

Health Home State Plan Amendment

Web-Based Application User Training

August 2016

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Key Concepts

Health Home Program



- ◆ The web-based system uses the phrase “Health Home Program” to distinguish different Health Home programs within a state (e.g., different populations).
- ◆ This concept enables the system to connect multiple Health Home benefits to a single state.
- ◆ Once established, a Health Home Program can be amended. For example, a state may change the provider standards for the Health Home Program.
- ◆ Note: Now that Health Home State Plan Amendments are maintained in MACPro, users can no longer create new SPAs/amendments to SPAs in MMDL—all new SPAs/amendments to SPAs must be created in MACPro.

Health Home Program and State Plan Amendments



- ◆ Consistent with the previous system, each Health Home Services submission that a State submits for CMS review is a State Plan Amendment.
- ◆ A state first submits a State Plan Amendment to establish a Health Home Program.
- ◆ Each change to the Health Home Program, such as changing provider standards, is also a State Plan Amendment.

Submission Numbering System



- ◆ The system auto-generates a Submission Number for each submission.

- ◆ For example: ZZ.0361.R00.00
 - ◆ The letters represent the state abbreviation.
 - ◆ The next four numbers reflect the system-generated number and are unique for every health home program.
 - ◆ The last two numbers reflect if it's the original version or an amendment. 00 means it is the original SPA while a 01 means it is the first amendment, 02 the second amendment and so on.

- ◆ The Submission Number differs from the official SPA number, called the Transmittal Number.

User Roles



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

State roles:

User	Roles
State Medicaid Director	Submit applications Create applications Edit applications Create new user IDs Read all Health Home Programs in the State
State Staff	Create applications Edit applications Read all Health Home Programs in the State
State Auxiliary	Read all Health Home Programs in the State

User Roles (cont.)



CMS roles:

User	Roles
Regional Office Associate Regional Administrator (RO ARA)	Approve or reject a State Plan Amendment in a region Perform Regional Office Staff functions Read Health Home Programs in a Region
Regional Office Staff	Review and make comments for applications in a region Read Health Home Programs in a Region
Central Office Staff	Review and make comments for applications nationwide Read all Health Home Programs
CMS Auxiliary	Read all Health Home Programs

Log In

Medicaid Model Data Lab (MMDL) Home Page



- ◆ Go to <https://wms-mmdl.cdsfdc.com/MMDL/faces/portal.jsp>
- ◆ Select **Access Module** under **Health Home State Plan Amendment (HHS)**.

MMDL Medicaid Model Data Lab

Home Logout

MMDL Modules

Select a MMDL module to begin: For the MMDL module select **Login** to prepare, submit, or review a state submission or **Documents** for resource materials.

Medicaid Recovery Audit Contractor (RAC) Report
[Access Module](#)
[RAC Documents](#)

Medicaid Payment Suspensions State Annual Report(MPS)
[Access Module](#)
[MPS Documents](#)

Balancing Incentive Program(BIP)
[Access Module](#)
[BIP Documents](#)

Health Home State Plan Amendment(HHS)
[Access Module](#) ←
[HHS Documents](#)

PDF Repository

For the PDF Repository program select **Login** to prepare, submit, or review a State Plan Amendment; **PDF Forms** to download the forms to complete; or **Implementation Guides** to review the resource materials.

Medicaid State Plan Eligibility
[Access Module](#)
[Eligibility PDF Forms](#)
[Eligibility Implementation Guides](#)

Children's Health Insurance Program (CHIP) Eligibility
[Access Module](#)
[CHIP PDF Forms](#)
[CHIP Implementation Guides](#)

Medicaid Alternative Benefit Plan
[Access Module](#)
[ABP PDF Forms](#)
[ABP Implementation Guides](#)

Medicaid Premiums and Cost Sharing
[Access Module](#)
[Premiums and Cost Sharing PDF Forms](#)
[Premiums and Cost Sharing Implementation Guides](#)

Documentation
[CMS Upload Approval Letter Instructions](#)
[State Download Approval Letter Instructions](#)
[CMS Instructions for Reports](#)

Login 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.

[Log In](#)

- ◆ After logging in, the Health Home Services Finder page will appear.
- ◆ Enter your **User Name** and **Password**.
- ◆ Select **Log In**.
- ◆ 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.

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

Working With State Plan Amendments

Health Home Services Finder – View After a Health Home Program is Created



Health Home Services Finder

<u>State</u>	<u>Submission #</u>	<u>Draft ID</u>	<u>Submission title</u>			
ZZ		ZZ.04	GU HHS	<u>Active</u>	<u>Detail</u>	<u>Admin Rpt</u>
ZZ	ZZ.0154	ZZ.01	GU HHS	<u>Active</u>	<u>Detail</u>	<u>Admin Rpt</u>
ZZ	ZZ.0361	ZZ.27	GU HHS	<u>Active</u>	<u>Detail</u>	<u>Admin Rpt</u>

Create New

- ◆ **Active** directs you to the control panel of the most recently approved State Plan Amendment for a Health Home Program. If there is no approved SPA, then it will transfer you to the most recently submitted SPA.
- ◆ To access a different State Plan Amendment, select **Detail**, this will direct you to the Health Home Services Detail Finder Page (next slide).
- ◆ **Admin Rpt** directs you to the Health Home Administrative Component, which is not a State Plan Amendment and will be described in more detail later.
 - ◆ If the Submission # column is blank, it means the state has not submitted a version of the Health Home Program.

Health Home Services Detail Finder



Health Home Services Detail Finder

Base Number: ZZ0361

Title: GU HHS

Base Draft ID: ZZ.27

Submission Detail:

<u>Effective Date</u>	<u>Submission #</u>	<u>Draft ID</u>	<u>Submission title</u>	<u>Status</u>
11/12/14	ZZ.0361.R00.01	ZZ.27.00.01	GU HHS	SUBMITTED
01/01/14	ZZ.0361.R00.00	ZZ.27.00.00	GU HHS	APPROVED

- ◆ The Health Home Services Detail finder lists each State Plan Amendment for a Health Home Program.
- ◆ It displays all State Plan Amendments regardless of their status – draft, submitted and approved. Note: CMS will not be able to see drafts unless the state activates 'Allow CMS View' on the Control Panel.
- ◆ Select the **Submission #** or **Draft ID** of the State Plan Amendment you want to access. This will transfer you to the **Control Panel**.

Control Panel



- ◆ Functions in darker underlined text are available to the user. Functions grayed out are not available to the user.
- ◆ Available functions are based on the user's role and the status of the document.
- ◆ Only the State Medicaid Director role has the authority to **Submit**.
- ◆ Only the Regional Office ARA role has the authority to **Approve** or **Reject**.

