



**Department
of Health**

**Medicaid
Redesign Team**

MAPP HHTS

Weekly Webinar

September 27, 2016

Agenda

- MAPP HHTS Reminders
- Implementation of Dec. 1, 2016 Health Home Billing Changes

MAPP HHTS Updates Effective Dec. 1, 2016

- Health Home **HML** rates will go into effect on **December 1, 2016**. Prior to submitting HH PMPM claim to Medicaid for dates of service on or after 4/1/16, **HML information MUST BE SUBMITTED** to MAPP HHTS.
- Direct billing by converted CMAs **will end as of December 1, 2016 dates of service**. ACT services continue to be an “in plan” benefit for MCP members, so ACT teams continue to either bill plans directly for ACT services provided to plan member and to bill Medicaid for ACT services provided to FFS.
- **MCP Capitation Payments**
 - In December, MCP capitation rates (Mainstream, HARP and HIV/SNP) will include estimated HH PMPM for Dec. 2016 - March 2017 service dates, plus up to one additional month of payments
 - MCPs will no longer submit HH PMPM to Medicaid. Once member billing instance added to MAPP HHTS, MCP will pay HH using pre-payment included on Dec 2016 capitation payment.

Preparation for 12/1/16 HH Payment Changes for fee for service members

- CMAs submit HML Assessment information to either HH's system or directly to MAPP HHTS.
- If HH collects HML Assessment information from another source, HH must submit HML Assessment information into MAPP HHTS
- HH downloads the Billing Support Download file and uses that file to submit Health Home claims to Medicaid.

Preparation for 12/1/16 HH Payment Changes for MCP members

DOH has identified two possible ways for providers to use the MAPP HHTS to exchange billing information for service dates on or after Dec. 1, 2016

1. CMAs/HHs work together to submit HML Assessment information into MAPP HHTS. MCPs pull down the Billing Support Download (BSD) file, convert that file into a format that their billing system accepts and submit that file into their billing system to trigger payment to the **Billing Entity** identified on the BSD file.
2. CMAs/HHs work together to submit HML Assessment information into MAPP HHTS. HH then submits claim information directly into the MCP billing system. MCP must then compare billing information submitted into their billing system to information on the BSD file and **ONLY** pay the submitted claim if the rate code and biller on the claim match the **Rate Code** and **Billing Entity** values on the BSD.

Health Home Billing Changes Next Steps

- MCPs should test their ability to convert their BSD file, submit claim information into their claim system, and then send payment to HHs.
- Providers should use the survey link below to:
 - Indicate which option you prefer (or suggest a new option)
 - Report to DOH any barriers/concerns
 - Include any questions you have about this change to the Health Home payment structure.

Health Home Contact Information

- For MAPP HHTS issues, contact: MAPP Customer Care (518) 649-4335 or email MAPP-CustomerCareCenter@cma.com
- For HH policy questions, contact the DOH Health Home Provider Line (518) 473-5569 or submit an email using the HH email web form: https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action
- For MAPP HHTS Training Newsletters or MAPP HHTS presentations: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm