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## ***CMCS Informational Bulletin***

**DATE:** November 23, 2021

**FROM:** Daniel Tsai, Deputy Administrator and Director  
Center for Medicaid and CHIP Services (CMCS)

**SUBJECT: Updates to Intake Process for State Submissions to CMS**

This CMCS Informational Bulletin provides direction to state Medicaid and Children's Health Insurance Program (CHIP) agencies on a new process for certain key state submissions to the Centers for Medicare & Medicaid Services (CMS). These actions include certain Medicaid state plan amendments (SPAs), CHIP SPAs, 1915(b) waiver actions, and Appendix K 1915(c) waiver amendments that are not already submitted through an electronic platform. Effective February 1, 2022, state officials are asked to adjust their processes for submitting these actions in accordance with this Bulletin to ensure that they are received and processed timely by CMCS.

### **Background**

Over the last several years, CMS undertook several steps to review and improve the SPA and 1915 waiver review process, including decreasing processing times. To inform the process improvement efforts, CMS analyzed various SPA and waiver processing metrics, conducted an intensive review of the current SPA standard operating procedures, and consulted with key stakeholders including the National Association of Medicaid Directors (NAMD), state Medicaid agency staff, and several National Associations involved in the administration of 1915 waivers. Based on these steps, CMCS implemented a series of operational improvements that have led to increased efficiency and a significant reduction in processing times. The changes included:

- Early SPA and waiver review, including a call with the state within 15 days of each submission to review the intent of the submission and any critical timelines;
- SPA and 1915 waiver toolkits posted on Medicaid.gov that include a package of tools available to states to help develop complete SPA and section 1915 waiver submissions, including preprints, templates, checklists and other guidance;
- A strategy to partner with states to reduce the backlog of SPAs pending a response to a Request for Additional Information (RAI);
- Updates to the CMS SPA and 1915 waiver processing Standard Operating Procedures (SOPs) to create three potential paths that a SPA or waiver can follow (expedited, escalation, and standard review) to ensure that each action is processed as efficiently as possible; and
- Three specific updates to the 1915(c) waiver processing SOPs to increase efficiency of their review.

The collective changes are described in two CMCS Informational Bulletins released in [November of 2017](#) and [August of 2018](#).

Since CMS began this initiative, the processing times for Medicaid SPAs and 1915 waiver actions have steadily improved each calendar year, reflecting a continuing decline in median total processing times, and a corresponding increase in the percentage of actions approved on the first 90-day clock (review period) for both SPA and waiver business lines. For example:

- As compared to 2016, median total processing times in 2019 for Medicaid SPAs decreased by 18% from 82 days to 67 days.
- During the same timeframe, median total processing times for 1915(c) waiver amendments decreased by 18% from 78 to 49 days. 1915(c) waiver renewal times decreased by 41% and 1915(b) waiver action times decreased by 14%.

However, CMCS continues to explore additional improvements to our business processes to increase the efficiency, effectiveness, and quality of SPA and 1915 waiver reviews.

To that end, CMS is announcing an update in the submission process for certain Medicaid SPAs, 1915(b) and 1915(c) waiver actions, certain CHIP SPAs, and all managed care-related actions. With this letter, CMS is announcing that, effective February 1, 2022, we will be ending the use of regionally based mailboxes for submission of these actions, and instead, states will be required to submit all Medicaid and CHIP SPA and 1915(b) and 1915(c) waiver actions that are not submitted through one of CMS' electronic systems, to a single web-based portal. In addition, states will submit Medicaid and CHIP managed care contract actions to a dedicated mailbox, and follow separate mailbox instructions for rate certifications and state directed payment preprints. These changes will enable CMS to more quickly process these state submissions, and is part of CMS' continuing commitment to streamline the SPA, 1915(b) and 1915(c) waiver, and managed care contract and preprint submission and adjudication processes.

### **Updated Submission Process for Certain Medicaid SPAs, 1915 (b) and (c) Waiver Actions, and certain CHIP SPAs**

State Medicaid agencies are currently required to submit certain paper-based Medicaid SPAs, 1915(b) waiver actions, Appendix K 1915(c) waiver amendments, state responses to request for additional information (RAIs) for these corresponding actions, and state requests for temporary extensions to their 1915(b) and (c) waivers, to one of ten regional office SPA mailboxes. Starting on February 1, 2022, CMS is modifying the state transmittal process for these submissions. In order to be processed, States will need to submit these state actions (described in more detail below and in Appendix A) to the new centralized portal at <http://onemac.cms.gov/>. The ten regional office SPA mailboxes will no longer accept state action items.