Health Home Services:ZZ.0361.R00.01

Document Title: GU HHS
Type of Request: AMENDMENT
Report Status: SUBMITTED
Transmittal Number:
Supersedes Transmittal Number:
Proposed Effective Date: Nov 12, 2014
Draft ID: ZZ.27.00.01

Submission Date: Nov 12, 2013 : 3 days since submission

Browse/Edit	History	Actions
Browse	Change Report	Submit
Edit	Change Log	Withdraw
Print	Transaction History	Add Comment
	Show Comments	Unlock
		RAI
		Approve
		Reject

Amend	Access
Create Amendment	User Access

Control Panel (cont.)



Document Title:	ZZ HHS
Type of Request:	NEW
Report Status:	DRAFT
Transmittal Number:	ZZ-97-0001
Supersedes Transmittal Number:	ZZ-97-0000
Proposed Effective Date:	Jan 1, 2015

- ◆ The Control Panel contains the Transmittal Number, Supersedes Transmittal Number and Effective Date proposed by the state for the SPA.
- ◆ The Proposed Effective Date will appear when the SPA is in draft or submitted form. It will change to Approved Effective Date after the SPA is approved.

Control Panel (cont.)



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

- ◆ Select **Browse** or **Edit** to view the State Plan Amendment. This will bring you to the Submission Summary page of the application.
- ◆ To access the State Plan Amendment in Read Only mode select **Browse**.
- ◆ To edit the State Plan Amendment select **Edit**.

Amendments

Note: Now that Health Home SPAs are maintained in MACPro, users can no longer create new SPAs/amendments to SPAs in MMDL—all new SPAs/amendments to SPAs must be created in MACPro.

Implementation of an Amendment



- ◆ Once the amendment is submitted and approved, it will immediately become incorporated into the original SPA. Therefore, future amendments will contain all the previously approved amendments.
- ◆ The incorporation of an amendment is determined only by the approval date, not the effective date.
- ◆ If two amendments update the same section, the amendment approved last will override any previously approved updates.
- ◆ The original SPA becomes a work-in-process, adjusting whenever an amendment is approved. However, users have the capability to view the original, unaltered SPA submitted by the state. The method to view the original SPA is on the following slides.

Historical View

View the Original SPA

Purpose of Historical View



- ◆ The purpose of the Historical View is to view the version of the SPA as it appeared when it was originally approved, without the incorporated approved amendments.
- ◆ The Historical View also preserves all versions of the SPA, with the amendments incorporated and without.
- ◆ All versions can be retrieved and viewed.
- ◆ These versions are conserved dependent on the approval date. To view a SPA, select a date, and the SPA will be displayed exactly how it appeared on that date.
- ◆ The Historical View is available to both state and CMS users.

Historical View



Health Home Services:ZZ.0361.R00.00

Document Title: GU HHS
Type of Request: NEW
Report Status: APPROVED
Transmittal Number: ZZ-97-0001
Supersedes Transmittal Number: ZZ-97-0000
Approved Effective Date: Jan 1, 2015
Approval Date: Mar 21, 2013
Draft ID: ZZ.027.00.00

Browse/Edit	History	Actions
Browse	Change Report	Submit
Edit	Change Log	Withdraw
Print	Transaction History	Add Comment
	Show Comments	Unlock
	Historical View	RAI
		Approve
		Reject

- ◆ To view the past versions of the SPA (with or without the incorporation of the amendments), select the 00 SPA in the detail view and then Historical View.

Historical View (cont.)



Historical Date Selection

View As Of Date: (mm/dd/yy)

View As Originally Approved:

- ◆ To view the originally approved SPA, select “View As Originally Approved”. The original version is the version without incorporations of approved amendments.
- ◆ To view the subsequent SPAs on a particular date, enter the date in ‘View As Of Date’. You may view it before or after an amendment was approved.

Navigation Functions

Navigation Functions



GOVERNOR'S OFFICE REVIEW

No comment.

Comments received.
Describe:

No response within 45 days.

Other.
Describe:

- ◆ Select ←Back or Continue→ on the bottom right and left corners of the page to change pages.
- ◆ Do not use the browser's back or continue button. Using these may cause data to be lost.

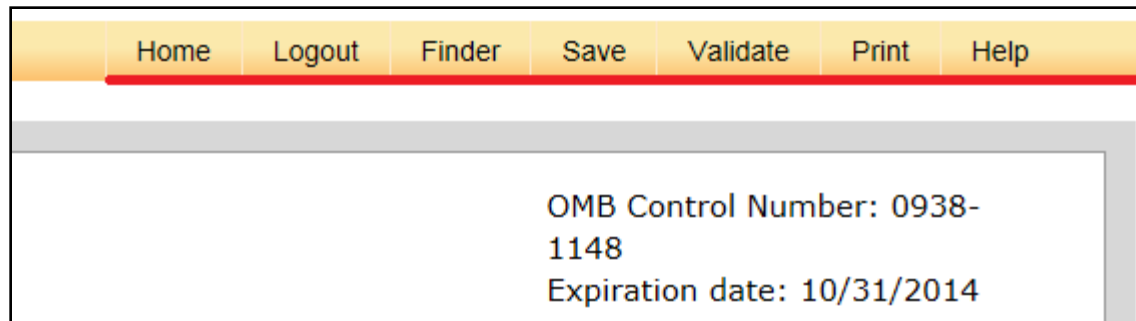
Navigation Functions (cont.)



Control Panel	
Summary	OMB Control Number: 0938-1148 Expiration date: 10/31/2014
Public Notice	<i>Transmittal Number: ggdud Supersedes Transmittal Number: dudu Proposed Effective Date: Dec 12, 2010 Approval Date:</i>
Tribal Input	<i>Attachment 3.1-H Page Number:</i> <input type="text"/>
SAMHSA Consultation	
Criteria	<h3>Submission Summary</h3>
Providers	Transmittal Number: <i>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.</i>
Service Delivery	<input type="text"/>
Payment	
Service Categories	Supersedes Transmittal Number: <i>Please enter the Supersedes 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.</i>
Monitoring	<input type="text"/>

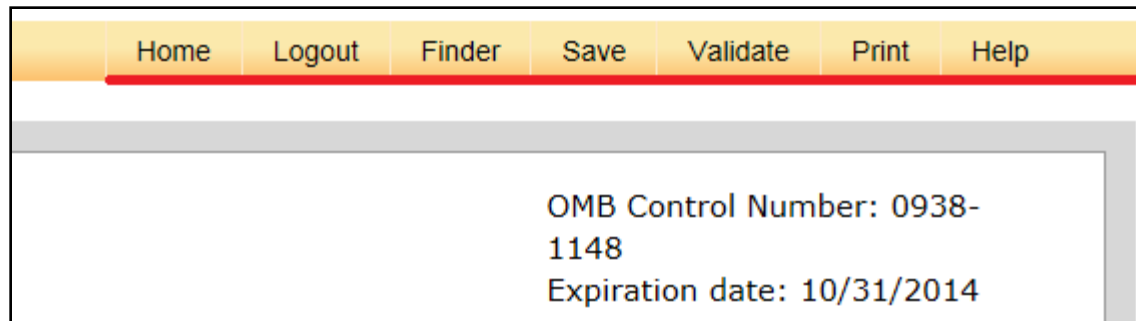
- ◆ To navigate to any section, use the navigation menu on the left side.
- ◆ Select the section and it will take you directly to its first page.

