



**Centers for Medicare & Medicaid Services**  
**CMS eXpedited Life Cycle (XLC)**

# **Incurred But Not Reported Survey (IBNRS) System**

## **User Manual**

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**Version 1.7 FINAL**

**3/21/2014**

**Document Number:** CMS.IBNRS.UserManual.1.7FINAL

**Contact Number:** HHSM-500-2007-00029I / HHSM-500-T0006

## Table of Contents

<b>1. Introduction</b>	<b>7</b>
1.1 General Description/Purpose	7
1.2 System Requirements	7
<b>2. Overview</b>	<b>8</b>
2.1 Conventions	8
2.2 Cautions and Warnings	8
<b>3. Getting Started</b>	<b>9</b>
3.1 Set-up Considerations	9
3.2 User Access Considerations	9
3.3 Accessing IBNRS	9
3.4 System Organization and Navigation	11
3.4.1 Navigation Bar	12
3.4.2 Common User Links	12
3.4.3 Common Controls	16
3.5 Exiting the System	20
<b>4. Using the System</b>	<b>21</b>
4.1 Main	21
4.2 Medicaid (Form CMS R-199)	22
4.2.1 Add Form	23
4.2.2 Browse Form	26
4.2.3 Edit Form	27
4.2.4 Certify Form	28
4.2.5 Audit Form	32
4.2.6 Reports	33
4.3 CHIP (Form CMS-10180)	33
4.3.1 Add Form	33
4.3.2 Browse Form	37
4.3.3 Edit Form	38
4.3.4 Certify Form	39
4.3.5 Audit Form	43
4.3.6 Reports	44
4.4 Regional Office	44
4.4.1 Browse Form	45
4.4.2 Certify Form	46
4.5 Central Office	49
4.5.1 Browse Form	50
4.5.2 Certify Form	51
4.5.3 Uncertify Form	52

4.5.4	Reports .....	53
4.6	Administrative Functions .....	53
4.6.1	User Maintenance.....	54
4.6.2	System Messages .....	59
4.6.3	Email.....	63
4.6.4	System Email Messages.....	64
4.6.5	User Audit.....	66
4.6.6	Open Periods.....	66
4.7	Reports.....	69
4.8	Report History .....	73
<b>5.</b>	<b>Troubleshooting &amp; Support .....</b>	<b>74</b>
5.1	Error Messages.....	74
5.1.1	IBNRS Session Expiration Pending Alert.....	74
5.1.2	Error/Warning Message Pop-ups.....	74
5.1.3	Error Information Screens.....	75
5.2	Resolving Password Issues .....	76
5.2.1	Forgotten Password.....	76
5.2.2	Forgotten User ID .....	77
5.3	Special Considerations .....	77
5.4	Support.....	78
	<b>Acronyms.....</b>	<b>79</b>
	<b>Glossary.....</b>	<b>80</b>
	<b>Referenced Documents .....</b>	<b>81</b>
	<b>Record of Changes .....</b>	<b>82</b>
	<b>Approvals.....</b>	<b>83</b>