States are currently required to submit paper-based CHIP SPAs to a CHIP SPA mailbox. Starting on February 1, 2022, CMS is modifying the state transmittal process for these submissions. States will be required to submit these state actions (described in more detail below and in Appendix A) to the new centralized portal at <http://onemac.cms.gov/>. The CHIP SPA mailbox will no longer accept state action items.

The OneMAC Portal was developed by CMS in close consultation with a team of states who provided integral feedback during the design and testing process. It is available at <http://onemac.cms.gov> is a web-based platform that allows states to submit certain official SPA and Waiver actions to CMS. The actions will not be created in the OneMAC portal; rather, the submission documents will be created in advance (as states do today) and states will upload those documents into the portal and input basic information about the submission. The new portal will replace the current 10 submission email boxes:

- Creating one submission process for all states to use for the designated submission types described below, eliminating state confusions about the submission procedures;
- Allowing all related attachments to be submitted in one submission through the portal, eliminating multiple emails, and
- Eliminating failed submissions based on e-mail attachment sizes.

CMS anticipates that this will reduce burden on states and CMS, thereby leading to more efficient and timely processing of all submissions. Appendix B provides additional information on the fields states will need to complete for each submission, as well as, instructions on how to enter and upload information to the portal.

This change does not apply to electronic Medicaid SPAs, CHIP SPAs and waiver submissions processed in the following systems: Medicaid and CHIP Program Portal (MACPro), Medicaid Model Data Lab (MMDL), and the Waiver Management System (WMS). States will continue to submit these actions electronically through the appropriate system.

Effective February 1, 2022, states should submit the following paper-based actions to the new centralized OneMAC portal at <http://onemac.cms.gov/>:

- Amendments to your Medicaid state plans (not submitted through *MACPro* or *MMDL*);
- Official state responses to formal RAIs for Medicaid SPAs submitted through the new portal (not submitted through *MACPro*),
- Section 1915(b) waiver submissions and all associated attachments (not submitted through *WMS*),
- Section 1915(c) Appendix K amendments (which cannot be submitted through *WMS*);
- Official state responses to formal RAIs for Section 1915(b) waiver actions (in addition to submitting waiver changes in *WMS*, if applicable);
- State requests for temporary extensions for section 1915(b) and 1915(c) waivers;
- Amendments to your CHIP state plans (not submitted through *MMDL*); and
- Official state responses to formal RAIs for CHIP SPAs submitted through the new portal.

CMS reminds states that the regulations at 42 C.F.R. § 430.12 describe the requirements for submitting Medicaid SPAs. As part of the submission through the portal, states need to include a completed Transmittal and Notice of Approval of State Plan Material (CMS 179) form and a cover letter to the CMCS. The regulations at 42 C.F.R. §§ 430.25, 431.55 and 441.301 describe the requirements for submitting section 1915(b) and 1915(c) waivers. The regulations at 42 C.F.R. §§ 457.60 and 457.65 describe the requirements for submitting CHIP SPAs. As part of the CHIP submission through the portal, states should include a copy of the current state plan, a redline version

and a clean version of the proposed changes to the existing state plan pages being amended, and a cover letter to CMCS. The state can include budget documents, public notice or tribal consultation, if applicable, and any other documents that will assist in the review of the CHIP SPA.

When submitting a SPA or section 1915 waiver action to <http://onemac.cms.gov/>, a state's submittal will be considered an official state submission. As a result, the state will receive an electronic confirmation that the formal action was received along with information about the 90th day. **As of February 1, 2022, the formal actions listed above will only be considered received by CMS if they have been submitted via <http://onemac.cms.gov/> and the state has received an electronic receipt.** If a state has not received such a notification for a SPA or waiver submissions, the state should contact its state lead or project officer or the CMS lead for home and community-based services or managed care.

Please see Appendix B, with additional information regarding the new CMS portal for state submissions including access, instructions and Help Desk support.

### **Updated Submission Process for Managed Care Actions:**

Similar to the SPA and waiver submission process, states currently submit all actions related to Medicaid and CHIP managed care as well as PACE programs to their respective regional office managed care resource mailbox. To enhance our ability to more quickly process these actions CMCS is also updating the submission process for these actions. These changes are described below.

