



**Department
of Health**

**Medicaid
Redesign Team**

Health Home Focused MAPP HHTS Webinar

June 16, 2016

Agenda

- Health Home Administration Tasks
 - Gatekeeper Role
 - Managing Relationships
 - CMA IDs
- Billing Support
- Assignment File & Outreach Logic



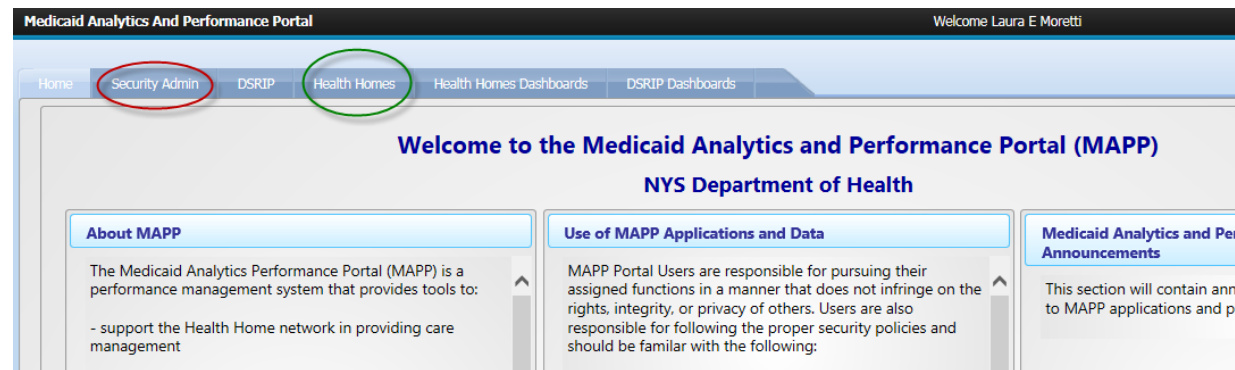
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Health Home Administration Tasks

Health Home Gatekeeper Role

- **User Maintenance:** HH Gatekeepers are responsible for adding or removing Gatekeeper, Worker, Read Only, and Screener users for their organization. These tasks are completed within the Security Admin tab.
- **Organization Management:** HH Gatekeepers are also responsible for confirming that their HH has relationships within MAPP HHTS with the correct CMAs and MCPs. These tasks are completed within the Health Homes tab.



Review and Confirm CMA Relationships: Gatekeeper Task

- Confirm that your HH has relationships in the MAPP HHTS with all of your CMAs:
 - Access MAPP HHTS, click on **My Providers**, click on **Reference** link, click on **Relationships** tab, click on **Provider Relationships** (left of screen). All from dates were automatically set to 1/1/12. This is for system purposes and does not reflect the date that you started working with a CMA
- If your HH has a BAA with a CMA that is not listed on this tab, then you must submit to MAPP CCC the email your HH received from the DOH Security Office when you documented that BAA with DOH.
- If you are unable to locate this documentation or have questions about HH/CMA relationships, please contact the DOH Privacy Office via email at Doh.sm.Medicaid.Data.Exchange@health.ny.gov.
- Once the relationship submitted to MAPP CCC is confirmed, DOH will update MAPP HHTS to reflect the relationship (this may take a few business days).
- If you are missing a relationship with a MCP that you have a contract with, contact that MCP and ask that they submit contract documentation to MAPP CCC

CMA MMIS Provider ID Issues

- Non direct billing CMAs should only have one MMIS Provider ID within the MAPP HHTS.
- Direct billing CMAs (converted OMH TCM, COBRA, MATS providers) must access the MAPP HHTS under each MMIS Provider ID they use to billing Medicaid for Health Home services.
- If a CMA bills Medicaid for Health Home services under more than one MMIS ID, then the CMA must:
 - Enroll members in their CMA under the MMIS Provider ID that the CMA uses to bill Medicaid for the members' Health Homes services
 - Access MAPP HHTS under of these each MMIS Provider IDs

CMA MMIS Provider ID Issues - continued

- If you have segments with a CMA under the CMA's correct MMIS Provider ID, but the CMA is accessing MAPP HHTS under another ID, then the CMA must:
 - Set up an HCS account under their correct ID
 - Submit a gatekeeper form for their correct MMIS Provider ID to MAPP CCC
 - Set up their users and start accessing MAPP HHTS under their correct ID
- If you have segments with a CMA under the CMA's incorrect MMIS Provider ID, then the you must work with the CMA to:
 - Delete the segments you have with the CMA under the incorrect ID and then resubmit those segments under the correct ID using a file (please see the MAPP HHTS Newsletter for information regarding sorting file records:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_training_updates_newsletter_may_2016.pdf)
 - If using .txt file, submit delete and create records on same file
 - If using .csv file, submit file containing the delete records. Once that file has processed, submit file to create new records.
 - **Do not make these segment changes until a known system issue regarding the Medicaid eligibility check is corrected. This correction should occur on 6/26/16. DOH will announce whether or not this bug has been corrected during the 6/28/16 MAPP HHTS Webinar (the link below contains MAPP HHTS webinar information).**
 - https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_hhts_webinar_schedule.xlsx



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Billing Support

Collecting and Submitting Billing Support Information

If you require your CMAs to submit HML billing information into a system outside of the MAPP HHTS, you must:

- Submit that collected HML billing information into the MAPP HHTS ASAP
- Provide your CMAs with a schedule of how often you submit their HML billing information into MAPP HHTS
- Ensure that your system mimics the MAPP HHTS HML Assessment:
 - Message to the user if an assessment is not accepted
 - Calculate for the member the HML category that the member will qualify for
 - CMAs must be able to submit HML billing information for one month and then just review, confirm those answers are still correct, and attest that a core service was provided in subsequent months. **If your system does not allow a CMA to do this, then you must allow the CMAs to complete the billing assessment within the MAPP HHTS and then download the results using the Billing Support Download file.**