## List of Figures

Figure 1:	CMS Warning Page .....	8
Figure 2:	IBNRS System Login Screen .....	9
Figure 3:	Change Your Password Dialog .....	10
Figure 4:	Change Password Complete Confirmation .....	10
Figure 5:	IBNRS Welcome Screen.....	11
Figure 6:	IBNRS Screen – Major Components .....	11
Figure 7:	Navigation Bar .....	12
Figure 8:	My User Profile Screen .....	13
Figure 9:	Change Email Address, Step 1 .....	13
Figure 10:	Change Email Address, Step 2.....	14
Figure 11:	Change Password Dialog.....	15
Figure 12:	IBNRS Welcome Screen.....	21
Figure 13:	IBNRS Message Alert Window .....	22
Figure 14:	Medicaid R-199 Forms Screen .....	23
Figure 15:	Add CMS R-199 Medicaid IBNRS Screen .....	23
Figure 16:	R-199 Form.....	24
Figure 17:	Define Line Window .....	25
Figure 18:	Browse Form R-199 Screen.....	26
Figure 19:	Edit Form R-199 Screen .....	27
Figure 20:	Already State Certified Message.....	28
Figure 21:	Form R-199 Questionnaire, Filled out .....	29
Figure 22:	Form R-199 Questionnaire.....	30
Figure 23:	State Certify Form R-199 .....	31
Figure 24:	Certification Complete Window .....	31
Figure 25:	Form R-199 Print State Certification Screen .....	32
Figure 26:	System Audit Screen .....	32
Figure 27:	CHIP CMS-10180 Forms Screen.....	33
Figure 28:	Add CMS-10180 CHIP IBNRS Screen.....	34
Figure 29:	CMS-10180 Form .....	35
Figure 30:	Define Line Window .....	36
Figure 31:	Browse Form CMS-10180 Screen .....	37
Figure 32:	Edit Form CMS-10180 Screen .....	38
Figure 33:	Already State Certified Message.....	39
Figure 34:	Form CMS-10180 Questionnaire, Filled out.....	40
Figure 35:	Form CMS-10180 Questionnaire .....	41
Figure 36:	State Certify Form CMS-10180.....	42
Figure 37:	Certification Complete Window .....	42
Figure 38:	Form CMS-10180 Print State Certification Screen.....	43
Figure 39:	System Audit for Form CMS-10180 .....	43
Figure 40:	RO Forms Screen .....	44
Figure 41:	Change Submission Date Screen .....	45
Figure 42:	Already Regional Office Certified Message.....	46

Figure 43:	Regional Office Certify Screen.....	46
Figure 44:	Certification Complete Window .....	47
Figure 45:	Print Regional Office Certification Screen .....	48
Figure 46:	CO Forms Screen .....	49
Figure 47:	Change Submission Date Screen .....	50
Figure 48:	Already Central Office Certified Message .....	51
Figure 49:	Central Office Certify Screen .....	51
Figure 50:	Certification Complete Window .....	52
Figure 51:	Print Central Office Certification Screen .....	52
Figure 52:	Uncertify Screen .....	53
Figure 53:	Uncertify Complete window.....	53
Figure 54:	Admin Screen .....	54
Figure 55:	Manage User Accounts Screen .....	54
Figure 56:	Step 1: Enter User Base Information Screen .....	55
Figure 57:	Modify User Information Screen, User Information Tab .....	56
Figure 58:	Modify User Information Screen, State Access Tab.....	56
Figure 59:	Modify State Access .....	57
Figure 60:	Modify User Information Screen, Function Access Tab .....	58
Figure 61:	System Messages Choose Function Screen .....	59
Figure 62:	Update Bcast News Screen .....	60
Figure 63:	Billboard Screen.....	60
Figure 64:	Add Message Screen.....	61
Figure 65:	Edit Message Screen.....	62
Figure 66:	Email Screen.....	63
Figure 67:	System Email Messages Screen .....	65
Figure 68:	Audit User Accounts Screen .....	66
Figure 69:	Open Periods Screen.....	67
Figure 70:	Add Open Period .....	67
Figure 71:	Modify Open Period Screen .....	68
Figure 72:	Report Options Screen .....	69
Figure 73:	Report Options Screen, Type = CO .....	70
Figure 74:	Report Options Screen, Multiple States .....	71
Figure 75:	Report Complete Screen.....	72
Figure 76:	Report History Screen.....	73
Figure 77:	Report History Calendar Drop-down .....	73
Figure 78:	Pending Session Expiration Alert.....	74
Figure 79:	Session Expired Alert.....	74
Figure 80:	Error Message Example .....	75
Figure 81:	Sample Configuration Error Screen .....	76
Figure 82:	Forgot User ID or Password Dialog .....	76
Figure 83:	Password Reset Message .....	77
Figure 84:	User ID Sent Confirmation .....	77

## List of Tables

Table 1:	Icons .....	16
Table 2:	Navigation Bar Buttons .....	16
Table 3:	Screen and Form Buttons .....	17
Table 4:	Text Links.....	19
Table 5:	Support Points of Contact .....	78
Table 6:	Acronyms .....	79
Table 7:	Glossary.....	80
Table 8:	Referenced Documents .....	81
Table 9:	Record of Changes .....	82

# 1. Introduction

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This user manual provides the information necessary to use the Incurred But Not Reported Survey (IBNRS) system.

## 1.1 General Description/Purpose

The IBNRS system is a web-based application used by the Centers for Medicare and Medicaid Services (CMS). It is used biannually prior to 2008, and annually since 2008 to report estimated expenditures for the Medicaid Program and the Children's Health Insurance Program (CHIP) and to report estimated expenditures for both programs.

