Medicaid and CHIP Program (MACPro) System

Health Home State Plan Amendment (SPA) State User In-System Demonstration

May 2016
Agenda

- State MACPro User Roles
- Conversion from MMDL to MACPro
- Overview of Creating, Reviewing, and Submitting Health Home State Plan Amendments (SPAs)
- Step-by-Step In-System Demonstration
- Help Desk/Technical Assistance
- Next Steps
- Questions?
- Appendix
State MACPro Roles
MACPro Health Home SPA
State User Roles

- MACPro has numerous distinct state user roles
- MACPro roles determine users’ range of available actions and responsibilities
- MACPro roles differ from those currently used in other CMS web-based systems (e.g., CARTS, MMDL, WMS)
MACPro Health Home SPA
State User Roles

♦ State Editor (SE)
  ♦ Builds submission packages

♦ State Point of Contact (SPOC)
  ♦ Reviews, edits, and submits submission packages

♦ State Director (SDIR)
  ♦ Conducts final review and certifies submission packages

♦ State System Administrator (State Admin)
  ♦ Maintains the state profile
Conversion from MMDL to MACPro
Conversion from MMDL to MACPro

- The data in MMDL from approved Health Homes SPAs will be copied into the MACPro Health Homes template, for states to use as the basis for future amendments
  - Except where the MMDL and MACPro templates differ, states will find the MACPro screens prepopulated with the currently approved information
- The official and complete copy of all Health Homes SPAs approved in MMDL may be viewed in MACPro as PDFs
- Health Homes SPAs currently being processed in MMDL will be completed in MMDL
- As of May 2, 2016, all new SPA actions should be made in MACPro
- When subsequent SPAs are submitted and approved in MACPro, they become the official record of the Health Homes program
Differences between MMDL and MACPro
New Features within MACPro

- Save your work without validating and return to finish later
- If two submission packages will be very similar, start with a copy of an existing SPA that you can update rather than inputting information twice
- Submit an amendment for a specific reviewable unit (also known as a section within MMDL)
- Save communication between CMS and the state using the Correspondence Log that is within the record of the submission package
MACPro Health Home SPA State Workflow
Official SPA Submission: State Workflow

1. State Editor creates SPA package and completes/validates Reviewable Units.
2. State Editor sends package to State Point of Contact for review.
3. State Point of Contact reviews package and includes any needed updates.
4. State Point of Contact returns package to State Editor for further edits.
5. State Director reviews the package (cannot edit information) and sends package to State Point of Contact for submission.
6. State Director certifies and sends package to CMS.
7. State Point of Contact edits package prior to submission.
8. State Point of Contact submits package to CMS.
MACPro Health Home SPA In System Demonstration
Today’s System Demo Roadmap

- **State Admin:** State Profile creation/update
- **SE:** Create a *draft* Submission Package (New Health Home *Program*) and send to the SPOC
- **SPOC:** Review submission package and forward to SDIR
- **SDIR:** Review and certify submission package
- **SPOC:** Send *draft* submission package to CMS
- **SPOC:** Close *draft* submission from CMS
- **SE:** Convert *draft* submission package to *official*
- **SPOC:** Respond to a clarification request
- **SPOC:** Respond to an RAI request
- **SE:** Create an *official* submission package (New Health Home *Amendment*)
- **All Roles:** Review the Medicaid State Plan record
- **All Roles:** Review MACPro reports available
The State Profile may only be created or updated by the State System Administrator.

Your state must have a state profile prior to submitting a submission package.

The State Profile includes basic information such as:

- Addresses
- Medicaid Key Contacts
- CHIP and Medicare Information
- Public Notice Methods
Creating a Health Homes Program

- The State Editor creates the submission package and completes the information.
- Health Homes submission packages are divided into “Reviewable Units” - all must be completed to forward to SPOC.
  - Reviewable Units are sections within the submission package that are validated and saved one at a time.