Billing Support

- **Set up a call with the MCPs/CMAs you are working with and determine billing process**
- To access the member months that your HH needs to bill for in a given month, download the Billing Support Download File (BSDF) and filter the fields as described below:
 - **Add/Void Indicator** – ‘A’
 - **Service Date** – filter to the month you are billing for
 - **Billing Entity MMIS ID** – filter to your HH MMIS Provider ID
 - **Core Service Provided** - ‘Y’
 - **Latest Transaction** – ‘Y’
- Submit a 1387 outreach claim for a BI with an ‘O’ in the **Outreach/Enrollment Code** field and submit a 1386 enrollment claim for a BI with an ‘E’ **Outreach/Enrollment Code** field.

Billing Support - Continued

- If a downstream provider either accidentally adds a Billing Instance (BI) for a member month, deletes a segment that supported a BI, or needs to correct information submitted on a BI, then the BI will be in a void status. To find these BIs on the BSDF, filter the fields as described below. If you already submitted a claim to Medicaid for a voided member month, then you need to void that claim.
 - **Add/Void Indicator** – ‘V’
 - **Service Date** – filter to the month you are billing for
 - **Billing Entity MMIS ID** – filter to your HH MMIS Provider ID
 - **Latest Transaction** – ‘Y’
- If the supporting segment was deleted, then this BI may always stay in the voided status. If the BI just needs to be corrected, then once the downstream provider adds the corrected BI the newly added BI will be marked as the latest transaction and the voided BI will be updated to with an ‘N’ in the **Latest Transaction** field.

Billing Support – Claims feed back

- In late June, the claim information fields will be populated within the BSD file.
- The fields below will be populated for each BI marked with a ‘Y’ in the **Latest Transaction** field.
- 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
- More information regarding logic user to populate these fields coming soon.



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Assignment File & Outreach Logic

Post Segment Assignment Logic

- When a user submits an end date for a segment, the HH must indicate to the system whether or not the system should end the HH's assignment with the member.
- If the HH indicates that they do not want to end the HH assignment, then the member will go back on the Health Home assignment file in the active status. If the member is enrolled in an MCP, the member will also have an active MCP assignment.
- If the HH indicates that they want to end the HH assignment, then the member will not go back on the Health Home assignment file. If the member is enrolled in an MCP, the member will have an active MCP assignment.
- This works fine for members that are ending an enrollment segment or an outreach segment in the hiatus status, but can cause problems for members with an ending active outreach segment that will not result in a hiatus outreach segment (next two slides describes hiatus rules)

MAPP HHTS Hiatus Outreach Logic

- Outreach segments submitted to the MAPP HHTS must meet the criteria below to trigger the creation of an outreach segment in the hiatus status. The logic below is applied daily after midnight.
 - Outreach segment must have a system generated end date, meaning that the user submitted the outreach segment without an end date and the system calculated the appropriate end date to ensure that the member does not exceed 3 months of outreach in a 6 month period
 - The end date on the potential hiatus outreach segment must be on or after the transaction date. If the system determines that creating a hiatus outreach segment would result in an end date prior to the transaction date, then the system will not create the hiatus outreach segment.
 - As long as the submitted outreach segment meets the criteria above, the system will create a three month hiatus outreach segment regardless of how many months the original outreach segment contains.

MAPP HHTS Hiatus Outreach Examples

1. An outreach segment submitted on 4/20/16 with a begin date of 10/1/15 and no end date. The member does not have any other outreach segments. The system will create a closed outreach segment with an end date of 12/31/15. This segment **would not** trigger the creation of a hiatus outreach segment.
2. An outreach segment submitted on 4/20/16 with a begin date of 1/1/16 and an end date of 3/31/16. The system creates a closed outreach segment and **would not** trigger the creation of a hiatus outreach segment.
3. An outreach segment submitted on 4/20/16 with a begin date of 1/1/16 and no end. The member does not have any other outreach segments. The system will create a closed outreach segment with an end date of 3/31/16 and **would trigger** the creation of a hiatus outreach segment with a begin date of 4/1/16 and an end date of 6/30/16.
4. An outreach segment submitted on 4/20/16 with a begin date of 1/1/16 and no end. The member had one month of outreach in Dec 2015. The system will create a closed outreach segment with an end date of 2/29/16 and **would trigger** the creation of a hiatus outreach segment with a begin date of 3/1/16 and an end date of 5/31/16.

The Outreach/Assignment Issue - *Discussion*

- When a CMA accepts a *pending* CMA assignment, that member will be listed on the MCP & HH Assignment file with active MCP, HH, and CMA assignments.
 - The member is probably eligible for outreach, but it depends on how much outreach the member received in the past 6 months
- When hiatus outreach segment ends, the system adds the member to the MCP & HH Assignment files with active MCP, HH, and CMA assignments.
 - The member is eligible for outreach because the member just completed 3 months without outreach billing
- When an active outreach segment does not trigger the creation of an outreach segment in the hiatus status, the system also adds the member to the MCP & HH Assignment files with active MCP, HH, and CMA assignments.
 - The member is **NOT** eligible for outreach

The Outreach/Assignment Issue - *Discussion*

- DOH will request a system change to exclude from the assignment files members that are not yet eligible for outreach
- Think about what information is missing from the assignment file, or other download files.
- DOH will create a survey to collect possible system enhancements from HH community