Navigation Functions (cont.)



- ◆ **Home** – Returns you to the Home Page, where Health Home Services application and other options are displayed.
- ◆ **Logout** – Saves your work and exits you from the system.
- ◆ **Finder** – Returns you to the Health Home Services Finder Page, where there is a list of Health Home Programs.
- ◆ **Save** – Saves the page you are currently completing. The system automatically saves data when you move from page to page. It is essential to save often to prevent the system from timing out. Once the system has timed out, all unsaved data will be lost.

Navigation Functions (cont.)



- ◆ **Validate** – Takes you to the Validation Page. This feature allows you to check the entire application to verify that the required fields have been properly completed.
- ◆ **Print** – Takes you to the Printing Selection Page. This allows you to print the entire application.
- ◆ **Help** – Takes you to the Help guidelines.

Input Controls

Input Controls



- ◆ Radio buttons: Radio buttons are used when only one option should be selected in a group.

- Public notice was not required and comment was not solicited
- Public notice was not required, but comment was solicited
- Public notice was required, and comment was solicited

- ◆ Checkboxes: Checkboxes are used when all appropriate options can be selected in a group.

- Mental Health Condition
- Substance Abuse Disorder
- Asthma
- Diabetes
- Heart Disease
- BMI over 25


Input Controls (cont.)



- ◆ Textboxes: Textboxes allow users to describe or explain information. Every textbox has a character limit.

Describe statewide geographical phase in/expansion. This should include dates and corresponding geographical areas that bring the program statewide.

Character Count:0 out of 2000




- ◆ Activation of questions: If certain questions are selected, then other questions become active and responses are required. For example, selecting 'Other Service Delivery System' activates a textbox that

Other Service Delivery System:

Describe if the providers in this other delivery system will be a designated provider or part of the team of health care professionals and how payment will be delivered to these providers:

Character Count:0 out of 2000



Application Content

OMB Number and Paper Work Reduction (PRA) Text



- ◆ The OMB number is located at the top of the Summary section within the SPA and above the Summary section in the print report.

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Transmittal Number: ZZ-97-0000 Supersedes Transmittal Number: ZZ-97-0000 Proposed Effective Date: Jan 1, 2014 Approval Date:
Attachment 3.1-H Page Number:

Submission Summary

- ◆ The PRA text is located at the bottom of the Monitoring section within the SPA and after the Monitoring section in the print report.

Transmittal Number: ZZ-97-0000 Supersedes Transmittal Number: ZZ-97-0000 Proposed Effective Date: Jan 1, 2014 Approval Date:

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 80 per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Transmittal Number and Supersedes Transmittal Number



- ◆ The Transmittal Number and Supersedes Transmittal Number is located in the Submission Summary section.

Submission Summary

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.

ZZ-97-0001

Supersedes Transmittal Number:

Please enter the Supersedes 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.

ZZ-97-0000

- ◆ Once the fields are completed, the Transmittal Number information will be automatically populated throughout the SPA and on the Control Panel.
- ◆ The information will appear on the top and bottom of each page, as well as in the print report.
- ◆ Top of the page:

Transmittal Number: ZZ-97-0001 Supersedes Transmittal Number: ZZ-97-0000 Proposed Effective Date: Jan 1, 2015 Approval Date:
Attachment 3.1-H Page Number:

- ◆ Bottom of the page:

Transmittal Number: ZZ-97-0001 Supersedes Transmittal Number: ZZ-97-0000 Proposed Effective Date: Jan 1, 2015 Approval Date:

Attachment 3.1-H Page Number



Transmittal Number: ZZ-97-0001 Supersedes Transmittal Number: ZZ-97-0000 Proposed Effective Date: Jan 1, 2015 Approval Date:

Attachment 3.1-H Page Number:

Submission - Public Notice

- ◆ The Attachment 3.1-H Page Number is located on the top of each page except for the Services of Categorically and Medically Needy pages.
- ◆ Enter this information for each section.

Proposed Effective Date and Approval Date



- ◆ The Proposed Effective Date is to be completed on the Submission page.
- ◆ If the SPA is in Draft or Submitted status the Proposed Effective Date will appear on the top and bottom of every page.

*Transmittal Number: ZZ-97-0001 Supersedes Transmittal Number: ZZ-97-0000 Proposed Effective
Date: Jan 1, 2015 Approval Date:
Attachment 3.1-H Page Number:*

Submission - Public Notice

- ◆ Once the SPA as been Approved the date will change from Proposed Effective Date to Approved Effective Date and the Approval Date will be added.

*Transmittal Number: ZZ-97-0001 Supersedes Transmittal Number: ZZ-97-0000 Approved Effective
Date: Jan 1, 2015 Approval Date: Oct 9, 2014
Attachment 3.1-H Page Number:*

Submission - Public Notice

- ◆ This information is also included in the Print Report.

Submission Summary



- ◆ This section contains information provided in the CMS Form 179, such as state contacts, effective date, executive summary, federal budget, federal statute, and governor's office review.

OMB Control Number: 0938-1148
Expiration date: 10/31/2014

Transmittal Number: ZZ-00-0000 Supersedes Transmittal Number: ZZ-01-1111 Proposed Effective Date: Oct 7, 2014 Approval Date:
Attachment 3.1-H Page Number:

Submission Summary

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.

Supersedes Transmittal Number:
Please enter the Supersedes 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.

The State elects to implement the Health Homes State Plan option under Section 1945 of the Social Security Act.

Name of Health Homes Program:

State Information

State/Territory name: ZZ Test State
Medicaid agency:

Public Notice



Submission - Public Notice

Indicate whether public notice was solicited with respect to this submission.

- Public notice was not required and comment was not solicited
- Public notice was not required, but comment was solicited
- Public notice was required, and comment was solicited

Indicate how public notice was solicited:

- Newspaper Announcement
- Publication in State's administrative record, in accordance with the administrative procedures requirements.

Date of Publication:

(mm/dd/yyyy)

- Email to Electronic Mailing List or Similar Mechanism.

- ◆ If 'Public Notice was not required and comment was not solicited' is selected, then the remainder of the section remains inactive and does not need to be completed.
- ◆ If either 'Public notice was not required, but comment was solicited' or 'Public notice was required and comment was solicited' is selected, then the remainder of the section becomes active and completion is required.
- ◆ Public notice is required when a Health Home Program is created.

Public Notice (cont.)



