

Medicaid Alternative Benefit Plan (ABP) Processing

State User Training

April 2020

Overview



- ◆ CMS is releasing fillable Adobe PDFs for Medicaid Alternative Benefit Plan (ABP) on the Medicaid Model Data Lab (MMDL).
- ◆ The MMDL is a web-based system to support Medicaid ABP reporting needs.
- ◆ States will access the fillable PDFs through the Medicaid ABP section of the MMDL.
- ◆ States will only be able to submit these fillable PDFs through the Medicaid ABP Forms Repository section of the MMDL.
- ◆ State staff will follow the same process to access and submit State Plan Amendment (SPA) documentation through the MMDL whether it is for Medicaid Premiums and Cost Sharing (MPC), Children's Health Insurance Program (CHIP), or Medicaid ABP.
- ◆ MAGI-based Eligibility and Administration SPAs/amendments are maintained in MACPro. Users can no longer create new MAGI-based Eligibility and Administration SPAs/amendments in MMDL. All new submissions must be created in MACPro.

State Work Flow

Repository Details and Workflow



- ◆ The Medicaid Alternative Benefit Plan Forms Repository allows States and CMS to have various workflow actions in creating, submitting and reviewing a SPA.
- ◆ The State workflow actions are:
 - ◆ Submit – States submit their SPA to CMS. Once submitted, the SPA is locked for CMS review.
 - ◆ Withdraw – States can withdraw a SPA submission at any time.
 - ◆ Allow CMS View - States may allow CMS to view a SPA draft in order to facilitate a discussion or quick review.
- ◆ Additional available functionality:
 - ◆ Browse
 - ◆ Edit
 - ◆ Print
 - ◆ Transaction History
 - ◆ User Access

State User Roles



- ◆ The system has multiple user roles that govern what a user can and cannot do in the system.

State Role	Abilities in MMDL
State Auxiliary (State Auxiliary)	(CHIP, ABP, MPC) Within their state: read all SPAs
State Staff (State Staff)	(CHIP, ABP, MPC) Within their state: read, create, edit, and withdraw SPAs
State System Manager (State Sys/OP Mgr)	(CHIP, ABP, MPC) Within their state: read, create, edit, withdraw SPAs, assign state users to edit SPAs, create new/edit existing state user profiles
State Medicaid Director (State Medicaid Dir)	(CHIP, ABP, MPC) Within their state: read, create, edit, submit, unsubmit, and withdraw all SPAs, assign state users to edit SPAs, create new/edit existing state user profiles

Logging In

Medicaid Model Data Lab Home Page



- ◆ Link: <https://wms-mmdl.cms.gov/MMDL/faces/portal.jsp>
- ◆ From the MMDL home page, a user can download blank PDF forms or log into the system.
- ◆ Downloading PDFs:
 - ◆ Select **ABP PDF Forms** for a list of PDFs available for download.
- ◆ Logging In:
 - ◆ After selecting **Access Module** under Medicaid Alternative Benefit Plan the user will be directed to the Log-in page.

User Credentials



- ◆ Current Medicaid Model Data Lab (MMDL) or Waiver Management System (WMS) users can use their current user ID and password.
- ◆ To request a user name and password, please use the **Contact** link at the bottom of any MMDL screen and complete the form that displays.



- ◆ The request should include the name, state, email and role of the requester.

Changing Password



- ◆ A new user is assigned a default password. It is recommended to change it upon your first login. To do so:
- ◆ Complete the User Name and Password fields but do not select the **Log In** button.
- ◆ Select the **Change Password** link at the top of the screen.

A screenshot of the CMS login page. At the top, there is a yellow navigation bar with two links: "Home" and "Change Password". The "Change Password" link is highlighted with a red rectangular border. Below the navigation bar is a white box with a grey border containing the "Login" section. The "Login" section has the title "Login" in blue. Below the title are two input fields: "User Name:" followed by a text box, and "Password:" followed by a text box. Below the input fields is a paragraph of text: "For security reasons, it is strongly recommended that you do not allow Windows to remember and autocomplete your password when you log in." At the bottom left of the login section is a "Log In" button.

