



Medicaid Payment Suspensions

State Annual Reporting Webinar Training

August 2016

Web-Based Report Home Page



◆ Link: <https://wms-mmdl.cdsvdc.com/MMDL/faces/portal.jsp>

◆ Select **Access Module** under **Medicaid Payment Suspensions – State Annual Report (MPS)**.

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.

- ◆ 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

How to Create an Annual Report



State	Report #	Draft ID	Report title
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Create New

- ◆ To create a report select **Create New**.
- ◆ Once you create a report, it will automatically take you to the first section of the report, the State Contact Information page.
- ◆ **Note**: The **Create New** button only appears on the Finder screen the very first time you create a report for your state. Refer to the next slide for accessing an existing report.

Medicaid Payment Suspensions Finder



Medicaid Payment Suspensions - State Annual Report Finder

<u>State</u>	<u>Report #</u>	<u>Draft ID</u>	<u>Report title</u>		
GU		GU.02	GU MPS	<u>Active</u>	Detail

- ◆ To access an existing report select **Detail**, this will bring you to the Medicaid Payment Suspensions Detail Finder page.

Medicaid Payment Suspensions Detail Finder



Medicaid Payment Suspensions - State Annual Report Detail Finder

Base Number: ZZ0157

Title: GU MPS

Base Draft ID: ZZ.00

Submission Detail:

Reporting Period (FFY)	Submission #	Draft ID	Submission title	Status
FFY 2015 (Oct 1, 2014 - Sep 30, 2015)		ZZ.002.08.00	GU MPS	WITHDRAWN
FFY 2014 (Oct 1, 2013 - Sep 30, 2014)		ZZ.002.07.00	GU MPS	WITHDRAWN
FFY 2013 (Oct 1, 2012 - Sep 30, 2013)	ZZ.0157.R04.00	ZZ.002.03.00	GU MPS	SUBMITTED
FFY 2012 (Oct 1, 2011 - Sep 30, 2012)	ZZ.0157.R03.00	ZZ.002.02.00	GU MPS	SUBMITTED
*	ZZ.0157.R00.03	ZZ.002.00.03	GU MPS	DRAFT

- ◆ Select the **Submission #** or **Draft ID** of the report you want to access. This will transfer you to the Basic Information Page (Control Panel) of the report.
- ◆ Note: If state already has a DRAFT report, you cannot create another DRAFT until you submit or withdraw the existing DRAFT.

Basic Information Page (Control Panel)



- ◆ Select **Browse** or **Edit** to enter the report. This will bring you to the State Contact page of the report.

- ◆ To access the report in Read Only mode select **Browse**.

Medicaid Payment Suspensions - State Annual Report:
Draft ID GU.02.00.00

Document Title: GU MPS
Type of Request: new
Report Status: DRAFT

The initial reporting period includes the 3rd and 4th quarters of Federal fiscal year 2011 (April 1, 2011 - September 30, 2011).

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

Amend	Access
Create Amendment	Allow CMS View
	User Access

Basic Information Page (Control Panel) (cont.)



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

- ◆ Functions displayed are available to the user.
- ◆ Functions available are based on the role you are assigned.
- ◆ Only the State Medicaid Director role has the authority to **Submit**.

Navigation Functions



◆ **Back or Continue** - Select **←Back** or **Continue→** on the bottom right and left corners of the page to change pages.

◆ **Left-side Navigation Bar** – Using the navigation bar on the left side of each page allows you to navigate between sections.

State Contact for Payment Suspensions:

Name:

Title:

Office, Group, or Division:

Address 1:

Address 2:

City:

State: GU

Zip:

Phone: Ext: TTY

E-mail:

[<-- Back](#) [Check](#) [Continue -->](#)

Navigation Functions (cont.)



The screenshot displays a web application interface. At the top, a yellow navigation bar contains the text "Draft GU.02.00.00" on the left and a series of buttons: "Home", "Logout", "Finder", "Save", "Validate", "Print", and "Help". Below the navigation bar is a "Control Panel" with a list of four items: "1. State Contact", "2. Suspension Totals", "3. Good Cause", and "4. Summary". The main content area is titled "State Contact Information" and contains a form with the following fields: "State:" with a dropdown menu showing "GU", "Date of Report:" with a text input field and a red label "(MM/DD/YYYY)" below it, and "Reporting Period:" with a text input field.

- ◆ **Logout** – Saves your report and exits you from the system.
- ◆ **Finder** – Returns you to the Finder Page.
- ◆ **Save** – Saves the page you are currently completing. The system automatically saves your information when you move from page to page.

Navigation Functions (cont.)



Draft GU.02.00.00 Home Logout Finder Save Validate Print Help

Control Panel

- 1. State Contact
- 2. Suspension Totals
- 3. Good Cause
- 4. Summary

State Contact Information

State: GU

Date of Report:
(MM/DD/YYYY)


Reporting Period:

- ◆ **Validate** – Takes you to the Validate Report page. This feature checks the report to verify that the required fields have been completed.
- ◆ **Print** – Takes you to the Printing Selection page.
- ◆ **Help** – Takes you to the Help guidelines.

State Contact Information




Control Panel

- 1. State Contact
- 2. Suspension Totals
- 3. Good Cause
- 4. Summary 

State Contact Information

State: ZZ

Reporting Period (FFY) 

State Contact for Payment Suspensions:

Name: John Doe

Title: Director

Office, Group, or Division: Healthcare

Address 1: 7700 Old Georgetown Rd

Address 2:

City: Washington


State: ZZ

Zip:

Phone: (908) 765-4321 Ext: TTY

E-mail: john.doe@guam.gov

❖ The **Contact Information** section requires the reporting date and requests information about the state contact individual.

 Note: You cannot select Reporting Period (FFY) here, you select it on the Summary page which populates Reporting (FFY) throughout the report.

Suspension Totals



- ◆ In the **Nature of Credible Allegation(s) of Fraud** section select the appropriate checkboxes and complete the text field if appropriate.
- ◆ The **Suspension Category Totals** section collects data on the basis for suspensions. Select all relevant checkboxes and complete the corresponding text fields.

Nature of Credible Allegation(s) of Fraud	
<input type="checkbox"/> Billing Fraud	
<input type="checkbox"/> Other	
<input type="text"/>	
Suspension Category Totals	
Select the most appropriate option(s). The total number associated with each option selected should equal the number of provider payment suspensions imposed.	
Basis for Suspension(s)	Total Number of Payment Suspensions in Each Category
<input type="checkbox"/> Uptime/Overcharge Medicaid program for services rendered	<input type="text"/>
<input type="checkbox"/> Billing for services not rendered or performed	<input type="text"/>
<input type="checkbox"/> Billing for medically unnecessary services	<input type="text"/>

Suspension Totals (cont.)



- ◆ Indicate the cause of the suspension by selecting the appropriate checkboxes and completing the corresponding text fields.

Basis for Suspension(s)	Total Number of Payment Suspensions in Each Category
<input type="checkbox"/> Upcode/Overcharge Medicaid program for services rendered	<input type="text"/>
<input type="checkbox"/> Billing for services not rendered or performed	<input type="text"/>
<input type="checkbox"/> Billing for medically unnecessary services	<input type="text"/>
<input type="checkbox"/> Billing for Drugs:	
<input type="checkbox"/> Unlicensed or unapproved drugs	<input type="text"/>
<input type="checkbox"/> Brand-name drugs when generic drugs are prescribed	<input type="text"/>
<input type="checkbox"/> Short-filling prescriptions, but charging as if the full amount of the medication was dispensed	<input type="text"/>

Suspension Totals (cont.)



- ◆ In the **Basis for Suspension(s)** section if Other is checked complete the text field by describing the suspension.
- ◆ The **Total Number of Payment Suspensions in All Categories Indicated Above** is automatically calculated from the payment suspension numbers that were previously recorded.

<input type="checkbox"/>	Unbundling - Using multiple billing codes instead of a single billing code in order to increase the reimbursement amount	<input type="text"/>
<input type="checkbox"/>	Billing for services using stolen, deceased, or otherwise inappropriate provider and/or beneficiary identification number	<input type="text"/>
<input type="checkbox"/>	Billing for unlicensed or excluded providers	<input type="text"/>
<input type="checkbox"/>	Other	<input type="text"/>

Please Describe:

Total Number of Payment Suspensions in All Categories Indicated Above **0**

Suspension Totals (cont.)



- ◆ In the **Status of Suspension(s)** section complete the text fields.
- ◆ Select a radio button for the question regarding the termination of providers. If Yes, complete the text field.

Status of Suspension(s)	
Number of payment suspensions resolved (Total and Partial Suspensions)	<input type="text"/>
Number of active payment suspensions (Total and Partial Suspensions)	<input type="text"/>
Total dollar amount of all payments suspended	\$ <input type="text"/>
Number of provider appeals of payment suspensions	<input type="text"/>
Number of payment suspensions lifted as a result of provider appeals	<input type="text"/>
Total dollar amount associated with the payment suspensions that were lifted as a result of the provider appeals reported above	\$ <input type="text"/>
Of all payment suspensions, were any providers terminated and/or excluded as a result of referral to law enforcement?	
<input type="radio"/> No	
<input type="radio"/> Yes	
If yes, how many providers?	<input type="text"/>

Good Cause



◆ In the **Good Cause Exercised** section determine if there was good cause exercised by selecting a radio button. If Yes, complete the relevant text fields.

◆ In the **Nature of Good Cause Exercised** select the appropriate checkboxes.

Good Cause Exercised

State exercised good cause to not suspend payments or partially suspend payments to providers

No *(If no, do not answer the remainder of the questions)*

Yes

Number of cases with no payment suspensions implemented

Number of existing payment suspensions discontinued

Number of suspensions changed from full suspensions to partial suspensions

Nature of Good Cause Exercised

Law enforcement

Suspensions removed or partially imposed based upon submission of written evidence by the provider

Summary



Summary

State:	GU
Date of Report: (MM/DD/YYYY)	<input type="text"/>
Reporting Period:	<input type="text"/>
Number of Full Suspensions	<input type="text"/>
Number of Partial Suspensions	<input type="text"/>
Number of Referrals to Law Enforcement	<input type="text"/>

- ◆ The **Summary** section displays a summary of all the previous data.
- ◆ Complete the text fields.
- ◆ Note: The Reporting Period (FFY) you select here populates throughout the report.

Check

Check



State Contact for Payment Suspensions:

Name:

Title:

Office, Group, or Division:

Address 1:

Address 2:

City:

State:

Zip:

Phone: Ext: TTY

E-mail:

[<-- Back](#) [Check](#) [Continue -->](#)

- ◆ To check the section you are working on to make sure there are no errors select **Check** at the bottom of the page.

Validate

Validate



You can [Validate](#) the report from the [Control Panel](#) or ...



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

In the report itself.



Home	Logout	Finder	Save	Validate	Print	Help
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State Contact Information

State:

Validate (cont.)

A screenshot of a software dialog box titled "Validate Report". Inside the dialog, there is a checkbox labeled "Main Module" which is currently unchecked. Below the checkbox, there are two buttons: "Validate" and "Select All". The "Validate" button is highlighted with a grey background, indicating it is the active or default option.

- ◆ To validate the entire report select **Main Module** or **Select All** then select **Validate**.
- ◆ Validation checks the entire report for errors not specific sections.

Print

Print



You can **Print** the report from the Control Panel or...



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

Home	Logout	Finder	Save	Validate	Print	Help
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State Contact Information

State: GU

In the report

Print (cont.)



Printing Selection

To print the report select the Entire Report below and select Create Printable View. This action will open up another browser with a printable version of the Medicaid Payment Suspensions. 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

[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.

- ◆ To print the entire report, select the **Entire Report** radio button and select **Create Printable View**.
- ◆ The printable view will open in another browser window.

Printable View



- ◆ Select either your browser's print function or the print icon in your toolbar.
- ◆ When you have finished printing, close the printable view browser window.
- ◆ To return to the previous page from the Printing Selection, use the navigation bar on the left side of the page or select Back.

Medicaid Payment Suspensions	
State Contact Information	
State:	GU
Date of Report: <small>(MM/DD/YYYY)</small>	<input type="text"/>
Reporting Period:	<input type="text"/>
State Contact for Payment Suspensions:	
Name:	<input type="text"/>
Title:	<input type="text"/>
Office, Group, or Division:	<input type="text"/>
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Phone:	<input type="text"/> Ext: <input type="text"/> <input type="checkbox"/> TTY
E-mail:	<input type="text"/>

Submit

Submit



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

- ◆ To submit the report select **Submit**.
- ◆ Only the role of State Medicaid Director can submit the report.

Control Panel Features

CMS View Draft Feature

CMS View Draft Feature



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

- ◆ To allow CMS to view the draft report with the concurrence of the state select **Allow CMS View**.
- ◆ If this button is not selected, then CMS cannot view the draft report.

CMS View Draft Feature (cont.)



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

- ◆ To hide the draft report from CMS select **Hide From CMS**.
- ◆ If this button is not selected, then CMS can see the report.

Change Report

Change Report



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

- ◆ Access Change Report on the Control Panel of the report.
- ◆ Select **Change Report**.

Change Report (cont.)



Change Report for Document Draft GU.02.00.00

Report Header Data:

Document Number: GU...
Draft Number: GU.02.00.00
Document type: new
Proposed effective date (as per last submitted version):
Effective approved date: N/A
Document Status: DRAFT

Section/Appendix #	Subsection Name	Subsection #	Question Name	Question #	Change Type	Changed By	Change Date
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Change Report (cont.)



- ◆ Change Report displays the latest changes made to an item in the report after it has been submitted.

- ◆ It is organized by Sections with the most recent group of changes (*based on latest version submitted*) displayed first and the remainder in descending chronological order.

- ◆ Column Headers include:
 - ◆ Section/Appendix
 - ◆ Subsection#
 - ◆ Subsection Name
 - ◆ Question #
 - ◆ Question Name
 - ◆ Change Type (MOD, ADD, DEL)
 - ◆ Changed By
 - ◆ Change Date

Change Log

Change Log



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

- ◆ Access Change Log on the Control Panel of the report.
- ◆ Select **Change Log**.

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.

Change Log (cont.)



- ◆ The Change Log shows all the changes made to the report within the selected date range.
- ◆ It is organized by the date in which changes were made to the report.
- ◆ It can be very lengthy if many changes were made.

Change Log for Document Draft GU.01.00.00

Date Range Selector:

Start Date: (MM/dd/yy)

End Date: (MM/dd/yy)

Report Header Data:

Selected Date Range: Jan 30, 2012 - Mar 07, 2012

Document Number: GU...

Draft Number: GU.01.00.00

Document type: new

Document Status: DRAFT

Change Date	Section/Appendix	Subsection #	Subsection Name	Question #	Question Name	Change Type	Changed By
Jan 30, 2012	Main	1	Contact Info	9	State	MOD;	N/A

Transaction History

Transaction History



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

- ◆ To view the transaction history select **Transaction History** on the Control Panel.

Transaction History (cont.)

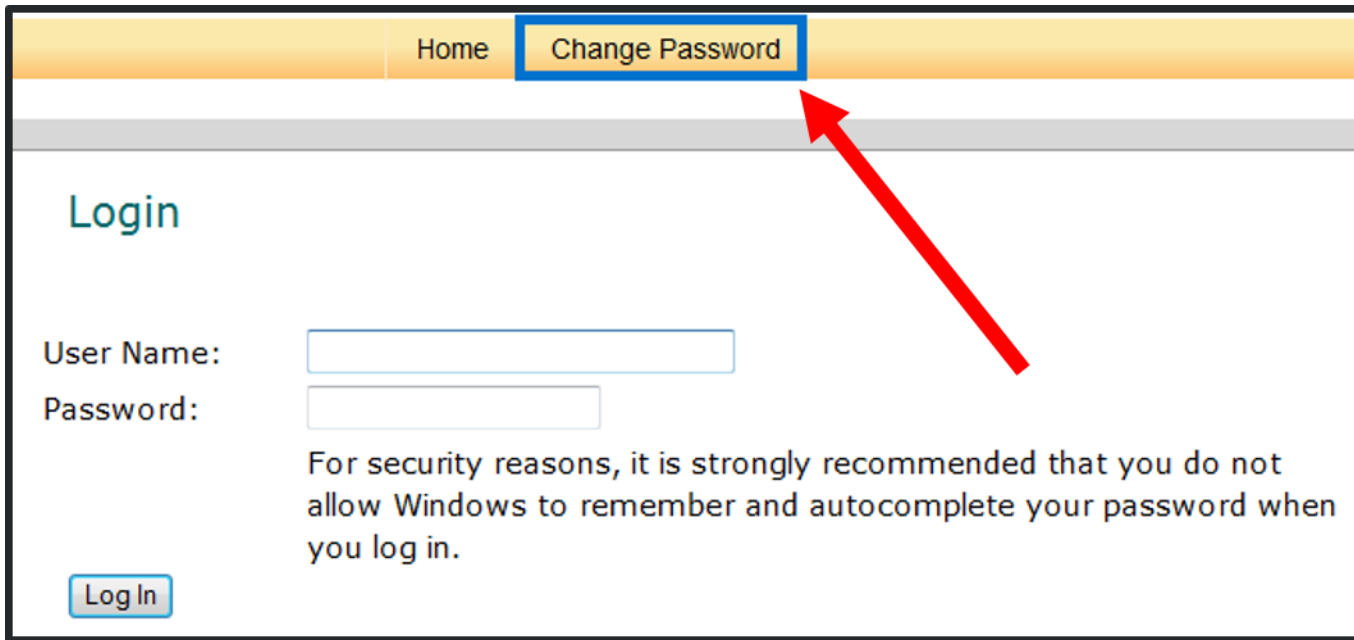


Transaction History				
Document Number:				
Program Title: GU MPS				
Change Date	New Status	Username	Name	Role
04/20/2012 02:48:30	DRAFT	AME_STATEMEDDIR		State Medicaid Dir

- ◆ The Transaction History shows any major transactions: submit, unsubmit, withdraw, RAI, approval, disapproval.

Change Password

Change Password



Home **Change Password**

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.

- ◆ To change your password enter your username and current password then select **Change Password**.
- ◆ DO NOT select **Log In**.

Change Password (cont.)



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:

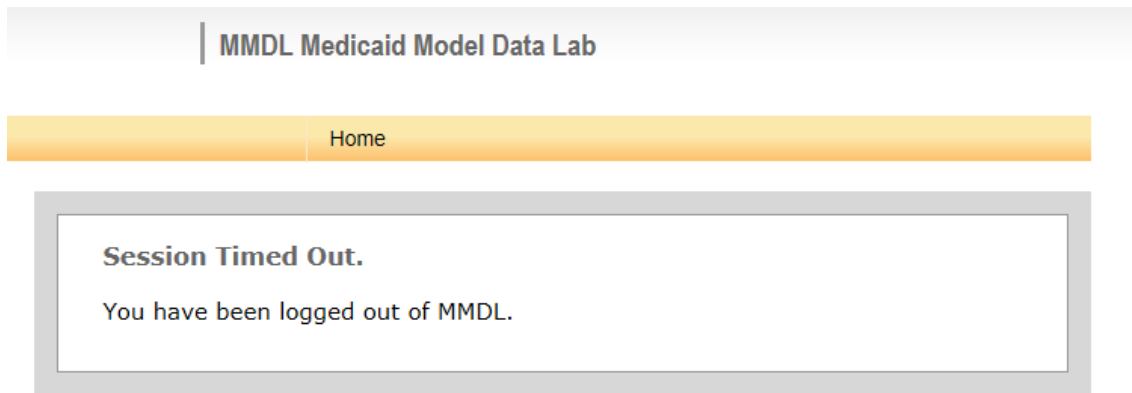
New Password:

Confirm Password:

- ◆ Your username will automatically appear in the User Name text field.
- ◆ To change your password, type it in the New Password text field, retype it in the Confirm Password text field and select **Change**.
- ◆ To cancel and not change your password select **Cancel**. By canceling the transaction it will automatically log you in.

Session Timed Out Alert

Session Time Out Feature



- ◆ Message alerts you when your session has timed out.
- ◆ This occurs when the page has not been refreshed for 30 minutes and may result in loss of unsaved data.

Required Fields

Required Fields



- ◆ Section 1: State Contact
 - ◆ Name:
 - ◆ Complete the text field.

- ◆ Phone Number:
 - ◆ Complete the text field.

- ◆ Email:
 - ◆ Complete the text field.

Required Fields (cont.)



- ◆ Section 2: Suspension Totals
 - ◆ Nature of Credible Allegation(s) of Fraud:
 - ◇ Check at least one option. If 'Other' is selected, complete the text field.

- ◆ Basis for Suspension(s):
 - ◆ Check at least one option. Must complete the corresponding text field. If 'Other' selected, provide a description.

- ◆ Status of Suspension(s):
 - ◆ Complete all text fields in this section

- ◆ 'Of all payment suspensions, were any providers terminated and/or excluded as a result of the referral to law enforcement':
 - ◆ Select a radio button. If 'Yes' selected, complete the corresponding text field.

Required Fields (cont.)



◆ Section 3: Good Cause

◆ Good Cause Exercised:

◆ Select a radio button. If 'Yes' selected, complete the corresponding text fields.

◆ Nature of Good Cause Exercised:

◆ If 'Yes' selected from the previous question, need to complete this question.

◆ If 'Other' selected, complete the text field.

Required Fields (cont.)



- ◆ Section: Summary
 - ◆ Date of Report:
 - ◇ Complete the text field
 - ◆ Reporting Period:
 - ◇ Complete the text field.
 - ◇ Note: The Reporting Period (FFY) you select here populates throughout the report.
 - ◆ Number of Full Suspensions:
 - ◇ Complete the text field.
 - ◆ Number of Partial Suspensions:
 - ◇ Complete the text field.
 - ◆ Number of Referrals to Law Enforcement:
 - ◇ Complete the text field.

Getting Help

Getting Help



- ◆ 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 contact the Help Desk at (301) 547-4688.