- ◆ Several selections require further information.
- ◆ The additional questions appear as Add a ... or request specific information via textboxes.
- ◆ Selections with additional questions:
 - ◆ Newspaper Announcement
 - ◆ Website Notice – Other
 - ◆ Public Hearing or Meeting
 - ◆ Other Method
- ◆ The following slides provide an example, using the Newspaper Announcement selection.

Public Notice (cont.)



◆ To add a selection follow the instructions below.

1. Select checkbox to add a newspaper announcement.

Newspaper Announcement

2. After the checkbox is selected, a table title will appear. Select [Add a Newspaper](#).

Newspaper Announcement

Newspaper

[Add a Newspaper](#)

3. After adding a newspaper, complete the textboxes that appear.

Newspaper Announcement

Newspaper

Name:

Date of Publication:

(mm/dd/yyyy)

Locations Covered:

Character Count: 0 out of 2000

Delete

Public Notice (cont.)



◆ To delete an entry follow the instructions below.

1. Select Delete to delete all fields for an entry (in this case, a newspaper).

The screenshot shows a web form titled "Newspaper". It contains the following fields and elements:

- Name:** A text input field.
- Date of Publication:** A date input field with a red prompt "(mm/dd/yyyy)".
- Locations Covered:** A text area with a red prompt "Character Count: 0 out of 2000".
- Delete:** A button with the text "Delete" is highlighted with a red rectangular border.

2. After selecting delete, the Delete Confirmation page will appear. To continue and delete, select **Delete**. To cancel and keep the data, select **Cancel**.

The screenshot shows a confirmation page titled "Newspaper". It contains the following elements:

- Delete Confirmation:** A heading.
- Name:** A text input field.
- Delete:** A button.
- Cancel:** A button.

Public Notice (cont.)



- ◆ Select the appropriate checkboxes to indicate issues raised during the public notice period.
- ◆ If checkbox is selected, the associated textboxes become active and are required. If checkbox is not selected, the associated textboxes do not become active.
- ◆ This principle applies to all similar fields in other sections of the State Plan Amendment.

Indicate the key issues raised during the public notice period: (This information is optional)

Access

Summarize Comments
Character Count: 0 out of 2000

Summarize Response
Character Count: 0 out of 2000

Quality

Summarize Comments

Summarize Response

Tribal Input



Submission - Tribal Input

- 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 Tribal governments prior to submission of this State Plan Amendment.

- ◆ Select the checkbox 'One or more Indian health programs...', if relevant.
- ◆ If selected, then the next two checkboxes (displayed above) become active.
- ◆ If 'The State has solicited advice from Tribal governments...' is selected, the remaining section becomes active and is required.

SAMHSA Consultation



Submission - SAMHSA Consultation

- The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of Consultation	
Date of consultation: <input type="text"/>	Delete
<small>(mm/dd/yyyy)</small>	

[Add](#)

- ◆ Select the SAMHSA Consultation assurance. This is a required field.
- ◆ After selecting the assurance, enter the necessary dates.

Health Home Population Criteria and Enrollment (cont.)



Health Homes Population Criteria and Enrollment

Population Criteria

The State elects to offer Health Homes services to individuals with:

Two or more chronic conditions

Specify the conditions included:

Mental Health Condition
 Substance Abuse Disorder
 Asthma
 Diabetes
 Heart Disease
 BMI over 25

[Add Other Chronic Condition](#)

- ◆ This section describes who is eligible for Health Home Services.
- ◆ Select all appropriate checkboxes and complete all applicable textboxes.

Health Home Population Criteria and Enrollment (cont.)



- The State provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- The States provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- The State provides assurance that hospitals participating under the State Plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- The State provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- The State assures that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

◆ Select all the Population Criteria and Enrollment assurances. These are required fields.

Providers



Health Homes Providers

Types of Health Homes Providers

Designated Providers

Indicate the Health Homes Designated Providers the State includes in its program and the provider qualifications and standards:

Physicians

Describe the Provider Qualifications and Standards:

- ◆ The Providers section starts with structured questions to record the types of providers who furnish Health Home Services and their qualifications. The Provider Infrastructure and Provider Standards questions, located at the bottom of the page, are required.
- ◆ Select all appropriate checkboxes and complete their associated textboxes.

Service Delivery



Health Homes Service Delivery Systems

Identify the service delivery system(s) that will be used for individuals receiving Health Homes services:

- Fee for Service
- PCCM

- PCCMs will not be a designated provider or part of a team of health care professionals. The State provides assurance that it will not duplicate payment between its Health Homes payments and PCCM payments.
- The PCCMs will be a designated provider or part of a team of health care professionals.

- ◆ The Service Delivery section describes the service delivery systems used for Health Home Services.
- ◆ Select all applicable checkboxes, radio buttons, and textboxes.

Payment Methodologies



Health Homes Payment Methodologies

The State's Health Homes payment methodology will contain the following features:

Fee for Service

Fee for Service Rates based on:

Severity of each individual's chronic conditions

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided:

- ◆ The Health Home Payment Methodologies section describes payment methodologies for Health Home Services.

- ◆ Select all appropriate checkboxes and complete all applicable textboxes.

Categories of Individuals and Populations Provided Health Home Services



Submission - Categories of Individuals and Populations Provided Health Homes Services

The State will make Health Homes services available to the following categories of Medicaid participants:

- Categorically Needy eligibility groups
- Medically Needy eligibility groups
 - All Medically Needy eligibility groups receive the same benefits and services that are provided to Categorically Needy eligibility groups.
 - Different benefits and services than those provided to Categorically Needy eligibility groups are provided to some or all Medically Needy eligibility groups.
 - All Medically Needy receive the same services.
 - There is more than one benefit structure for Medically Needy eligibility groups.

- ◆ Select Categorically Needy eligibility groups. This is a required field.
- ◆ Select Medically Needy eligibility groups if relevant. Medically Needy options are described on slides 52 - 54.

Categories of Individuals and Populations Provided Health Home Services (cont.)



The State will make Health Homes services available to the following categories of Medicaid participants:

Categorically Needy eligibility groups

[CN Benefit Description](#)

- ◆ When Categorically Needy is selected, then **CN Benefit Description** will appear.
- ◆ Describe the benefit for Categorically Needy individuals by clicking **CN Benefit Description**.
- ◆ The benefit description comprises two pages, an example of which is on slide 55.

Categories of Individuals and Populations Provided Health Home Services (cont.)



- ◆ If you select 'All Medically Needy eligibility groups receive the same benefits and services that are provided to Categorically Needy eligibility groups', then no other selections are required. The CN Benefit Description also describes the benefit for Medically Needy eligibility groups.
- ◆ If you select 'Different benefits and services than those provided to Categorically Needy eligibility groups are provided to some or all Medically Needy eligibility groups', then the associated radio buttons become active and a selection is required.
- ◆ Two routes, shown on the following slide, are possible at this point:
 - ◆ Route 1: If 'All Medically Needy receive the same services' is selected, then **MN Benefit Description** will appear. There is a single benefit description for Medically Needy eligibility groups that must be added. Slide 55 displays an example of a benefit description page.
 - ◆ Route 2: If the selection is 'There is more than one benefit structure for Medically Needy eligibility groups', one must first define populations within the Medically Needy eligibility groups that have different benefits.