Changing Password (cont.)



- ◆ The Change Password page will display.
- ◆ Enter the new password twice to confirm the password.
- ◆ Finalize it by selecting **Change** or to void the change, select **Cancel**.
- ◆ Once you have changed your password, you can enter the application by selecting **Finder** in the top menu bar.

Home Logout **Finder**

Change Password

Passwords must contain 6-15 characters and contain at least one letter and one number with no spaces between. Passwords are case sensitive.

User Name:

New Password:

Confirm Password:

Login Page



- ◆ To log in, enter your user name and password, then select **Log In**.
- ◆ Once you have logged in, you will be transferred to the first page within the application, the Finder page.

Login

User Name:

Password:

For security reasons, it is strongly recommended that you do not allow Windows to remember and autocomplete your password when you log in.

Creating a New State Plan Amendment

Navigation Functions



- ◆ To navigate to any section, use the navigation menu on the left side.
- ◆ Select the section and it will take the user directly to its first page.

Control Panel

General Information

File Management

Tribal Input

Summary

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: ZZ Test State

Transmittal Number:

Form Code	Form Name	Uploaded Form Count	Action
ABP1	Alternative Benefit Plan Populations	0	Manage
ABP2a	Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0	Manage
ABP2b	Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0	Manage
ABP2c	Enrollment Assurances - Mandatory Participants	0	Manage

Create New Medicaid ABP State Plan



- ◆ After logging in, the Medicaid Alternative Benefit Plan Finder page will appear:

State #	Submission ID	Draft ID	Submission title	Active Detail
ZZ	ZZ.206	ZZ ABP		Active Detail

[Create New](#)

- ◆ To create a new Medicaid ABP application, select **Create New**. This will start a blank version of the application. The **Create New** button is not used to amend an existing SPA.
- ◆ Creating a new Medicaid ABP will take the user to the first data entry page of the application (General Information).

General Information Section



- ◆ The General Information Section is a summary page listing the populations covered by this state.
- ◆ The user enters submission title and program description.
- ◆ States must include the date the public notice was issued. This date cannot be more than one year prior to the current date, nor a future date.
- ◆ The public notice publication date and public note comment period should be at least two weeks prior to the submission of a SPA.
- ◆ States must select the check boxes beside the four assurances concerning compliance with public notice requirements before continuing.

Medicaid Alternative Benefit Plan: General Information

State/Territory name: ZZ Test State

Transmittal Number:

General Information:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application

ZZ ABP

Description:

Character Count: 0 out of 2000

Public notice has been conducted prior to SPA submission pursuant to 42 CFR 440.386.

Date public notice was issued (mm/dd/yyyy)

The state/territory assures that it has provided the public with advance notice of the amendment and reasonable opportunity to comment.

The state/territory assures that it has included in the notice a description of the method for assuring compliance with 42CFR 440.345 related to full access to EPSDT services.

The state/territory assures that it has included in the notice a description of the method for complying with the provisions of section 5006(e) of the American Recovery and Reinvestment Act of 2009.

The state/territory assures that it has performed any required tribal consultation.

General Information Section (cont.)



- ◆ All states must also upload the public notice that was issued for the SPA or amendment using the new **Add a Document** feature.
- ◆ The user must then specify covered populations.
- ◆ Once this page is complete, select **Continue** to navigate to the File Management section.

Upload Public Notice Documents

[Add a Document](#)

ABP Screening Statements to Indicate Required Forms

Select one of the following options for eligibility group coverage:

- The population group for this Alternative Benefit Plan includes **only** the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. *If the state selects this option, the state must complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.*
- The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act, and also includes other groups. *If the state selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for the adult group and voluntary enrollment assurances for other eligibility groups.*
- The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act. *If the state selects this option, the state must complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.*

Enrollment is mandatory for some or all participants. *If selected, the state must complete form ABP2c to indicate agreement to mandatory enrollment assurances.*

Specify the number of **benchmark** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP3.1, ABP4, ABP5, and ABP8 for each benchmark benefit package.*

Specify the number of **benchmark-equivalent** benefit packages that will be created or amended with this submission. *The state must submit one version of forms ABP3, ABP3.1, ABP4, ABP6, and ABP8 for each benchmark-equivalent benefit package.*

File Management Section



- ◆ The ABP File Management Section tracks the form count of each form code because it enables a user to upload more than one of each form code.
- ◆ To upload a specific PDF, select **Manage** to the right of the corresponding PDF form code.

Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: ZZ Test State

Transmittal Number:

Form Code	Form Name	Uploaded Form Count	Action
ABP1	Alternative Benefit Plan Populations	0	Manage
ABP2a	Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0	Manage
ABP2b	Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	0	Manage
ABP2c	Enrollment Assurances - Mandatory Participants	0	Manage

File Management Section (cont.)



- ◆ When the user selects **Manage** a new screen will appear for the user to enter description text.
- ◆ The user will upload the PDF by selecting **Add a Form**, finding the saved PDF on their computer, and selecting **Upload**.

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

Form
Add a Form

Support Documents

Document
Add a Document

BACK

Using Current PDF Templates



V.20181119

- ◆ PDF form templates can be modified resulting in new versions being implemented.
- ◆ To ensure a current PDF template is up to date check the version number on the bottom right side of the last page to see if it matches the version number of the template available for download on the PDF Forms Library
- ◆ For CHIP and MPC, if an old template is already uploaded or the user attempts to upload an older template, they will receive an error message and cannot proceed until the old version is removed and the most current template from the library is downloaded, edited, and uploaded to the SPA.

Errors on the page.

Form Description: Character Count:0 out of 2000

Uploaded Form: Date Uploaded:
No file to download

Select form for upload: No file chosen

CS11_val_xfa.pdf is an incorrect version of the PDF. Please go to the PDF Forms page and download the correct version. If you need help, please contact formsupport@us.ibm.com

Adding Support Documents



- ◆ Additional documentation can be attached by selecting **Add a Document**, finding the supporting document on the computer, and selecting **Upload**.
- ◆ Once all documents are uploaded, navigate back to the file management list by selecting **Return to File Management**.

Control Panel

[Return to File Management](#)

Form ABP1: Alternative Benefit Plan Populations

ABP1 Forms List

Form	Delete
<p>Please provide a short description of this ABP1 form: Character Count:0 out of 2000</p> <p>Uploaded Form Name: _____ Date Uploaded: _____</p> <p>Select Form: _____ Browse...</p> <p>Upload</p> <p>Add a Form</p>	Delete

Support Documents

Document	Delete
<p>Please provide a short description of this support document: Character Count:0 out of 2000</p> <p>Uploaded Document Name: _____ Date Uploaded: _____</p> <p>Select Document: _____ Browse...</p> <p>Upload</p> <p>Add a Document</p>	Delete

Tribal Input



- ◆ Complete the Tribal Input section directly in the web report.

Control Panel

General Information

File Management

Tribal Input

Summary

Medicaid Alternative Benefit Plan: Tribal Input

State/Territory name: ZZ Test State

Transmittal Number:

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

- This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
- The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

Summary Page



- ◆ The Summary Page serves as the CMS 179 for Medicaid. Information such as the transmittal number and proposed effective date are entered here.

Control Panel

General Information

File Management

Tribal Input

Summary

Medicaid Alternative Benefit Plan: Summary Page (CMS 179)

State/Territory name: ZZ Test State

Transmittal Number:
Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Proposed Effective Date
 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	<input type="text"/> 0	\$ <input type="text"/> 0.00
Second Year	<input type="text"/>	\$ <input type="text"/> 0.00

Subject of Amendment
Character Count: 0 out of 2000

<http://www.medicaid.gov/>

Editing and Viewing a Submission

Menu Options



- ◆ **Home** – Returns the user to the Home Page, where Medicaid Alternative Benefit Plan application and other options are displayed.
- ◆ **Logout** – Saves the user’s work and exits the user from the system.
- ◆ **Finder** – Returns the user to the Medicaid Alternative Benefit Plan Finder Page.
- ◆ **Save** – Saves the page the user is currently completing. The system automatically saves data when the user moves from page to page, but a user’s session will time out if a page has not been refreshed for 30 minutes.
- ◆ **Print** – Takes the user to the Printing Selection Page.
- ◆ **Help** – Takes the user to the Help guidelines.

