# Health Home Bi-weekly Implementation Webinar: MAPP File Exchange

April  15, 2015

# MAPP Updates

# Review of HML Billing

# High, Medium, Low Payment Methodology

- Each month, a series of questions must be answered for each member enrolled in the Health Home program

- MAPP will answer two questions using the member's claim and encounter information (raw acuity and risk) and the member's CMA will answer the remaining questions (HIV Status: viral load & T cell count, Housing status, Recent inpatient stays due to mental illness or substances abuse)

- A member's High/Medium/Low status is determined by the highest level (High/Medium/Low) that the member achieves in any of the clinical or functional indicators

# High, Medium, Low Payment Methodology

- New rate codes will be used for the HARP/Non-HARP HML payment, which means that rate codes 1386 and 1387 will go away.
- Once we move to HML, there will be 8 Health Home rate codes (7 new rate codes)
  1. HARP High
  2. HARP Medium
  3. HARP Low
  4. Non-HARP High
  5. Non-HARP Medium
  6. Non-HARP Low
  7. Outreach
  8. Health Home Plus (existing rate code will stay the same)
  9. Adult Home Class member

# MAPP Phase 1 Functionality

# Phase 1: Health Homes MAPP Features

- Identification of Health Home eligible population

- Assigning eligible individuals to Health Homes

- Outreach of CMAs and Health Homes to potential members

- Enrolling an individual into a Health Home once outreach is complete

- Referrals of potential members

- Billing Support (Members' MCO, HH, and CMA and Diagnosis information)

- Transfer of individuals between Health Homes

- Member Batch lookup and export

- Dashboards to evaluate the performance of the Health Home program

# New Functionality in MAPP

- Care Management Agencies will have direct access to MAPP
  - This is predicated on the existence of an approved BAA with the respective Health Home(s) that is on file with NYSDOH.
- Better connection to eligibility and claim information (1 week in MAPP vs up to month delay in current system)
- Actions within MAPP can be performed:
  - individual online screen entry,
  - bulk online screen entry (select population of members and perform one action on all selected), or
  - file transfer
- Will track creation, acceptance, and rejection of assignments made from MC to HH to CMA.
- New concept of "accepting" assignments, transfers, and referrals by all users and of HH "accepting" assignment, outreach, and enrollment submitted by CMA
- Allow seamless "warm" transfer of members
- Uses status types and new end date reason codes for members in Assignment, Outreach, and Enrollment to better track members in outreach hiatus, incarcerated, lapsed Medicaid eligibility

# Access to Members in MAPP

- When a MCP/HH/CMA user signs into MAPP, the user only has access to the members that have an assignment, outreach, or enrollment segment with the user's organization.

- Once information about a member is entered into MAPP, the MC/HH/CMA connected to that member in MAPP can see the entered information.

- Members are associated with an organization, not an individual user. If a CMA has 100 members that are split up among 5 users at the CMA, the users will see all 100 members in MAPP, not their own 20 members.

# Member CIN Lookup

- Member CIN screen will allow user to look up a member using the member's CIN.  Returns basic Medicaid eligibility and Health Home status information about the member regardless of the member's connection to the user.

- Can submit either one CIN at a time or submit a series of CINs. User can either open up a report page for each member or download a file containing basic information regarding submitted CINs.

- Member report/file contains:

  - Member's basic demographic and contact information; History of the member's connection to the HH program; member's last 5 unique service providers (per claims/encounters); Recent care management billing

# MAPP Files

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- 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 will be posted to the Health Home website today. The remaining will be posted soon.

- Specifications will first be posted in an excel document. Health Home Member Specifications Document, which explains how the files inform tracking, will soon be updated to reflect how file will interact with the MAPP Health Home Tracking System.

- Link to MAPP File Specifications Documentation:
  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*          *Underlined files will be posted today*

**Files Uploaded into MAPP**

1. MCP Final Health Home Assignment File
2. Tracking File Segment Records (formerly Add/Change file)
3. Tracking File Assignment Records
4. Tracking File Delete Record
5. Billing Support Upload File –pre HML (formerly Billing Roster File)
6. Partner Network File Upload
7. HML Billing Support Upload File

**Files Downloaded from MAPP**

9. Managed Care Plan Assignment File
10. MCP Final HH Assignment File Error Report
11. Health Home Assignment File
12. Tracking File Error Report

13. Enrollment Download File
14. Acuity File Download
15. Billing Support Error File –pre HML (formerly Billing Roster Error File)
16. Billing Support Download File –pre HML (formerly Billing Roster Download File)
17. Partner Network File Error Report
18. Partner Network File Download
19. CIN Search Download File
20. My Member Download File
21. Past Assignments Download File
22. Manage Assignments Download File
23. HML Billing Support Error File
24. HML Billing Support Download File

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# MAPP Workflow

# 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 FFS & MC assignments and will either:

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

  - 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.

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

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# MAPP Assignment Files

- MCP can download assignments using the *Managed Care Plan Assignment File*

  - This file contains new fields showing member's MC assignment status (MCP Assignment Status values: pending: released to MCP by DOH; active: accepted by MCP or entered into assignment by MCP; pended: MCP decided member not currently appropriate for HH program) and secondary address information submitted by Plan (new info collected through *MCP Final HH Assignment File)*. File spec not available

- MCP uses the *Managed Care Plan Final Health Home Assignment File* to either pend a member by submitting a pend reason code or assign the member to a HH by submitting a HH MMIS Provider ID.