CMS will be preparing its fiscal year (FY) Annual Financial Report as required by the Public Law 103-356, (the Government Management Reform Act of 1994), section 3515. Because CMS fulfills its mission through the contractors and States, these entities are the primary source of information for the financial statements. There are three basic categories of data: expenses, payables, and receivables. The Medicaid and CHIP IBNRS are used to collect Medicaid and CHIP payable and receivable accounting data from the states. CMS must accrue:

- An accounts payable for the services rendered by Medicaid and CHIP providers as of the end of the fiscal year
- An accounts receivable for all amounts due to the States from various sources, excluding the Federal Government.

The Medicaid and CHIP IBNRS have been available as an Internet system beginning with the FY 2006 survey. Since then, the Medicaid IBNRS have no longer been mailed out to each State and Territory. The automated system expanded CMS' existing information technology architecture to allow for a more effective and efficient solution in completing, reviewing, and transmitting the Medicaid and CHIP IBNRS. This enabled the States and Territories to fill out and submit their surveys electronically beginning FY 2006.

IBNRS has been upgraded to the 3-zone CMS Technical Reference Architecture (TRA). The functionality of the system is the same as prior to the upgrade. However, the layout of the screens has changed.

## 1.2 System Requirements

To use the IBNRS system, you must meet the following requirements:

- You must have a connection to the Internet.
- You must have an Enterprise User Administration (EUA) account.
- You must be using Internet Explorer 8.0 or higher.

## 2. Overview

### 2.1 Conventions

This document provides the user with screen step-by-step procedures to use the IBNRS system. The following conventions apply:

- The term “user” and “you” are used throughout this document to refer to any person who requires and/or has acquired access to IBNRS.
- Whenever possible, the screen capture graphics used in this document are enlarged and/or cropped to emphasize the important areas of the screen.
- The Section 508-compliant alternative text within the graphics often identifies specific areas on screens, forms, reports, or tables that are described as “shown in box” or “shown in circle”.
- Unless otherwise indicated, any text reference to a “text link” used in the system is the same as a hyperlink.

### 2.2 Cautions and Warnings

The *CMS Warning Page* (Figure 1) appears as part of each login session on the system. Read the warning before logging in.



**Figure 1: CMS Warning Page**



## 3. Getting Started

---

### 3.1 Set-up Considerations

CMS screens can best be viewed at a screen resolution of 1024 x 768 or higher. To optimize your access to IBNRS:

- Disable pop-up blockers.
- Use Internet Explorer, version 8.0 or higher.

### 3.2 User Access Considerations

The step-by-step procedures in this document assume that the user has already been given prior authorization to access the IBNRS system through EUA.

### 3.3 Accessing IBNRS

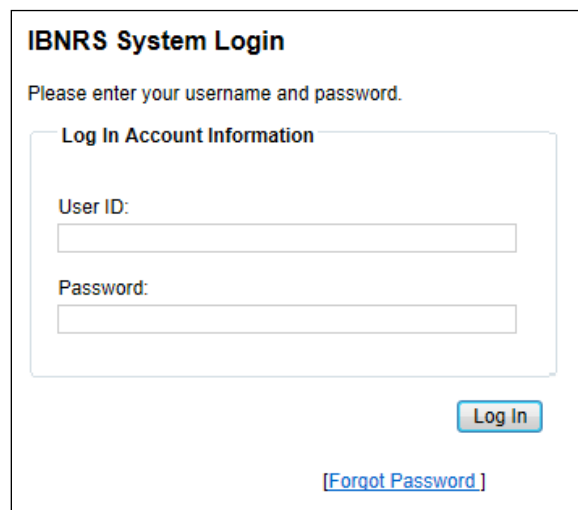
To log in to IBNRS:

1. Open the Internet Explorer browser.
2. Use the Uniform Resource Locator (URL) provided when granted access to the system:

<https://65.220.21.9/ibnrs>

The *CMS Warning Page* (Figure 1) appears.

3. Read the warning.
4. Click on the [Click Here To Log In](#) link. The *IBNRS System Login* screen (Figure 2) appears.



**IBNRS System Login**

Please enter your username and password.