Medicaid State Plan ABP Finder



- ◆ After a Medicaid SPA is created, the Medicaid Alternative Benefit Plan Finder will be displayed.

<u>State</u>	<u>Submission #</u>	<u>Draft ID</u>	<u>Submission title</u>	<u>Active</u>	<u>Detail</u>
ZZ	ZZ.55	ZZ ABP -AJ Test - 7 Aug. 2013		Active	Detail

- ◆ **Active** directs the user to the Control Panel of the most recent submitted SPA for a Medicaid ABP.
- ◆ To access additional versions of the SPA within the Draft ID, select **Detail**, this will direct the user to the Medicaid Alternative Benefit Plan Detail Finder Page.

Medicaid ABP Detail Finder



- ◆ The Medicaid Alternative Benefit Plan Detail Finder lists each SPA within a SPA family.

Medicaid Alternative Benefit Plans Detail Finder

Base Number:

Title: ZZ ABP -AJ Test - 7 Aug. 2013

Base Draft ID: ZZ.55

Submission Detail:

Effective Date	Submission #	Draft ID	Submission title	Status
		ZZ.55.00.00	ZZ ABP -AJ Test - 7 Aug. 2013	DRAFT

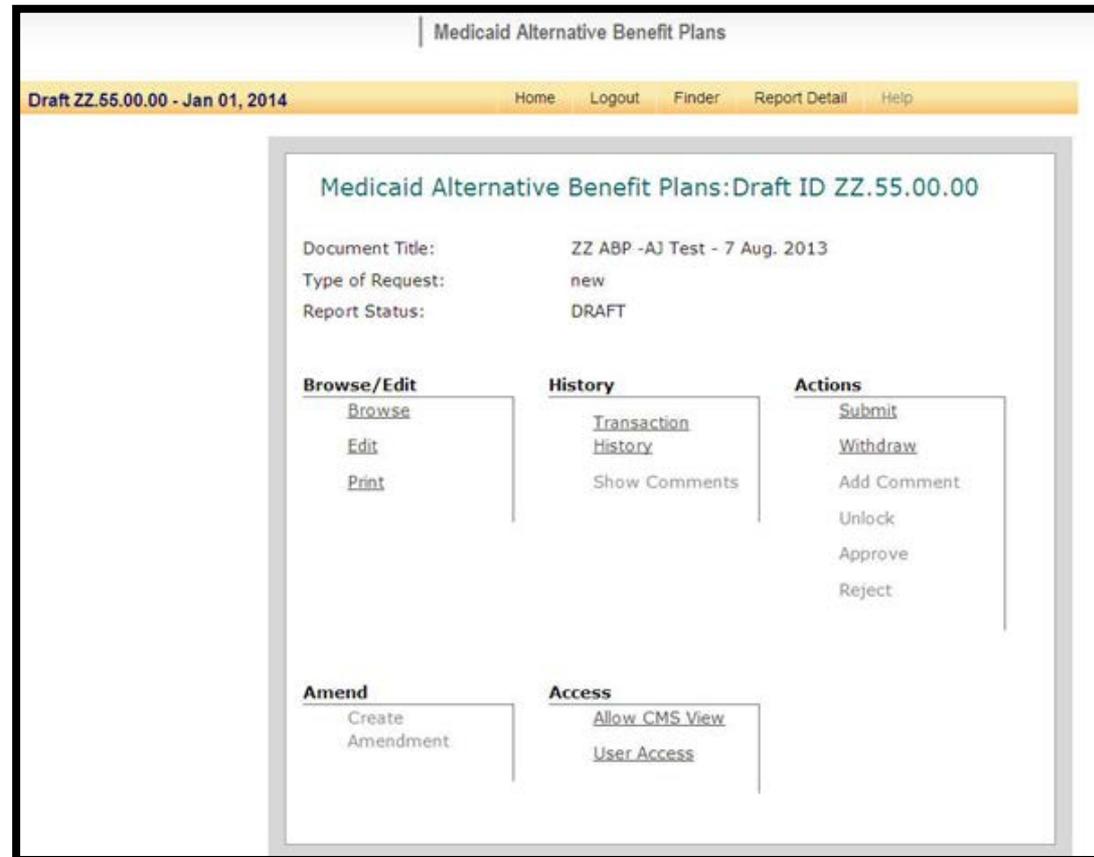
- ◆ SPAs are displayed regardless of status – draft, submitted, unsubmitted, unlocked, withdrawn and approved.
- ◆ Select the **Submission #** or **Draft ID** of the desired SPA. This will transfer the user to the Control Panel.