#### Managed Care Contracts & Rates and PACE Rates

Starting February 1, 2022, states are expected to submit the following types of managed care and PACE submissions to one centralized mailbox at [MCOGDMCOActions@cms.hhs.gov](mailto:MCOGDMCOActions@cms.hhs.gov):

- All state contract actions with external quality review organizations;
- All state contract actions with enrollment brokers;
- All submissions for proposed Medicaid capitation rates for PACE organizations;
- All state contract actions with Medicaid managed care plans, including contract actions incorporating Medicaid risk-based capitation rates (and associated rate certifications); and
- All state contract actions with CHIP managed care entities.

Additionally, states should continue to submit all state contract actions with Medicaid managed care plans, including associated rate certifications, to the [MMCratesetting@cms.hhs.gov](mailto:MMCratesetting@cms.hhs.gov) mailbox to ensure timely review of Medicaid managed care rate development.

#### Preprints for State Directed Payments

The managed care regulations at 42 C.F.R. § 438.6(c) provide states the ability, under certain conditions, to implement payment arrangements that direct the plan's expenditures under Medicaid managed care contracts. These state directed payment initiatives require CMS approval of an associated preprint. Similar to the above processes, under our previous organizational structure, there were ten regional office mailboxes for state submission of these state directed payment preprints.

Starting February 1, 2022, states should submit the following materials associated with state direct payments to one centralized mailbox at [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov).

- All preprints for Medicaid state directed payment arrangements;
- All state responses to CMS questions associated with state directed payment preprints; and
- All state requests for technical assistance on state directed payments.

For your reference, we have included a chart in the attachment to this letter that will help your staff clearly identify the correct method or mailbox to use for state submissions, effective February 1, 2022.

These updated transmittal procedures are intended to increase the effectiveness and efficiency of the Medicaid and CHIP programs, and to simplify and centralize the submission process. If you have any questions about these changes, please contact the appropriate CMCS MCOG state lead.

### **Closing**

CMS is committed to continuing to improve the efficiency and timeliness of Medicaid SPAs, 1915 Waivers, CHIP SPAs, managed care contracts and rates, and state directed payment submission and review processes. To do so, the agency is updating the submission process for certain Medicaid SPAs, 1915(b) and 1915(c) waivers, CHIP SPAs, and all managed care-related actions. CMS looks forward to working with States to implement the new procedures.

If you have any questions or need additional information, please contact Adrienne Delozier, Senior Technical Advisor, Disabled and Elderly Health Programs Group, [Adrienne.Delozier@cms.hhs.gov](mailto:Adrienne.Delozier@cms.hhs.gov) and Kaitlin Devine, Director, Division of Information Systems, [Kaitlin.Devine@cms.hhs.gov](mailto:Kaitlin.Devine@cms.hhs.gov).

**Appendix A: Submission of State SPA, 1915(c) Waiver and Managed Care-related Actions**

Please use the procedures described below for the following state submissions:

Submission Type	System of Entry	Location
Medicaid SPAs and State Responses to RAIs related to: <ul style="list-style-type: none"> <li>• Eligibility</li> <li>• Enrollment</li> <li>• Administration</li> <li>• Health Homes</li> </ul>	<b>MACPro</b>	<a href="https://macpro.cms.gov/">https://macpro.cms.gov/</a>
SPAs related to: <ul style="list-style-type: none"> <li>• Medicaid Alternative Benefits Plans (ABP)</li> <li>• Medicaid Premiums and Cost Sharing</li> <li>• CHIP Eligibility</li> </ul>	<b>MMDL</b>	<a href="https://wms-mmdl.cms.gov/MMDL/faces/portal.jsp">https://wms-mmdl.cms.gov/MMDL/faces/portal.jsp</a>
Waiver Actions (new, renew, amend) <ul style="list-style-type: none"> <li>• 1915(c) actions (except Appendix K Submissions)</li> <li>• State Responses to RAIs for 1915(c) waiver actions (resubmit revised waiver application)</li> <li>• 1915(b) actions and all associated attachments – WMS is optional. Paper based 1915(b) waiver action should go to the Web Portal.</li> </ul>	<b>WMS</b>	<a href="https://wms-mmdl.cms.gov/WMS/faces/portal.jsp">https://wms-mmdl.cms.gov/WMS/faces/portal.jsp</a>
All other paper-based Medicaid SPA and 1915 Waiver Related Submissions: <ul style="list-style-type: none"> <li>• All Medicaid SPAs not submitted through MACPro or MMDL</li> <li>• State responses to RAIs for:                             <ul style="list-style-type: none"> <li>• Medicaid SPAs (not submitted through MACPro)</li> <li>• 1915 (b) waivers actions (in addition to submitting waiver changes in WMS, if applicable)</li> </ul> </li> <li>• Non-WMS submitted 1915(b) waiver actions and all associated attachments</li> <li>• 1915(c) Appendix K amendment submissions</li> <li>• State requests for temporary extensions of 1915(b) and 1915(c) waivers</li> </ul>	<b>Web Portal (New)</b>	<a href="https://onemac.cms.gov/">https://onemac.cms.gov/</a>
SPAs and State Responses to RAIs related to: <ul style="list-style-type: none"> <li>• CHIP State Plan</li> </ul>	<b>Web Portal (New)</b>	<a href="https://onemac.cms.gov/">https://onemac.cms.gov/</a>