Categories of Individuals and Populations Provided Health Home Services (cont.)



Route 1: When **MN Benefit Description** is selected, the benefit description is entered as described on slide 55.

- Different benefits and services than those provided to Categorically Needy eligibility groups are provided to some or all Medically Needy eligibility groups.
 - All Medically Needy receive the same services.
MN Benefit Description
 - There is more than one benefit structure for Medically Needy eligibility groups.

Route 2: When **Add a MN Population** is selected, the following slide appears.

- Different benefits and services than those provided to Categorically Needy eligibility groups are provided to some or all Medically Needy eligibility groups.
 - All Medically Needy receive the same services.
 - There is more than one benefit structure for Medically Needy eligibility groups.

Name each Medically Needy population and identify the Medically Needy eligibility groups that are included in each population.

MN Population Name:

Add a MN Population

Medically Needy Population Eligibility Groups



Submission - Medically Needy Population Eligibility Groups

Medically Needy Population Name:

Medically Needy eligibility groups included in this population:

- Medically Needy Pregnant Women
- Medically Needy Children under Age 18
- Medically Needy Children Age 18 through 20
- Medically Needy Parents and Other Caretakers
- Medically Needy Individuals Age 19 through 64
- Medically Needy Individuals under Age 65
- Medically Needy Aged, Blind or Disabled
- Medically Needy Blind or Disabled Individuals Eligible in 1973

- ◆ This page appears when **Add a MN Population** is selected, which applies only if there are two or more different benefits for Medically Needy eligibility groups.
- ◆ For each population, provide a name so the system can distinguish each population. Then check which Medically Needy eligibility groups are in that population.
- ◆ This information will populate a table on the 'Categories of Individuals and Populations Provided Health Home Services' page. A 'Benefit Description' link will appear for each population and display the page on Slide 55.

Left Navigation for Benefit Description



The screenshot shows a web application interface. On the left is a 'Control Panel' with two main sections: 'Return to Service Categories' (highlighted with a red border) and 'Services' (highlighted with a grey background). The main content area is titled 'Health Homes Services (1 of 2)'. It contains the following sections: 'Category of Individuals' (CN individuals), 'Service Definitions' (with a sub-instruction: 'Provide the State's definitions of the following Health Homes services and the specific activities performed under each service:'), and 'Comprehensive Care Management'. Below this is a 'Definition:' label followed by a text input field. To the right of the input field, it says 'Character Count: 0 out of 2000'.

- ◆ When entering a benefit description, a new navigation bar with sections only relevant to the description appears.
- ◆ The Services section describes the Health Home Services listed in statute. There are two pages for this section. Select all appropriate checkboxes and complete all applicable textboxes.
- ◆ To view pages outside the benefit description, select Return to Service Categories. This is the page where Categorically Needy and possibly Medically Needy eligibility groups were indicated.
- ◆ There are multiple Benefit Descriptions if the state has different benefits for Medically Needy eligibility groups as described on slides 52 – 54.

Monitoring



Health Homes Monitoring, Quality Measurement and Evaluation

Monitoring

Describe the State's methodology for tracking avoidable hospital readmissions, including data sources and measurement specifications:

Character Count: 0 out of 2000

Describe the State's methodology for calculating cost savings that result from improved coordination of care and chronic disease management achieved through the Health Homes program, including data sources and measurement specifications.

Character Count: 0 out of 2000

- ◆ The Monitoring section describes the methodology for monitoring, quality measurement, and evaluation.
- ◆ Select all appropriate checkboxes and complete all applicable textboxes.

Administrative Component

Health Home Services Administrative Component



Health Home Services Finder

<u>Reg</u>	<u>State</u>	<u>Submission #</u>	<u>Draft ID</u>	<u>Submission title</u>	<u>Active</u>	<u>Detail</u>	<u>Admin Rpt</u>
11	ZZ	ZZ.0361	ZZ.027	GU HHS			

- ◆ The system also includes a mechanism for required reporting for Health Home Programs, called the Administrative Component or Administrative Report.
- ◆ From the Health Home Services Finder, select **Admin Rpt** to view this component.
- ◆ The Administrative Component gathers data about monitoring and quality measurement.

Monitoring



Health Homes Administrative Component

Name of Health Homes Program:
PW HHS

Monitoring

Provide an estimate of the number of individuals to be served by the Health Homes program during the first year of operation:

Provide an estimate of the cost-savings that will be achieved from implementation of the Health Homes program during the first year of operation:
\$

Describe how this cost-saving estimate was calculated, whether it accounted for savings associated with dual eligibles, and if Medicare data was available to the State to utilize in arriving at its cost-savings estimates:
Character Count:0 out of 2000

- ◆ The Monitoring section concerns estimates of individuals served and cost savings in the first year of the Health Home Program's operation.

Quality Measurement



Quality Measurement

CMS Recommended Core Measures

For each Health Homes core measure, indicate the data source, the measure specification, and how HIT will be utilized in reporting on the measure.

Health Homes Core Measure

[Add a Core Measure](#)

- ◆ CMS has recommended seven Core Measures for Health Home. These measures may become required at a later date. The measures are not listed in the system since they may change before they are finalized.
- ◆ For each measure the state uses, select **Add a Core Measure** and complete the page that displays for Core Measure information (see the following slide).

Quality Measurement: Core Measures Detail Page



- ◆ Complete the Core Measures Detail page.

Health Homes Administrative Component: Core Measure Detail

Measure Character Count: 0 out of 2000

Measure Specification, including a description of the numerator and denominator. Character Count: 0 out of 2000

Data Sources: Character Count: 0 out of 2000

Frequency of Data Collection:

Monthly

Quarterly

Annually

Continuously

Other

How Health IT will be utilized Character Count: 0 out of 2000

State Goals and Quality Measures



State Goals and Quality Measures

In addition to the CMS recommended core measures, identify the goals and define the measures the State will use to assess its Health Homes model of service delivery:

Health Home Goal		
-------------------------	--	--

[Add a Goal](#)

- ◆ In addition to the Core Measures, states can have additional measures to assess Health Home Programs.
- ◆ In the system, goals and measures are NOT listed separately. States list a goal, and then explain measures for each goal. Each goal must have at least one measure.
- ◆ For each goal, select **Add a Goal** and complete the page that displays the Goal Detail (see the following slides).

State Goal and Quality Measures (cont.)



Health Homes Administrative Component: Goal Detail

Health Home Goal:

Character Count: 0 out of 2000

Measure

[Add a Measure](#)

- ◆ Describe the goal in the first field.
- ◆ Each goal can have one or more measures.
- ◆ For each measure, select **Add a Measure** and complete the Measure Detail page on the following slide.