Control Panel Functions

The Control Panel



- ◆ The Control Panel displays functions available to the user, based upon their role and the status of the document.
- ◆ Functions in darker text and underlined are available to the user. Functions grayed out are not available to the user.
- ◆ Note: The Control Panel can only be accessed when the user is in a submission.



Control Panel (cont.)



- ◆ The user may either **Browse** or **Edit** the SPA through the Control Panel.



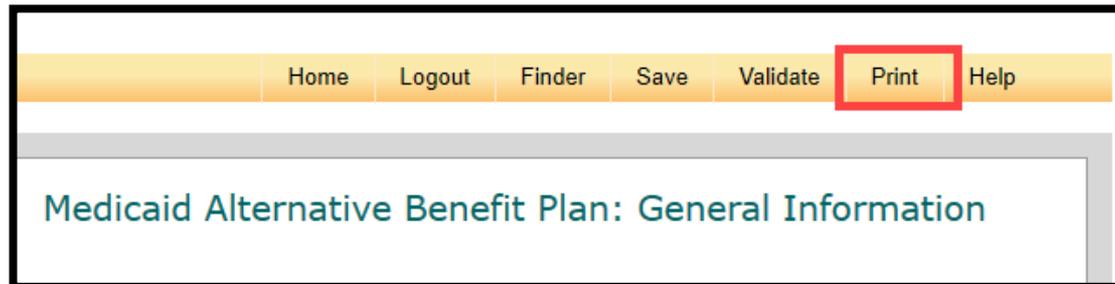
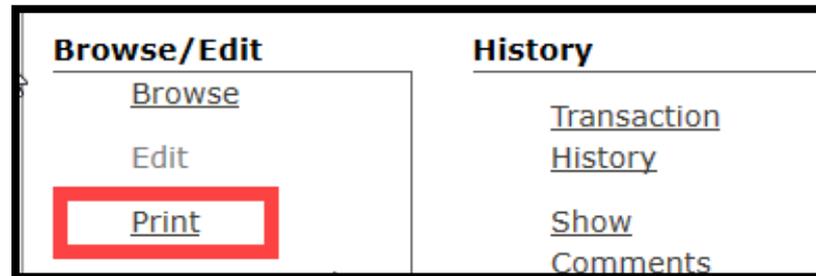
- ◆ Selecting **Browse** will allow the user to view the SPA in Read Only mode.
- ◆ Selecting **Edit** will allow the user to modify the SPA.
- ◆ Either option will bring the user to the General Information page of the application.

Printing a SPA

Printing in MMDL



- ◆ Follow the steps below to print a SPA in MMDL. These steps do not include printing uploaded PDF forms. To download forms attached to a SPA please refer to [Downloading Attached PDF Forms](#)
- ◆ If you are unable to complete the instructions, it may be because you do not have the correct software to read a PDF. In this case, please provide the SPA number(s) and PDF you want to print to the Help Desk.
- ◆ To print the SPA, select **Print** from the Control Panel or in the top menu of the SPA.