<table>
<thead>
<tr>
<th>Submission</th>
<th>Health Homes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>Intro</td>
</tr>
<tr>
<td>Medicaid State Plan</td>
<td>Population and Enrollment Criteria</td>
</tr>
<tr>
<td>Public Comment</td>
<td>Geographic Limitations</td>
</tr>
<tr>
<td>Tribal Input</td>
<td>Services</td>
</tr>
<tr>
<td>SAMHSA Consultation</td>
<td>Providers</td>
</tr>
<tr>
<td></td>
<td>Service Delivery System</td>
</tr>
<tr>
<td></td>
<td>Payment Methodologies</td>
</tr>
</tbody>
</table>
When to Use a Draft vs. an Official Submissions

**Official Submissions**
- Utilize this submission package type when you are prepared to submit your submission package to CMS and start 90 day clock
  - You may allow CMS to view your information prior to submission in an informal manner utilizing the “Allow CMS to View” functionality
- CMS suggests initially submitting simple program amendments or new programs that are similar to existing programs as official submission packages.

**Draft Submissions**
- Utilize this submission package type when significant feedback is required prior to starting the 90 day policy clock.
  - You may allow CMS to view your information prior to submission in an informal manner utilizing the “Allow CMS to View” functionality
- CMS suggests initially submitting complex programs or new Health Home models and new targeted amendments as draft submission packages.
Difference Between Draft and Official Submissions

**Official Submissions**
- Submission **starts** the 90 day clock
- CMS may review and approve
- CMS may implement RAI or Clarification
- State may allow CMS to view prior to submission

**Draft Submissions**
- Submitted to CMS, does not start the 90 day clock; state may allow CMS to view prior to submission
- CMS may **review**, but **cannot** approve, disapprove, or RAI
- CMS returns the submission to the state and may provide feedback in the Correspondence Log or offline
- If the state chooses **not to edit** the returned draft package, it may be **closed** and **converted** to an official package for submission to CMS starting the 90 day clock
- If state chooses to **edit** the returned submission package, the state **must** re-submit the draft to CMS off the policy clock.
The State Point of Contact (SPOC) may review and edit the package.

SPOC has the option of 2 actions:

- **Return** the package to the State Editor for further edits
- **Send** the package to the State Director for review and certification
The State Director reviews the package, but cannot edit the information.

The State Director may take two actions:
- **Return** the submission package to the SPOC for further edits
- **Certify** the submission package and return to the SPOC for submission to CMS
SPOC submits the submission package to CMS

- SPOC receives the package from the State Director after certification

- The SPOC may take two actions:
  - **Modify** the submission package
    - If this occurs, the State Director will need to re-review and re-certify
  - **Submit** the submission package to CMS
Draft Submissions

1. State Point of Contact closes the Draft Submission Package (once closed, the state may not edit draft submission package content prior to official submission to CMS)
2. State Editor converts the draft package to official
(Under Related Actions within the closed Draft Package record)
3. State Editor includes the SPA ID and Proposed Effective Date(s) and forwards to the State Point of Contact

<table>
<thead>
<tr>
<th>Reviewable Unit</th>
<th>Proposed Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Homes Intro</td>
<td>2/22/2016</td>
</tr>
<tr>
<td>Health Homes Population and Enrollment Criteria</td>
<td>2/22/2016</td>
</tr>
<tr>
<td>Health Homes Geographic Limitations</td>
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</tr>
<tr>
<td>Health Homes Providers</td>
<td>2/22/2016</td>
</tr>
<tr>
<td>Health Homes Service Delivery Systems</td>
<td>2/22/2016</td>
</tr>
<tr>
<td>Health Homes Payment Methodologies</td>
<td>2/22/2016</td>
</tr>
<tr>
<td>Health Homes Services</td>
<td>2/22/2016</td>
</tr>
<tr>
<td>Health Homes Monitoring, Quality Measurement and Evaluation</td>
<td>2/22/2016</td>
</tr>
</tbody>
</table>
4. The State Point of Contact and State Director re-review the content in the official submission package (cannot make edits).
5. The State Point of Contact submits the official submission package to CMS.
States have the option to submit “Draft Submission Packages”

- Submit without starting the 90 day clock
- CMS reviews the package and may return the package to the state for modifications prior to starting policy clock
- States may convert Draft packages to Official and submit the official version, starting the policy clock
  - No changes may be made after CMS review of the draft prior to submission of official package
  - If changes are needed, the draft submission must be re-submitted to CMS and re-returned to the state for conversion to official package
Select if you will have a Draft or Official Submission when completing the Submission Summary Reviewable Unit.

