdown for 'Plan of Care Health Home'. The 'Create' button is highlighted in orange. In the background, the 'Plan Of Care' table is visible, with the 'Plan Of Care' tab selected. The 'New...' button in the table's toolbar is circled in green, and a green arrow points from it to the 'Create' button in the dialog box.

My Members x Search File Downloads x

UNIQUE CARTER

Primary  
44 years

Enter Plan of Care Details

\* required field

Plan of Care Date \*

Plan of Care Health Home

Cancel Create

Home Segments Consent Plan Of Care Assignments Child Referral Info Transaction History Tasks Assessments

Plan Of Care

New...

Plan of Care Date	Create Date	Status	HH Name and ID	Last Updated By User	Last Updated By Provider Name and ID	Last Updated Date and Time
6/1/2020	6/29/2020 09:59 AM	Active			Department of Health -	6/29/2020 09:59 AM

# Submitting POC using Consent File

Use the Consent file to enter a plan of care date for a member using the 'P' record.

When Record Type is 'P (Create Plan of Care)', the following fields are required:

1. Record Type (field #1)
2. Member ID (field #2)
3. Plan of Care Date (field #10)
4. User must be a Health Home user to enter POC information. The user should not enter HH MMISID (field #3). If this field is populated the record will error.

# POC Date *Grace Period* and Billing Instances

Effective July 1, 2020, providers will have a *grace period* after an enrolled member's segment begins to allow the provider time to complete a member's initial POC. During this *grace period*, the system will continue to create billing instances for the member and the provider will be able to add these billing instances to the system to support billing without a submitted POC date.

Once the *grace period* is over, the system will no longer accept an added billing instance for the member without a POC date. The system will continue to create billing instances for the member without a POC date, but the provider will not be able to add these billing instances to the system until an appropriate POC date is entered into the system. A provider will know that the billing instances cannot be added because the **Validation Code** field = J: *Does not have Plan of Care*.

As part of MAPP HHTS release 3.5 (est. release date: 11/13/20), a member's POC date will be displayed on the Billing Support Download file.

# POC Date and Billing Instance: System Criteria

When determining if a member has an appropriate plan of care date to support a billing instance, the system looks at two criteria:

- Does the member have a POC date in the system that is either prior to the member's segment begin date or within 119 days of the member's segment begin date,

**AND**

- Does the Health Home ID associated with the member's POC match the Health Home ID associated with the member's enrollment segment.

For now, as long as those two criteria are met, the system will consider the billing instance covered with an appropriate POC.

# Plan of Care Date Grace Period

When this new POC date requirement goes into effect on July 1, 2020, the grace period will be 119 (allows four months of billing) days to reflect the current COVID-19 related extension. DOH will alert the Health Home community before this grace period returns to the normal 60 day requirement.

To allow providers time to submit POC dates for older active segments, the *grace period* “clock” starts July 1, 2020:

- For segments with a begin date prior to 7/1/20, providers will have 119 days from 7/1/20 to submit a plan of care for the member before the system will stop allowing BIs.
- For segments with a begin date on or after 7/1/20, providers will have 119 days from the segment begin date to submit a plan of care for the member before the system will stop allowing BIs.



# Scenarios: Submitting Plan of Care Dates

1. Member has an enrollment segment with a begin date of 5/1/17 and does not have a plan of care date in the system. The system will allow the provider to add a billing instance for the member through Oct 2020. The member's Nov 2020 billing instance will not be able to be added to the system due to **Validation Code J: Does not have Plan of Care**. The system will continue to add this **Validation Code** to any BI service dates that are not covered by a POC date.
2. If the provider in #1 above submits to the system on 8/15/20 a POC date of 6/20/17 for the member, the system will not attached **Validation Code J: Does not have Plan of Care** to the member's Nov 2020 BI.
3. If the provider in #1 above submits to the system on 12/15/20 a POC date of 6/20/17 for the member, the system will go back and remove the **Validation Code J** from the Nov and Dec 2020 BIs, which will enable the provider to submit the Nov and Dec 2020 BIs and bill for the member for Nov and Dec services.

## Scenarios: Submitting Plan of Care Dates Con't

4. Member has an enrollment segment with a begin date of 9/1/20. As of 2/1/21, since the member still does not have a POC date entered into the system, the member will have in the system addable billing instances for service dates Sept –Dec 2020 and non-addable billing instances with **Validation Code J: *Does not have Plan of Care*** for service dates Jan-Feb 2021.

If the provider then submits a POC date of 2/5/21, the system will remove the **Validation Code 'J'** from the Feb '21 service date billing instance since there is now a POC date to support that that month of service. **Validation Code 'J'** will remain on the Jan 2021 service date since the POC date is not prior to or within that month of service.

# Scenarios: Submitting Plan of Care Dates Cont'd

## *Effect of Gap in Care on POC/Billing Instances*

A member has two enrollment segments in the system with HH A. The first one is from 10/1/18 – 3/31/20 with CMA A and the second one is from 7/1/20 – no end date with CMA B. The member also has a 11/18/19 POC date in the system with HH A:

5. The system considers both of the member's enrollment segments as covered by a POC date regardless of the gap in care from April – June 2020.
6. Since POC dates are associated with HHs and not CMAs, the system does accept the 11/18/19 POC date for both segments since it satisfies the criteria on the previous slide for both segments.

**HOWEVER, these scenarios only show how the system works. This is not a direct reflection of the full Health Home policy regarding when a new POC is required after a segment change/gap in service. Please contact the Health Home policy webform (link on slide 2) for questions regarding when a new POC is required (i.e. POC requirements after gap in care/CMA change).**