Log In Account Information

User ID:

Password:

[\[Forgot Password\]](#)

Figure 2: IBNRS System Login Screen

5. Enter your 4-character CMS-issued User ID in the **User ID** field.
6. Enter your password in the **Password** field.
7. If you forgot your password or User ID, click on the [Forgot Password](#) link. Refer to Section 5.2, Resolving Password Issues, for details.
8. Click on the **Log In** button. If your password has expired, the *Change Your Password* dialog (Figure 3) appears.

this document.'"/>

**Figure 3: Change Your Password Dialog**

9. If you are required to change your password:
  - a. Click on the [this document](#) link in the *Change Your Password* dialog if you want to review the [Password Requirements for IBNRS](#).
  - b. Enter your current password in the **Password** field.
  - c. Enter your new password in the **New Password** field.
  - d. Enter your new password in the **Confirm New Password** field.
  - e. Click on the **Change Password** button. The *Change Password Complete* confirmation (Figure 4) appears.

this document.'"/>

**Figure 4: Change Password Complete Confirmation**

- f. Click on the **Continue** button.

- The *IBNRS Welcome* screen (Figure 5) appears. This screen is the starting point to most procedures in this document.

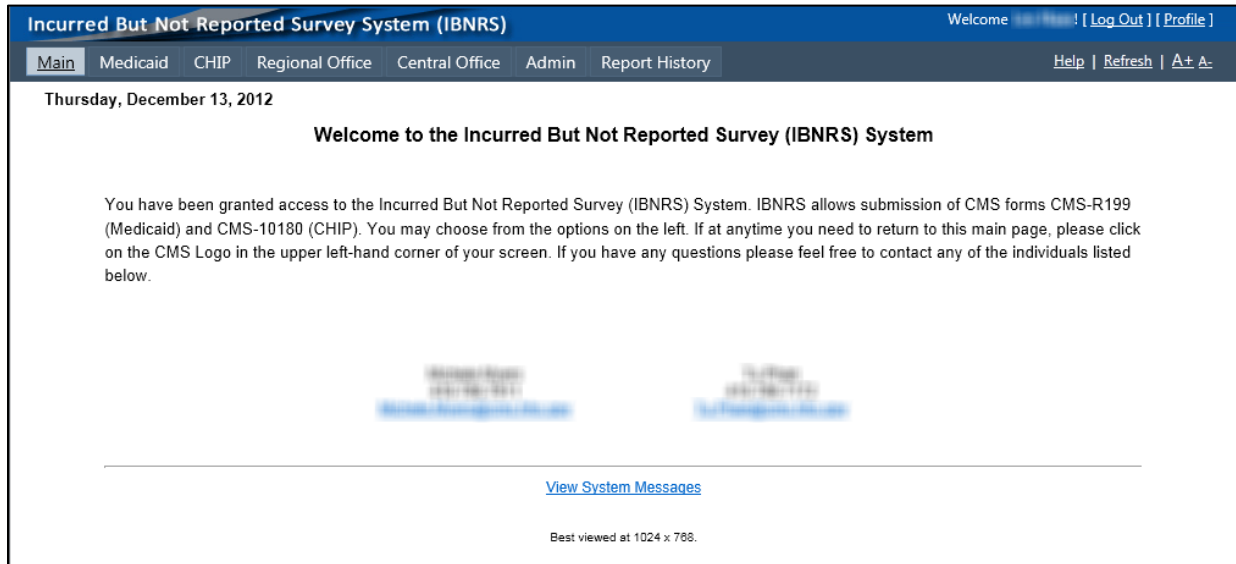


Figure 5: IBNRS Welcome Screen

### 3.4 System Organization and Navigation

Figure 6 identifies the major components of the majority of the IBNRS screens.