- The state may update if the package will be official or draft up until initial submission to CMS.
Clarification process does not stop the 90 day clock
The State Point of Contact (SPOC) receives notice of Clarification request from CMS

SPOC reads Correspondence Log entry with questions CMS has about the submission package

SPOC has the option to perform 3 actions:
- Return the package to the State Editor for further edits
- Edit the submission package
- Re-submit the package to CMS
RAI process stops the 90 day clock
Responding to an RAI Request

- The State Point of Contact (SPOC) receives notice of RAI from CMS including an RAI form with questions.
- If the CPOC and SPOC have offline discussions, the SPOC may document the communication officially in the correspondence log.
- SPOC has the option to perform 3 actions in addition to responding to questions in the RAI form:
  - Return the package to the State Editor for further edits
  - Edit the submission package
  - Re-submit the submission package to CMS
Once a submission package is approved, it needs to be acknowledged by the SPOC.

Below is an example of the Task notification:

* Me


A moment ago ★
Once a submission package is approved, it needs to be acknowledged by the SPOC.
Create an Amendment to a Medicaid Health Homes Program

- Select Reviewable Units within a program to amend in a submission package
- Unlike a new Health Homes program, each reviewable unit in an amendment may have different proposed effective dates
- If a Reviewable Unit is included in another submission package, we encourage you to wait for that submission package to be reviewed and closed prior to submitting another amendment (if possible)
- When you add a Reviewable Unit to an amendment submission package, MACPro will show the existing approved Reviewable Unit information with the latest and greatest effective date, be it in the past or future
In the following slides we will briefly go over a possible scenario of creating an amendment to a Medicaid Health Homes Program. For a more detailed explanation of amendments, please refer to the Introductory User Guide for State Users at the following link:

Amendment Tips and Tricks

When you add a Reviewable Unit to an amendment it pulls the approved information with the latest and greatest effective date for that unit.

<table>
<thead>
<tr>
<th>Reviewable Unit</th>
<th>Included in Another Submission Package</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Homes Intro</td>
<td>☐</td>
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</table>
Amendment Tips and Tricks

Currently approved and effective information is included

Payment Methodology

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

- Fee for Service
  - Individual Rates Per Service
  - Fee for Service Rates based on
    - Severity of each individual’s chronic conditions
    - Capabilities of the team of health care professionals, designated provider, or health team
    - Other
- Per Member, Per Month Rates
- Comprehensive Methodology Included in the Plan
- Incentive Payment Reimbursement

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

* Description

Character count: 11/4000
Another package including the Health Homes Payment Methodology Reviewable Unit for this program was approved.

This submission package included the Health Home Payment Methodologies Reviewable Unit that’s in the current amendment we are working on.

SC - Submission Package - SC2016MH0031O - (SC-16-444-T)
Package Status: Approved
Creation Date: 3/3/2016 9:09 AM EST
Package Disposition: Approved

7 minutes ago
Indicator is removed in the amendment we are working on showing the Health Homes Payment Methodology Reviewable Unit is not in another submission package.

Health Homes SPA - Reviewable Units

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<tbody>
<tr>
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Amendment Tips and Tricks

- Remove Health Homes Payment Methodologies from package you are working on

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<td>Health Homes Monitoring, Quality Measurement and Evaluation</td>
<td>○</td>
</tr>
</tbody>
</table>

**Validation & Navigation**

Would you like to validate the reviewable unit data?  
- Yes  
- No

Warning: Any field containing more than 4000 characters will be truncated when saved.
Removes the Health Homes Payment Methodology unit from our reviewable unit list to complete.
Re-add the Health Home Payment Methodologies Unit to our submission package
Amendment Tips and Tricks