State Goal and Quality Measures (cont.)



- ◆ Complete the Measure Detail page.
- ◆ If the measure is already listed in the State Plan, the state does not need to complete all fields. Indicate “The measure is an Evaluation Measure ...” and the type of measure.

Health Homes Administrative Component: Measure Detail

Measure Character Count: 0 out of 2000

The measure is an Evaluation Measure from the Health Homes State Plan for purposes of determining the effect of the program on reducing one of the following:

- Hospital Admissions
- Emergency Room Visits
- Skilled Nursing Facility Admissions

The measure is not included in the Health Homes State Plan

Measure Specification, including a description of the numerator and denominator.

Notifying CMS About Update



PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 80 per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Notify CMS of an Update to this Administrative Component

- ❖ Once the Administrative Component has been updated, CMS has to be notified.
- ❖ To notify CMS, select **Notify CMS of an Update to this Administrative Component**.
- ❖ A notification will be emailed to all Health Homes CMS users.

Check and Validation

Check a Specific Page



Submission - SAMHSA Consultation

The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of Consultation	
Date of consultation: <input type="text"/> (mm/dd/yyyy)	Delete

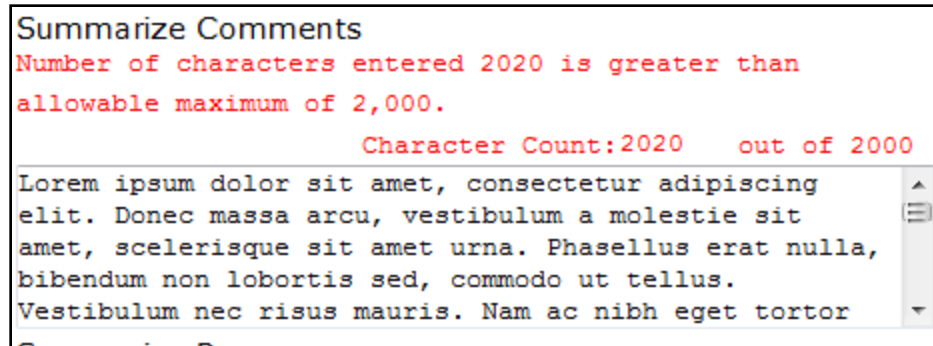
[Add](#)

Transmittal Number: ZZ-97-0001 Supersedes Transmittal Number: ZZ-97-0000 Proposed Effective Date: Jan 1, 2015
Approval Date:

BACK **CHECK** ✓ CONTINUE

- ◆ To verify the SPA before submission, use the Check and Validate features.
- ◆ To check only the page you are working on select **Check** at the bottom of the page.
- ◆ This function identifies inappropriate entries to a field, such as entering text in a field that requires a date and too many characters in a textbox.

Common Error: Exceeding Character Limits



- ◆ An error message appears when the character count exceeds the character limit in a textbox.
- ◆ You cannot continue until the error is fixed.

Validate a State Plan Amendment



You can select [Validate](#) to check the entire State Plan Amendment from the Control Panel OR...

Browse/Edit	History	Actions
Browse	Change Report	Submit
Edit	Change Log	Unsubmit
Print	Transaction History	Withdraw
Validate	Show Comments	Add Comment

Access

- [Allow CMS View](#)
- [User Access](#)

Home Logout Finder Save **Validate** Print Help

Submission Summary

The State elects to implement the Health Homes State Plan option under Section 1945 of the Social Security Act.

... in the State Plan Amendment itself

Validate a State Plan Amendment (cont.)



Validate Report

To validate the report select the Main Module below and select Validate.

Submission Pages

Categories Served

- ◆ You can validate the entire State Plan Amendment or one of two sections:
 - ◆ To validate the entire SPA, select both options.
 - ◆ Select Submission Pages to validate: The Submission Summary, Public Notice, Tribal Input, SAMHSA Consultation, Criteria, Providers, Service Delivery, Payment and Monitoring pages.
 - ◆ Select Categories Served to validate: The pages for Categories of Individuals (i.e., Categorically Needy and Medically Needy) and the associated benefit descriptions.
- ◆ Select Validate to produce the validation report.

Validate a State Plan Amendment (cont.)



- ◆ The validation report includes the following columns:
 - ◆ Section: High-level section as indicated on the previous slide
 - ◆ Sub-Section: Sub-section listed on the left navigation
 - ◆ Locator: Information to identify the placement of the error:
 - ◆ For most pages, the numbers refer to bold headings in numerical order. Letters refer to particular fields under a bold heading.
 - ◆ For Public Notice, Tribal Input, and SAMHSA Consultation, the only edit is entry of the first question and the number 1 is used.
 - ◆ For the Categories of Individuals page, letters refer to questions on the page in alphabetical order.
 - ◆ Validation Check: The particular question or statement with an error
 - ◆ Error: The nature of the error

Validation Report



Health Home Services - Validation Report

Reported From Page: validate

Section	Sub-Section	Locator	Validation Check	Error
Submission	Summary	7	Proposed Effective Date	Cannot be blank
Submission	Monitoring-3a	Skilled Nursing Facility Admissions Measures (Measure: demonstration)	Measure Specifications	Measure Specification cannot be blank
Submission	Monitoring-3a	Skilled Nursing Facility Admissions Measures (Measure: demonstration)	Measure Specifications	Measure Data Sources cannot be blank

Print

Print



You can select [Print](#) from the Control Panel OR...



Browse/Edit Browse Edit Print Validate	History Change Report Change Log Transaction History Show Comments	Actions Submit Unsubmit Withdraw Add Comment RAI Approve Reject
Access Allow CMS View User Access		

Home	Logout	Finder	Save	Validate	Print	Help
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Submission Summary

The State elects to implement the Health Homes State Plan option under Section 1945 of the Social Security Act.



... in the State Plan Amendment itself

Print (cont.)



- ◆ To print the entire State Plan Amendment, select **Entire Health Home State Plan Amendment**.
- ◆ To print individual sections select the sections you would like to print.
- ◆ To print the administrative component select **Admin Report**.
- ◆ Click **Create Printable View**. Another browser window will open and the printable view will open in a pop-up screen. A PDF could be created (next section).

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 document. 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 document.