Selecting a Section to Print



- ◆ Use the radio button to select your desired section, or the full SPA with the **Entire Report** radio button. Then select **Create Printable View**.

Printing Selection

To print a report, make a selection below and select Create Printable View. This action will open up another browser with a printable version of the report. To print, select either the print icon in the toolbar or use the browser's print function. When you are finished close the printable version of the report.

Select section to print:

- Entire Report
- General Information
- File Management Summary
- File Management Detail
- Tribal Input
- Summary Page (CMS 179)

[Create Printable View](#)

It may take a few moments to load the printable version. Please wait for the browser to finish loading before printing the contents.

Printable View Tab



- ◆ A printable view of the SPA displays. To create a PDF to expand the text boxes, either select **Print** from the File menu, or right click and select **Print** from the dropdown menu that appears:

Medicaid Alternative Benefit Plan

Medicaid Alternative Benefit Plan: General Information

State/Territory name: ZZ Test State

Transmittal Number:

General Information:

Submission Title:
short (under 100 characters) label used to identify this submission in the web application
ZZ Test Submission

Description:
Lorem ipsum

Public notice has been conducted prior to SPA submission pursuant to 42 CFR 440.386.

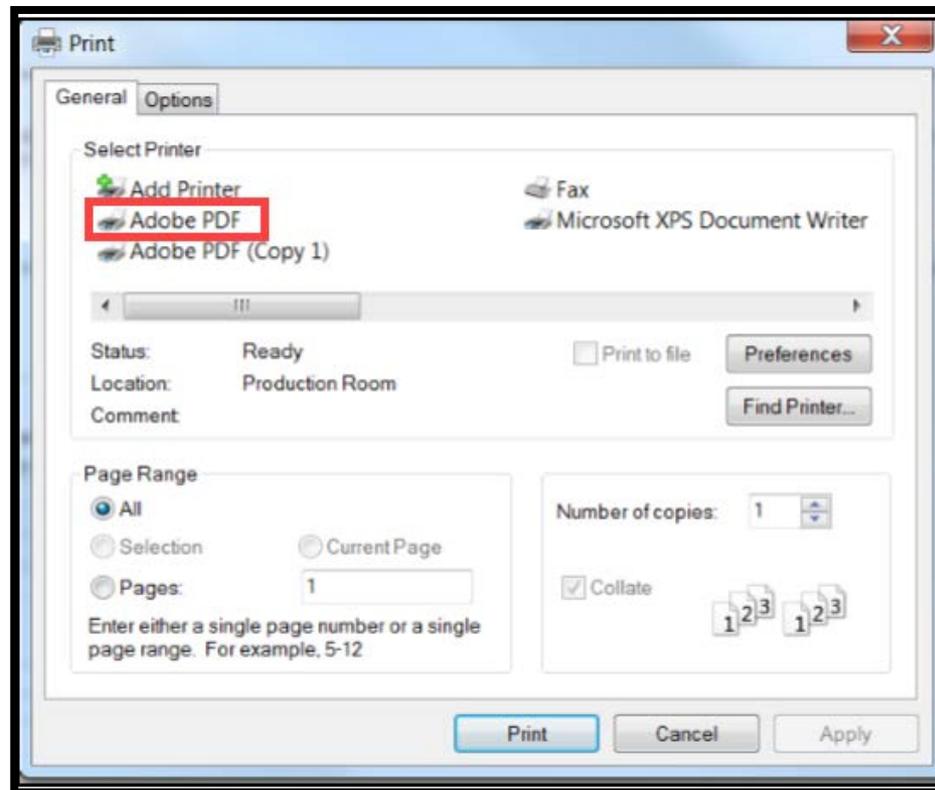
ABP Screening Statements to Indicate Required Forms
Select one of the following options for eligibility group coverage:

- The population group for this Alternative Benefit Plan includes **only** the adult group under section 1902(a)(10)(A)(i)(VIII) of complete form ABP2a to indicate agreement to voluntary benefit package selection assurances for the adult group.
- The population group for this Alternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i)(VIII) of th selects this option, the state must complete forms ABP2a and ABP2b to indicate agreement to voluntary benefit package selection assurances for other eligibility groups.
- The population for this Alternative Benefit Plan does not include the adult group under section 1902(a)(10)(A)(i)(VIII) of t complete form ABP2b to indicate agreement to voluntary enrollment assurances for these eligibility groups.