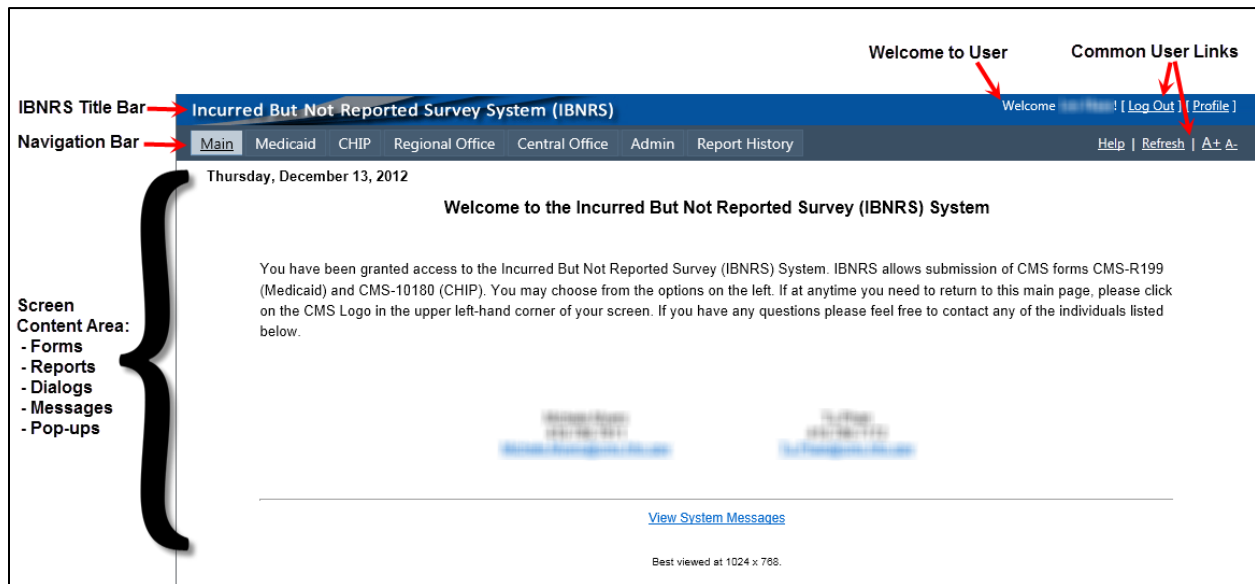
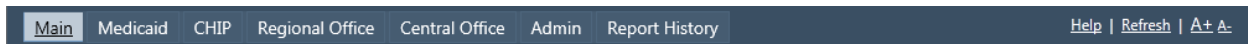


Figure 6: IBNRS Screen – Major Components

This section describes the organization of the system and how to navigate it.

### 3.4.1 Navigation Bar

The Navigation Bar (Figure 7) appears at the top of the IBNRS screens.



**Figure 7: Navigation Bar**

The Navigation Bar provides access to the various program areas and forms within IBNRS:

- **Main** – IBNRS Welcome Screen
- **Medicaid** – Medicaid Form CMS-R199
- **CHIP** – CHIP Form CMS-10180
- **Regional Office** – Regional Office utilities
- **Central Office** – Central Office utilities
- **Admin** – Administrative functions
- **Report History** – previously requested reports

The selections available on your Navigation Bar correspond to the functional access you have been granted.

### 3.4.2 Common User Links

The following common user links (see Figure 6) are available to IBNRS system users on the IBNRS screens:

- [Log Out](#)
- [Profile](#)
- [Help](#)
- [Refresh](#)
- [A+](#) and [A-](#) font-size links

These links are located in and directly above the Navigation Bar and are further described in the following paragraphs.

#### 3.4.2.1 Log Out Link

To log out of IBNRS, click on the [Log Out](#) common user link in the upper right corner of the screen.

#### 3.4.2.2 Profile Link

The [Profile](#) common user link presents your profile and allows you to change the [password](#), [theme](#), and [email address](#). The profile includes the following items:

- User ID
- Name
- Email Address
- State Access (U.S. states and territories to which you have access/permissions)
- Theme (background color)

To access your user profile:

1. Click on the [Profile](#) link. The *My User Profile* screen (Figure 8) appears.

**Figure 8: My User Profile Screen**

2. Review your permissions to verify that all of the information is correct.
3. If necessary, make changes to the background color and your email address as shown in the following sections. For any other changes to your profile, see the contacts listed in Section 5.4 and on the *IBNRS Welcome* screen (Figure 5).

#### 3.4.2.2.1 Select Background Color

To choose one of the four available background colors for your IBNRS screens, select it from the **Theme** drop-down on the *My User Profile* screen (Figure 8). The color is changed instantly.

A selection of **None** presents a white background.

#### 3.4.2.2.2 Change Email Address

Perform the following steps if you wish to change your email address:

1. Click on the [Change E-Mail Address](#) link located next to your present e-mail address in the *My User Profile* screen (Figure 8). The *Change Email Address, Step 1* screen (Figure 9) appears.

**Figure 9: Change Email Address, Step 1**

2. Enter your new email address in the **New Email Address** textbox.
3. If you are not sure you want to change your email address, click on the **Cancel** button. You are returned to the *My User Profile* screen (Figure 8).
4. If you are sure you want to change your email address, click on the **Submit Change** button. The *Change Email Address, Step 2* screen (Figure 10) appears.

**My User Profile**

Here you may review your permissions as well as change your E-Mail address and Password.

**Confirm Email Address Change**

**Step 2 of 2:** You're email address change to: [redacted] is almost complete. An e-mail has been sent to your new address with a code. Please copy and paste that code in the text box provided below to complete your change. This is necessary to ensure that you're new e-mail address is valid and can successfully receive important notices from this site.

Code:

[Complete Change](#)

**Figure 10: Change Email Address, Step 2**

5. Copy the code that was sent to your new email address.
6. Paste the code into the **Code** field.
7. Click on the **Complete Change** button. A confirmation appears.
8. Click on the [Continue](#) link. You are returned to the *My User Profile* screen (Figure 8).

#### 3.4.2.2.3 Change Password

You cannot change your password if you have changed it less than 24 hours ago. Perform the following steps if you wish to change your password:

1. Click on the **Change Password** button. The *Change Password* dialog (Figure 11) appears:

**My User Profile**

Here you may review your permissions as well as change your E-Mail address and Password.

Change Your Password

Password:

New Password:

Confirm New Password:

When creating a new password please check that you are complying with the CMS password standards by reading [this document](#).

**Figure 11: Change Password Dialog**

2. Click on the [this document](#) link in the *Change Password* dialog if you want to review the [Password Requirements for IBNRS](#).
3. Enter your present password in the **Password** field.
4. Enter your new password in the **New Password** field.
5. Enter your new password in the **Confirm New Password** field.
6. If you change your mind about changing your password, click on the **Cancel** button. You are returned to the *My User Profile* screen (Figure 8).
7. If you want to change your password, click on the **Change Password** button. The *Change Password Complete* confirmation appears.
8. Click on the **Continue** button on the *Change Password Complete* confirmation. You are returned to the *IBNRS Welcome* screen (Figure 5).

### 3.4.2.3 Help Link

Click on the [Help](#) link to access the IBNRS System Help. For further questions that cannot be answered by System Help, contact any of the individuals listed in Section 5.4 and on the *IBNRS Welcome* screen (Figure 5).

### 3.4.2.4 Refresh Link

Click on the [Refresh](#) link to refresh the screen.

### 3.4.2.5 Font Size Links

You can increase or decrease the font size on the IBNRS screens:










- Click on the [A+](#) link to increase the font size of all text on the screen.
- Click on the [A-](#) link to decrease the font size of all text on the screen.

### 3.4.3 Common Controls


IBNRS has screen controls in the form of icons, buttons, and links. Some of the screen controls are found in the screen displays and dialogs, while others are found in pop-up messages. These functions are accessed by clicking the various buttons, symbol icons, or text links that are listed and described in detail in the following tables:

- Table 1: Icons
- Table 2: Navigation Bar Buttons
- Table 3: Screen and Form Buttons
- Table 4: Text Links

**Table 1: Icons**

Function / Action	Description	Icon
Audit	Enables you to audit a CMS form.	
Browse	Enables you to browse a CMS form.	
Calendar Date	Enables you to select a calendar date for insertion in textbox.	
Certify	Enables you to certify a CMS form.	
Delete	Enables you to delete an item, such as a file associated with a system message.	
Edit	Enables you to make changes on a CMS form.	
Next Submission	Enables you to move forward to the next submission year.	
Previous Submission	Enables you to move back to the previous submission year.	
Uncertify	Enables you to uncertify a CMS form	

**Table 2: Navigation Bar Buttons**

Function / Action	Description	Button
Main	Provides access to the <i>IBNRS Welcome Screen</i> (Figure 5).	