Select section to print:

- Entire Health Home State Plan Amendment
- Admin Report

Individual Sections

- Summary
- Public Notice
- Tribal Input
- SAMHSA Consultation
- Criteria
- Providers
- Service Delivery
- Payment
- Service Categories
- Monitoring

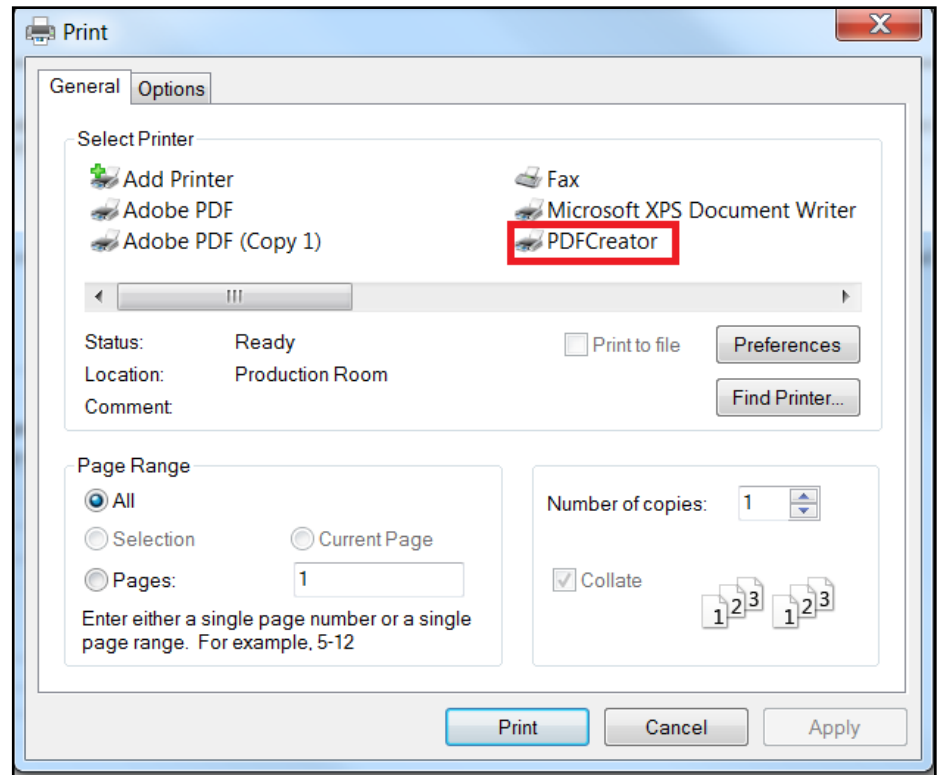
[Create Printable View](#)

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

Create a PDF

Creating a PDF

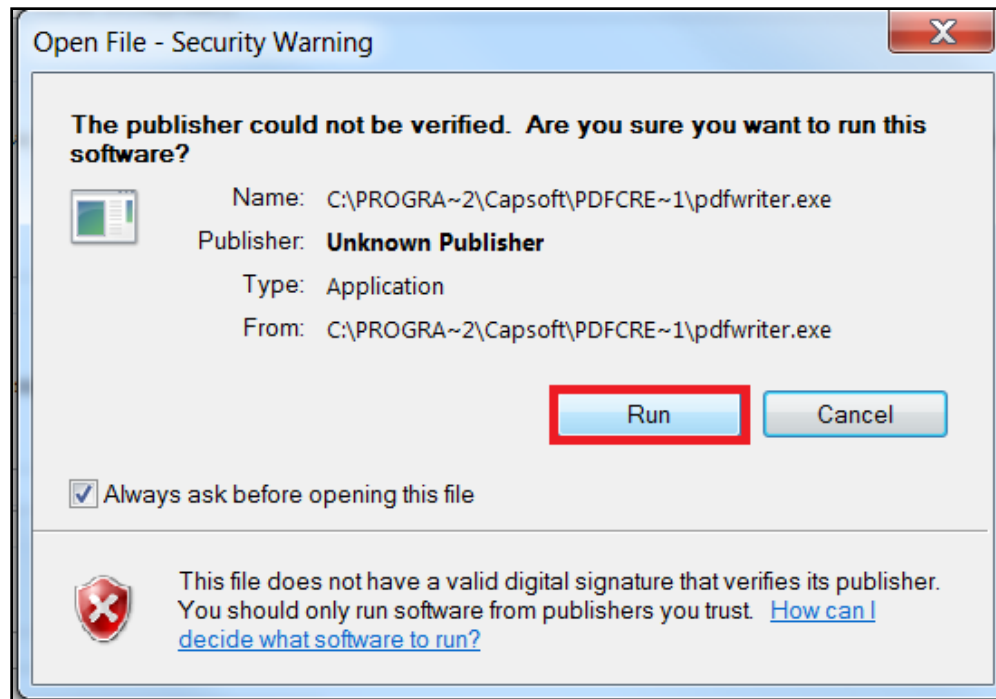
- ◆ How to create a PDF:
 1. Select Print from the Control Panel or within the State Plan Amendment or Administrative Component. Select Create Printable View.
 2. The Printable View will show up in a new page. From that page select Print.
 3. The print box will appear, select your PDF creation software from the list of options.



Creating a PDF



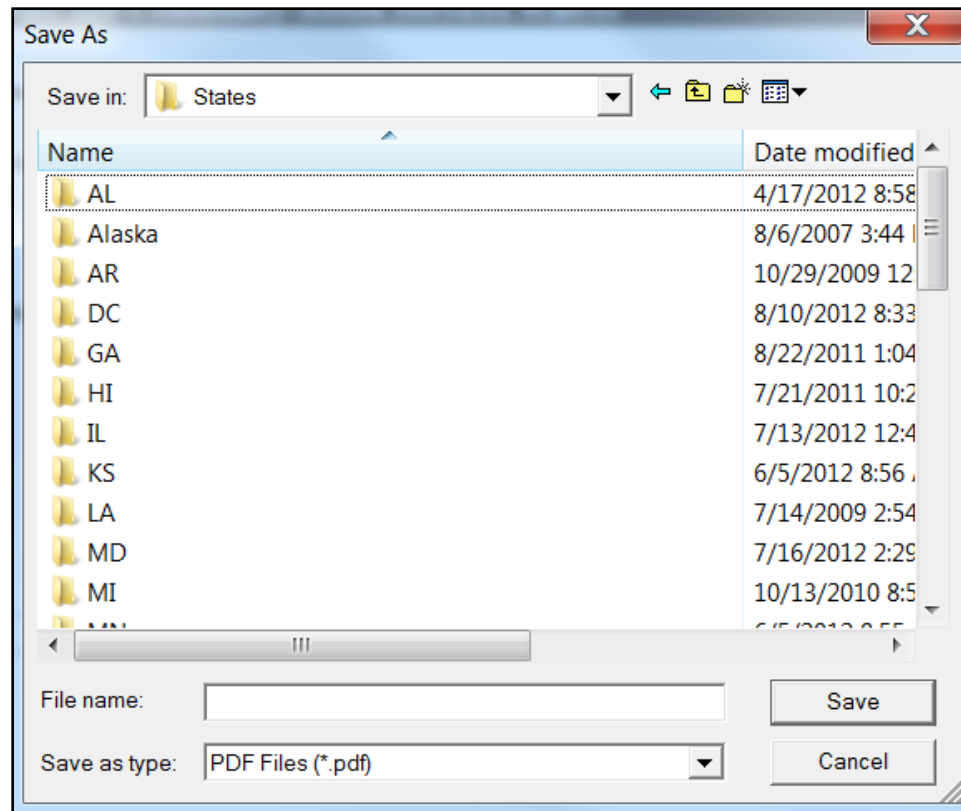
4. If the following screen appears, click Run to run the publisher. This screen may or may not appear.



Creating a PDF



5. Save the PDF.



Control Panel Functions

Submit – State Users



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

- ◆ To submit the State Plan Amendment, select **Submit**.
- ◆ The individual with State Medicaid Director role is the only one who can submit.

Withdraw (cont.)



Confirm Action: WITHDRAWN

WARNING: This withdrawal action is final. Once confirmed, the state cannot resubmit unless it starts a new submission and re-enters all data.

- ◆ Selecting withdraw will transfer you to the withdrawal confirmation form, which describes the consequences of formally withdrawing a SPA.
- ◆ To continue withdrawing the SPA, select **Confirm**.

Allow CMS View – State Users



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

- ◆ This feature allows CMS to view the draft State Plan Amendment with the concurrence of the state.
- ◆ If this feature is not enabled, then CMS cannot view a State Plan Amendment until it is submitted.

Hide From CMS – State Users



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

- ◆ The 'Hide from CMS' feature is made available once the state has allowed CMS to view a draft State Plan Amendment.
- ◆ This feature enables state users to revert the SPA so that CMS can no longer view the draft.

Change Report – State and CMS Users



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

- ◆ The Change Report lists changes made in the State Plan Amendment since the last time it was submitted. Access the Change Report on the Control Panel.

Change Report (cont.)



Change Report for Document Draft ZZ.27.00.01

Report Header Data:

Document Number:	ZZ.0361..
Draft Number:	ZZ.27.00.01
Document type:	amendment
Proposed effective date (as per last submitted version):	N/A
Effective approved date:	N/A
Document Status:	DRAFT

Section	Subsection	Question	Change Type	Changed By	Change Date
---------	------------	----------	-------------	------------	-------------

- ◆ The content of the Change Report is described on the following slide.

Change Report (cont.)



- ◆ Change Report displays the latest changes made to an item in the report after it has been submitted. It will show changes that have been made between submissions.
- ◆ The Change Report is organized by sections with the most recent group of changes displayed first and the remainder in descending chronological order.
- ◆ Column Headers include:
 - ◆ Section
 - ◆ Subsection
 - ◆ Question
 - ◆ Change Type (MOD, ADD, DEL)
 - ◆ Changed By (displays User Name)
 - ◆ Change Date

Change Report (cont.)



Change Report for Document ZZ.0361.R00.00 - Jan 01, 2014

Report Header Data:					
Document Number:					ZZ.0361.00.00
Draft Number:					ZZ.027.00.00
Document type:					new
Proposed effective date (as per last submitted version):					Jan 01, 2014
Effective approved date:					Mar 21, 2013
Document Status:					APPROVED

Section	Subsection	Question	Change Type	Changed By	Change Date
Changes in version submitted on Mar 21, 2013					
Submission Summary		Transmittal Number	MOD;		Nov 18, 2013

- ◆ The Change Report differentiates between submissions.
- ◆ An example of how the change report works:
 - ◆ The SPA was submitted on 10/15, then unsubmitted on 10/20.
 - ◆ There were changes made on 10/16, 10/18 and 10/19.
 - ◆ The Change Report will only show the changes made on 10/16, 10/18 and 10/19. It will not include any changes before those dates.

Change Log – State and CMS Users



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

- ◆ The Change Log shows changes in a Health Home Program within a selected date range.
- ◆ Unlike the Change Report, the Change Log records all changes during a date range, not just information changed after submission.
- ◆ Access the Change Log on the Control Panel.

Change Log (cont.)



Change Log for Document

Date Range Selector:

Start Date: (MM/dd/yy)

End Date: (MM/dd/yy)

- ◇ The Change Log accepts a range of dates.
 - ◇ Enter the desired date range.
 - ◇ Select **Get Change Log**.
- ◇ Note: If you select **Get Change Log** without entering a date range, the default display will include all change dates.

Comments – CMS Users Only



Browse/Edit Browse Edit Print	History Change Report Change Log Transaction History Show Comments	Actions Submit Withdraw Add Comment Unlock RAI Approve Reject
Amend Create Amendment	Access CMS Report Access	Edit/Fix Document Number Maintenance

- ◆ To document your comments, select **Add Comment**. This establishes a CMS comment log.
- ◆ To review all the comments, select **Show Comments**.
- ◆ State users cannot access the comment log.

Show Comments – CMS Users Only



Comments

Add Comment

Date	Text
10/03/12 <input type="button" value="Edit"/>	Demonstration purposes.
10/03/12 <input type="button" value="Edit"/>	SUBMITTED
09/13/12 <input type="button" value="Edit"/>	CREATED

- ◆ Show Comments is also a log of status changes, such as Submitted, Withdrawn, Unlocked, RAI, Approved, and Rejected.
- ◆ This can be used as a correspondence log.
- ◆ A CMS user can add their remarks for other CMS users to review. States cannot view the comment log.

Unlock – CMS Users Only



Browse/Edit	History	Actions
Browse	Change Report	Submit
Edit	Change Log	Withdraw
Print	Transaction History	Add Comment
	Show Comments	Unlock
		RAI
		Approve
		Reject
Amend	Access	Edit/Fix
Create Amendment	CMS Report Access	Document Number Maintenance

- ◆ If the state would like to edit their SPA after it has been submitted, CMS has to unlock the SPA.
- ◆ Once the SPA is unlocked, it is editable.
- ◆ After the changes have been made, the state can resubmit it to CMS for approval.

Transaction History



Transaction History				
Submission Number:				
Submission Title: ZZ HHS				
Change Date	New Status	Username	Name	Role
06/05/2014 13:47:43	DRAFT	SARI-STATDIR	Sari Lelchook	State Medicaid Dir

- ◆ The Transaction History shows any major transactions that change the status of a State Plan Amendment, such as submitted, unlocked, withdrawn, RAI, approved, and rejected.

Assign User Access – State Users Only



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

- ◆ To assign user access to a State Plan Amendment application, click **User Access** on the Control Panel.
- ◆ A table listing users for the state will appear. For the person who needs access, check the box under “Access” in that table.

Session Timed Out Alert

Session Time Out Feature



Session Timed Out.

You have been logged out of MMDL.

- ◆ The system saves when the user moves from page to page, but 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.
- ◆ System time out occurs when the system has not saved for 30 minutes and may result in loss of unsaved data. If you are working on a complex section, save every 5 to 10 minutes.

Getting Help

Contact Information



- ◆ 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:

FAQs | Site Map | **Contact** | Medicaid.gov | CMS.gov



- ◆ You may also call the Help Desk at (301) 547-4688.