  - Previously file only used to assign member to HH. More fields added to file to collect plan supplied address information, member language, and reason code. File spec not yet available

- HH & CMA can download their assignments using the *Health Home Assignment File*

  - This file contains new fields showing member's HH & CMA assignment statuses (HH/CMA Assignment Status values: pending: released provider, but not acted on; active: accepted by provider) and secondary address information submitted by Plan. File spec not available

- Health Homes will accept or reject FFS and MCP assignments and assign members to CMA using the new *Tracking File Assignment Records* file (see upcoming slide on changes to the Tracking File). Care Management Agencies will also use this file to either accept or reject a member assignment (CMA cannot create an assignment)

  - This file is used to submit 4 new record types: S – accept assignment, R – reject assignment, E – end assignment, N –create a new assignment to CMA.

  - HH can also use this file to accept/reject assignments on behalf of their CMA by submitting an S/R record with CMA MMIS Provider ID field populated with the CMA that the HH is submitting on behalf of. File spec will be posted today

# 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 view their plan members and see member movement from *active* assigned to *pending active* O/E to *active* O/E

# Outreach & Enrollment Workflow in MAPP

- CMA submits the **_Tracking File Segment Records_** file to place member into outreach or enrollment or to Pend an existing segment.

  - This is the old add/change tracking file (see slide Tracking File changes)

  - Old record types (A-Add, C-Change) replaced with C: Create, A: Accept, M: Modify, P: Pend.

  - Submission of C record by CMA places member segment into _pending active_ status until HH approves segment (if HH identified CMA as auto approved, segment will go to _active_)

- HH submits the **_Tracking File Segment Records_** file to place member into outreach or enrollment, to pend an existing segment, or to approve a pending CMA segment.

  - To accept a CMA submitted segment, HH would submit an A (Accept) record.

- MCP/HH/CMA can download the **_Enrollment Download File_** to review all members that have ever been in outreach or enrollment with user's organization

  - Segment Status, HH & CMA name,  HARP Flags, and Medicaid Eligibility end date fields added to this file

  - File spec will be posted today

# Tracking System Files

- There are three different **Tracking File** specifications that can either be included in the same file submission OR can be broken up into three different file submissions. When submitting to MAPP, select *Tracking File* as file type for these three files.

  - *Tracking File Assignment Records* (file spec will be posted today)

    - Used to Accept (S), Reject (R), End (E), or Create a New (N) Assignment.

    - Both HH & CMA can submit file, but CMA cannot submit N record.

  - *Tracking File Segment Records* (file spec will be posted today)

    - Based on old Add/Change Tracking File records, but Add (A) and Change (C) no longer exist.

    - Used to Create (C) a segment, used to be the Add (A) record; Accept (A) a pending segment, A no longer means Add; Modify (M), used to be the Change (C) record, or Pend (P) a segment, new functionality.

    - Both HH & CMA can submit file, but CMA cannot submit A record.

  - *Tracking File Delete Records* (file spec will be posted today)

    - Used to delete incorrect information that should not have been submitted to MAPP.

    - Both HH & CMA can submit file.  If CMA submits, segment will be in *pending canceled* status until HH approves

    - This file has not been changed (MAPP file specifications match current HHTS file specifications)

# Referral and Transfer Workflow in MAPP

- HH/CMA users will be able to enter a community referral into MAPP. When submitting referral, MAPP will check member Medicaid eligibility and HH status.

- Health Homes will be able to create a transfer of an **enrolled** member to either another HH or to a different CMA within HH

  - When transfer is created, member stays in *active* enrollment status with original HH/CMA and a *pending* transfer is sent to new HH/CMA
  - If new HH/CMA rejects the transfer, the original HH is notified and the member's enrollment remains *active* with the original HH/CMA
  - If new HH/CMA accepts the transfer, the original segment is end dated and a new segment with the new HH/CMA is created automatically.

# Referral and Transfer Workflow in MAPP

- MCP can assign new members (members send to MCP through assignment process) to HH by submitting the member's information and HH assignment on the ***MCP Final Health Home Assignment File***

- **<u>Referral</u>**

  - HH & CMA can only submit a referral online.  HH & CMA cannot submit a referral to MAPP through a file.

- **<u>Transfer</u>**

  - HH is the only provider that can start a transfer

  - HH can create a transfer for member in Enrollment

  - Transfer can only be submitted online.  HH cannot submit a transfer to MAPP through a file.

# Billing Support Workflow in MAPP

- Care Management Agencies will submit monthly billing information (High, Medium, Low functional questionnaire) into MAPP
  - Submitted either individually for each member online or by uploading a file
  - CMA will respond to HML questions (Incarceration, Viral Load, T-Cell Count, Homelessness, Mental Health/Substance Abuse Status), indicate if a billable service was provided, submit diagnosis information.
  - MAPP will only accept information for members that have been submitted to MAPP in a billable status for the month submitted.
- Once submitted by CMA, HH and MC will be able to see billing support information (HH does not have to accept), which combines Tracking information with billing information submitted by CMA
- If CMA does not want to submit this information to MAPP, HH can submit on behalf of CMA

# Billing Support Workflow in MAPP (continued)

- Billing Support, available online or through file download, indicates entity responsible for billing Medicaid, places member into High, Medium, or Low rate code, and provides all information needed to submit claim.

- Billing Support will query MDW (Medicaid Data Warehouse) for payment/denial information regarding a claim. All providers associated with the member will have access to billing information submitted to Billing Support by users and pulled from MDW by MAPP.

- **BILLING SUPPORT DOES NOT SUBMIT A CLAIM TO MEDICAID. The responsible biller (MC for Plan members and HH for FFS members) must submit claim to eMedNY and send payment to downstream providers.**

- File specs for *Billing Support Upload File*, *Billing Support Error File*, and *Billing Support Download File* are not yet available.

# 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

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