- Reviewable Unit is re-added to the reviewable unit drop down list for this submission package
Amendment Tips and Tricks

- Newly approved information in the other submission package is now included in our reviewable unit

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<td>The State's Health Homes payment methodology will contain the following features</td>
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</tr>
<tr>
<td>☐ Incentive Payment Reimbursement</td>
</tr>
</tbody>
</table>

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

* Description: **plus amended information**

Character count: 36/4000
Referencing your State Plan

◊ When viewing your state plan by the current date – you are looking at the approved and effective version of the Medicaid Plan as of MM/DD/YYYY

◊ You may view current or past versions by selecting specific dates different than today’s date

- View Current Approved Version
  Current approved version of the Medicaid State Plan

- View Approved Version by Date
  View approved version of the Medicaid State Plan by Date
# MACPro Reports

<table>
<thead>
<tr>
<th>Report Name</th>
<th>Description</th>
<th>Available For:</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Agency Profile Report</td>
<td>Overview of a State’s Medicaid Plan including the prior 12 months' submission package history</td>
<td>State Point of Contact; State Director</td>
</tr>
<tr>
<td>Submission Detail Report</td>
<td>View details on packages by date</td>
<td>State Editor; State Point of Contact; State Director</td>
</tr>
<tr>
<td>Submission Statistics Detail Report</td>
<td>View all Submission Packages currently in review</td>
<td>State Editor; State Point of Contact; State Director</td>
</tr>
<tr>
<td>Submission Summary Report</td>
<td>Overview of submitted packages by date</td>
<td>State Editor; State Point of Contact; State Director</td>
</tr>
</tbody>
</table>


MACPro Help Desk and Technical Assistance
Help Desk and Technical Assistance

For issues related to MACPro access and how to use the MACPro system

- Contact the MACPro Help Desk at
  - Email: MACPro_Helpdesk@cms.hhs.gov
  - Phone: 301-547-4688
Help Desk and Technical Assistance (cont.)

Information to provide in email request

- User contact information (Name, phone number, organization/state, email address, User ID)
- Application (Health Home SPA)
- Extent of problem (Individual desktop, multiple desktops at site, entire site) and description
- Last screen/tab/navigation activity before problem
- Error Message (exact verbiage) or screenshot
### MACPro Browser Compatibility

<table>
<thead>
<tr>
<th>Browser</th>
<th>Comments</th>
</tr>
</thead>
</table>
| **Microsoft Internet Explorer 11, 10, 9, and 8** | Microsoft Internet Explorer 10, 9, and 8 are depreciated and will not be supported in a future release of MACPro.  
Microsoft Internet Explorer 11 is supported on Windows 8.x tablet. |
| **Mozilla Firefox**             | Mozilla Firefox updates automatically. MACPro supports the most recent stable version of Mozilla Firefox. |
| **Google Chrome**              | Google Chrome updates automatically. MACPro supports the most recent stable version of Google Chrome. |
| **Apple Safari**               | Safari is only supported on Mac operating systems.                        |

**Note:** MACPro does not support browsers that are no longer supported by their vendor. Use the latest supported browser version and always apply all available security updates.

**Note:** Web browsers must allow cookies. If a user's browser is not configured to allow cookies, then MACPro displays an alert stating that cookies must be enabled in order to log in.
Next Steps

- Make sure MACPro Role Templates are sent back to MACPro_HelpDesk@cms.hhs.gov

- You will receive notifications with your MACPro information

- Look out for the MACPro Health Homes State Plan Amendment (SPA) release announcement
Questions?
How to Print in MACPro
Printing in MACPro

- Utilize your web browser’s printing option to print information from MACPro
Understanding the MACPro Upper Toolbar
NEWS

- General status updates on packages
- May be used for informal communication about packages between different MACPro users
TASKS

Activities that are needed to keep the package moving through the workflow

- Example: Reviewing or responding to an RAI request
RECORDS

Where you can go to reference submission packages that are complete or in progress
Includes a series of reports used for tracking different activities within MACPro
ACTIONS

- Used for initiating new actions
  - Example: Creating a new submission package