Submission Type	System of Entry	Location
Managed Care and PACE Contract and Rate actions: <ul style="list-style-type: none"> <li>• Medicaid and CHIP Contracts and Rates</li> <li>• PACE Rates</li> <li>• External Quality Review Organization (EQRO) Contracts</li> <li>• Enrollment Broker Contracts</li> </ul>	<b>Managed Care Mailbox (New)</b>	All: <a href="mailto:MCOGDMCOActions@cms.hhs.gov">MCOGDMCOActions@cms.hhs.gov</a> Medicaid Contracts/Rates: Also send to <a href="mailto:MMCratesetting@cms.hhs.gov">MMCratesetting@cms.hhs.gov</a>
Managed Care 438.6(c) State Directed Payment Pre-prints	<b>State Directed Payment Mailbox (New)</b>	<a href="mailto:statedirectedpayment@cms.hhs.gov">statedirectedpayment@cms.hhs.gov</a>

## Appendix B

The SPA and Waiver Submission Portal (<http://onemac.cms.gov/>) replaces email submissions to the regional email mailboxes with a single, intuitive web portal.

### How to access and submit in the portal:

(screenshots below)

1. Sign in using your OneMAC (IDM) account\*\*
2. Select your submission type
3. Attach your submission documents
4. Click submit

Once you submit, you will receive an email confirming your submission was successful.

\*\*If you do not have a OneMAC (IDM) account, please email [OneMAC\\_HelpDesk@cms.hhs.gov](mailto:OneMAC_HelpDesk@cms.hhs.gov) and we will assist you in creating a new account to use the portal.

We want to build the best possible product that fosters the most efficient collaboration between your state and CMS. The MACPro Help Desk will be available to support you through this process and can be reached via email: [OneMAC\\_HelpDesk@cms.hhs.gov](mailto:OneMAC_HelpDesk@cms.hhs.gov) or via telephone: (833) 228-2540. Additionally, we will have informational sessions to provide a demo of a portal submission, and to answer any questions you may have. You may also see answers to frequently asked questions on the FAQ page: <https://onemac.cms.gov/FAQ> .



The screenshot shows a web browser window with the URL `d2dr7dgo9g0124.cloudfront.net/sparal`. The page header includes the **oneMAC** logo and navigation links for **Home**, **FAQ**, **Dashboard**, and **My Account**. The main content area is titled **Submission Type** and contains a section **Select a Submission Type.** with two options: **State Plan Amendment (SPA)** (Submit a new Medicaid & CHIP State Plan Amendments or RAI) and **Waiver Action** (Submit Waivers, Amendments, Renewals, RAI, or Temp. Extension). The footer features the **Medicaid.gov** logo, the Department of Health & Human Services seal, and contact information: `sample@cms.gov` and 7500 Security Boulevard Baltimore, MD 21244.



[Home](#)

[FAQ](#)

[Dashboard](#)

[My Account](#) ▾

## < Submission Type

### Select a Submission Type.

#### State Plan Amendment (SPA) >

Submit a new Medicaid & CHIP State Plan Amendments or RAI

#### Waiver Action >

Submit Waivers, Amendments, Renewals, RAI, or Temp. Extension

**Medicaid.gov**  
Keeping America Healthy



A federal government website managed and paid for by the U.S. Centers for Medicare and Medicaid Services and part of the MACPro suite.

Email [sample@cms.gov](mailto:sample@cms.gov) for help or feedback.

7500 Security Boulevard Baltimore, MD 21244

The screenshot shows a web browser window with the URL `d2dr7dgo9g0124.cloudfront.net/sparai`. The page header includes the **one MAC** logo and navigation links for **Home**, **FAQ**, **Dashboard** (which is underlined), and **My Account** with a dropdown arrow. Below the header, there is a light blue section with a back arrow and the text **SPA Type**.

**Select a SPA type to start your submission.**

- Medicaid SPA**  
Submit new Medicaid State Plan Amendment >
- Respond to Medicaid SPA RAI**  
Submit additional information >
- CHIP SPA**  
Submit new CHIP State Plan Amendment >
- Respond to CHIP SPA RAI**  
Submit additional information >

CMS SPA and Waiver Submissi x +  
d2dr7dgo9g0124.cloudfront.net/sparal  
An official website of the United States government

**one MAC** Home FAQ Dashboard My Account ▾

← **Waiver Action Type**

Select a Waiver type to start your submission.

- Waiver Action** >  
Submit waivers, amendments, and renewals
- Respond to Waiver RAI** >  
Submit additional information
- Request Temporary Extension** >  
Submit for 1915(b) and 1915(c)
- Appendix K Amendment** >  
Submit Appendix K Amendment

The screenshot displays a web browser window with the URL `d2dr7dgo9g0124.cloudfront.net/sparal`. The page is titled "one MAC" and includes navigation links for Home, FAQ, and Dashboard. A "My Account" dropdown menu is visible in the top right. The main content area features a "Submission List" section with a "New Submission" button. The list contains the following data:

ID/Number	Type	State	Date Submitted	State Submitter
<a href="#">MD-20-0009</a>	Medicaid SPA	MD	Nov 30, 2020	Angie Active
<a href="#">MD-20-0011</a>	Medicaid SPA	MD	Sep 3, 2020	Mostateedit Conver
<a href="#">MD.0003.R02.04</a>	1915 (b) Waiver	MD	Aug 10, 2020	Mostateedit Conver

The footer contains the Medicaid.gov logo with the tagline "Keeping America Healthy", the Department of Health & Human Services logo, and the text: "A federal government website managed and paid for by the U.S. Centers for Medicare and Medicaid Services and part of the MACPro suite." Contact information includes the email `sample@cms.gov` and the address "7500 Security Boulevard Baltimore, MD 21244".



Home

FAQ

Dashboard

My Account ▾

## ← Medicaid SPA Submission

This submission form cannot be saved as a draft or edited after submitting to CMS. You will lose all data in the form if you leave this tab before submitting your data.

### SPA Details

\* Indicates a required field

**SPA ID\***

[What is my SPA ID?](#)

Must follow the format SS-YY-####-xxxx

### Attachments

Add any additional details that are relevant to your submission to CMS. You can add multiple files per attachment type. Maximum file size of 80MB. \* Indicates a required field. For a list of definitions visit the [FAQ Page](#).

**CMS Form 179\***

Add File

CMS 179 Form\_Signed.pdf




**SPA Pages\***

Add File

Supplement 4.19-B.pdf



Home FAQ Dashboard My Account ▾

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## ← CHIP SPA Submission

Once you submit this form, a confirmation email is sent to you and to CMS. CMS will use this content to review your package and you will not be able to edit this form. If CMS needs any additional information, they will follow up by email.

### SPA Details

\* Indicates a required field

**SPA ID\*** [What is my SPA ID?](#)

Must follow the format SS-YY-####-xxxx

### Attachments

Maximum file size of 80MB. We accept the following file types: .pdf, .doc,

\* Indicates a required field

<b>Current State Plan*</b>	Add File	example.pdf	✕
<b>Revised Amended State Plan Language*</b>	Add File	example_MD200012.pdf	✕
		example_MD200012.pdf	✕
	Screenshot	example_MD200012.pdf	✕

CMS SPA and Waiver Submissi... x +

d2dr7dgo9g0124.cloudfront.net/sparai


About - Dashboard My Account ▾

## Submission List


New Submission +

✔ Submission Successful! ✕


ID/Number	Type ▾	State ▾	Date Submitted ▾
<a href="#">MD-21-0012</a>	CHIP SPA	MD	Feb 2 2021
<a href="#">MD-20-0009</a>	Medicaid SPA	MD	Nov 30, 2020
<a href="#">MD-20-0011</a>	Medicaid SPA	MD	Sep 3, 2020
<a href="#">MD.0003.R02.04</a>	1915 (b) Waiver	MD	Aug 10, 2020



MACPro  
Medicaid & CHIP Program System



Medicaid.gov  
Keeping America Healthy



A federal government website managed and paid for by the U.S. Centers for Medicare and Medicaid Services and part of the MACPro suite.

Email [sample@cms.gov](mailto:sample@cms.gov) for help or feedback. 7500 Security Boulevard Baltimore, MD 21244