Context menu options: Back, Forward, Search using copied text (Ctrl+Shift+L), Save background as..., Set as background, Copy background, Select all, Paste, E-mail with Windows Live, Translate with Bing, All Accelerators, Create shortcut, Add to favorites..., View source, Inspect element, Encoding, **Print...**, Print preview, Refresh, Properties.

Creating a PDF

- ◆ Select your PDF creation software from the list of options and select **Print**. Then **Save** the PDF.



Downloading Attached PDF Forms

Downloading PDFs of Forms



On the Form Management screen there are two options to download PDFs of forms attached to a SPA:

- ◆ **Download** - permits users to download a non-508 compliant, fillable PDF that has been uploaded to a State Plan Amendment (SPA) package.
- ◆ **Download for Screen Reader** - permits users to download a 508 compliant version of a PDF template without fillable fields that has been uploaded to a SPA package via the File Management screen.
 - Users downloading 508 compliant files must choose the 508 compliant PDF when creating the CMS Approval Letter and Final Approval Package.
 - If the file downloaded is an older version of a modified PDF template, the PDF generated by selecting the **Download For Screen Reader** button is not considered fully 508 compliant due to the +/- labels in the table headers.

ABP1 Forms List

Form
Please provide a short description of this ABP1 form: Character Count: 65 out of 2000
Uploaded Form Name: _____ Date Uploaded: 08/14/2013
<input type="button" value="Download"/> <input type="button" value="Download For Screen Reader"/>

Users with PDF Reader Software



- ◆ Users with PDF reader software:
 - ◆ After choosing the **Download for Screen Reader** button select **Save** on the dialogue box that appears.
 - ◆ A 508 compliant PDF with all text fields expanded is automatically generated in the web browser.
 - ◆ Save the PDF. Once you save the file from this dialogue box and confirm the logical reading order, the PDF output is now considered 508 compliant. To ensure the printed output is formatted correctly you must always save the PDF prior to printing. Once the PDF is saved you may then open the file and print.

Users without PDF Reader Software



- ◆ Users without PDF reader software:
 - After choosing the **Download for Screen Reader** button select **Save** on the dialogue box that appears.
 - If you are using the Chrome or Firefox web browser, the PDF generated in your web browser is considered 508 compliant, so you can save that file.
 - If you are using the Internet Explorer (IE) web browser, you will receive the following dialogue box (see screenshot below). Make sure to choose **Save** (not Open). Due to IE limitations, only the saved file is considered 508 compliant—not the PDF that displays in the browser.



- ◆ Save the PDF. Once you save the file from this dialogue box and confirm the logical reading order, the PDF output is now considered 508 compliant. To ensure the printed output is formatted correctly you must always save the PDF prior to printing. Once the PDF is saved you may then open the file and print.

Submit



- ◆ Select **Submit** to submit the SPA.
- ◆ Only users with the State Medicaid Director role can submit a SPA.
- ◆ Selecting **Submit** starts the 90-day clock for approval of the SPA.

Browse/Edit Browse Edit Print	History Transaction History Show Comments	Actions Submit Withdraw Add Comment Unlock Approve Reject
Amend Create Amendment	Access Hide From CMS User Access	

Withdraw



- ◆ Only users with the State Medicaid Director role can **Withdraw** a SPA.
- ◆ If a SPA is withdrawn, the state will be required to complete a brand new submission package which includes refilling all the web-based pages and attaching each PDF to the new submission.

Browse/Edit Browse Edit Print	History Transaction History Show Comments	Actions Submit Withdraw Add Comment Unlock Approve Reject
Amend Create Amendment	Access Hide From CMS User Access	

Warning Message for Withdraw



- ◆ When a state selects **Withdraw** they will see this warning message.

Confirm Action: WITHDRAWN

Enter comments (optional) and confirm or cancel the action.

Character Count: 0 out of 1500

Warning! Withdrawing your submittal may result in losing your effective date window for this quarter.

Confirm Cancel

Allow CMS View



- ◆ Draft SPAs are not viewable by CMS unless the State selects **Allow CMS View**.

Browse/Edit	History	Actions
Browse	Transaction History	Submit
Edit	Show Comments	Withdraw
Print	Historical View	Add Comment
Validate		Unlock
		RAI
		Approve
		Reject
Amend	Access	
Create Amendment	Allow CMS View	

- ◆ A state may allow this functionality to facilitate a discussion or quick review by CMS.
- ◆ To allow CMS to view the SPA, the user must select **Allow CMS View** from the Control Panel. If this button is not selected, then CMS cannot view a SPA until it is submitted.

Hide From CMS



- ◆ Once the state has allowed CMS to view a SPA, it remains viewable unless the state selects **Hide from CMS**.
- ◆ This feature hides the draft so CMS can no longer view it.
- ◆ This feature is available once the state has allowed CMS to view a draft SPA.

Browse/Edit	History	Actions
Browse	Transaction History	Submit
Edit	Show Comments	Withdraw
Print		Add Comment
		Unlock
		Approve
		Reject
Amend	Access	
Create Amendment	Hide From CMS	
	User Access	

Transaction History



- ◆ Selecting **Transaction History** from the Control Panel will display the transaction history.

Browse/Edit Browse Edit Print Validate	History Transaction History Show Comments Historical View	Actions Submit Withdraw Add Comment Unlock RAI Approve Reject
Amend Create Amendment	Access Allow CMS View	

Transaction History (cont.)



- ◆ The Transaction History screen shows any major transactions that change the status of a SPA: submit, draft, approval, disapproval, unsubmit, unlock.

Transaction History

Submission
Number:
Submission Title: ZZ ABP -AJ Test - 7 Aug. 2013

Change Date	New Status	Username	Name	Role
08/07/2013 14:14:17	DRAFT			State Medicaid Dir

[BACK](#)

Assign User Access



- ◆ Users with the State Medicaid Director or State System Manager role can assign user access.
- ◆ All users who have created a submission package (usually the State Staff) can edit the package they created and have the ability to add other users to edit their applications.
- ◆ To assign edit access to a SPA application, select **User Access** on the Control Panel.

Browse/Edit Browse Edit Print Validate	History Transaction History Show Comments Historical View	Actions Submit Withdraw Add Comment Unlock RAI Approve Reject
Amend Create Amendment	Access Allow CMS View User Access	

Assign User Access (cont.)



- ◆ The User Access table lists users in a state. For the person who needs access, check the box under Access.
- ◆ Once the user(s) who need(s) access has been checked, select the **Back** button.

User Access

Waiver Number:
Program Title:ZZ ABP

Username	First Name	Last Name	Active	Access
			yes	<input type="checkbox"/>
			yes	<input type="checkbox"/>
			yes	<input type="checkbox"/>
			no	<input type="checkbox"/>
			no	<input type="checkbox"/>
			no	<input type="checkbox"/>



Other Features

Session Time Out Feature



- ◆ A system time out occurs when the system has not saved for 30 minutes.

Session Timed Out.

You have been logged out of MMDL.

- ◆ The system saves when the user moves from page to page. The system does not save when a user is working within a page unless the user selects a field that changes available options and refreshes the page. Failure to save data may result in loss of unsaved data.
- ◆ The system saves and the 30 minute time out resets, whenever the system refreshes. In most cases in the MMDL, a refresh happens when the user moves from page to page and when an upload occurs.

Questions and Next Steps

Technical Support



- ◆ The most efficient way to report your system question is to use the **Contact** link at the bottom of any MMDL screen and complete the form that displays:
- ◆ You may also contact the Help Desk at (301) 547-4688.

FAQs | Site Map | **Contact** | [Medicaid.gov](#) | [CMS.gov](#)