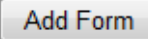
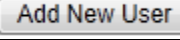

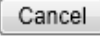
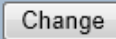
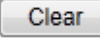



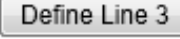



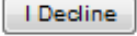
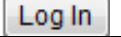



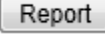



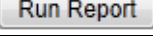


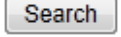

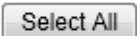

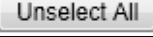

Function / Action	Description	Button
Medicaid	Provides access to Medicaid form CMS-R199.	
CHIP	Provides access to CHIP form CMS-10180.	
Regional Office	Provides access to Regional Office functions.	
Central Office	Provides access to Central Office functions.	
Admin	Provides access to administrative functions.	
Report History	Provides access to Report History.	

Table 3: Screen and Form Buttons

Function / Action	Description	Button
Add	Enables you to add newly entered data to a form.	
Add Form	Enables you to add a CMS form to the CMS forms list.	
Add New User	Enables you to add a new user.	
Browse	Enables you to navigate to a file.	
Cancel	Enables you to cancel out of a form without saving changes.	
Change	Enables you to change the submission year.	
Clear	Enables you to clear entries.	
Click to Review	Enables you to review a submission prior to certifying it.	
Complete Change	Enables you to complete your change of email address.	
Continue	Allows you to continue after reading a confirmation.	
Define Line #	Enables you to provide a definition for a line item on a form. Line number can vary.	
Done	Enables you to return to the previous screen.	

Function / Action	Description	Button
Excel	Creates the form in Excel format on your screen.	
I Accept	Enables you to accept CMS Terms and Conditions for accessing IBNRS.	
I Decline	Enables you to decline CMS Terms and Conditions for accessing IBNRS.	
Log In	Enables you to log in to the IBNRS system.	
Modify	Enables you to modify an item.	
Modify User Information	Enables you to modify user information.	
Print	Creates the form in Excel format as an email attachment.	
Report	Enables you to generate a report.	
Reset	Enables you to clear one or more fields on a screen.	
Return	Enables you to return to the previous screen.	
Return to User List	Enables you to return to the User List.	
Run Report	Enables you to run a report.	
Save	Enables you to save information on a form.	
Save Function Access	Enables you to save functional access for a user.	
Search	Enables you to search for a user.	
Select	Enables you to select an item from a list.	
Select All	Enables you to select all items.	
Submit Change	Enables you to submit a change, such as one made to your email address.	
Unselect All	Enables you to unselect all items.	
Update	Enables you to update an item such as a system message.	

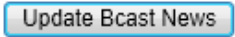
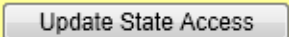
Function / Action	Description	Button
Update BCast News	Enables you to update the Broadcast News.	
Update State Access	Enables you to update a user's State Access.	

Table 4: Text Links

Function / Action	Description	Link Graphic
"Back" link	Returns view to previous screen.	<a href="#"><u>Back</u></a>
Change E-Mail Address link	Links to a <i>Change Email Address</i> dialog for submitting email address change.	<a href="#"><u>Change E-Mail Address</u></a>
Continue link	Allows you to continue after reading a confirmation.	<a href="#"><u>Continue</u></a>
Current Submission date format link	Allows you to change Submission Year for Medicaid or CHIP forms.	<a href="#"><u>2012</u></a> (sample format)
"Decrease font size" common user link	Allows you to decrease text font size.	<a href="#"><u>A-</u></a>
Delete link	Allows deleting of user.	<a href="#"><u>Delete</u></a>
"Forgot Password" link	Enables you to reset password to a CMS-issued, temporary password.	<a href="#"><u>Internet Users</u></a> <a href="#"><u>MDCN Users</u></a> <a href="#"><u>CMS Internal Users</u></a>
"Help" common user link	Provides access to the online Help.	<a href="#"><u>Help</u></a>
"here" link	Links to completed report in Excel format. May be saved and/or printed.	<a href="#"><u>here</u></a>
"Increase font size" common user link	Allows you to increase text font size.	<a href="#"><u>A+</u></a>
"Log Out" common user link.	Allows you to log out of current session.	<a href="#"><u>Log Out</u></a>
Open Report link	Links to a printable report from the Report History screen.	<a href="#"><u>Open Report</u></a>

Function / Action	Description	Link Graphic
“Profile” common user link	Provides access to the <i>My User Profile</i> screen.	<a href="#">Profile</a>
“Refresh” common user link.	Allows you to refresh the screen.	<a href="#">Refresh</a>
Select link	Links to access details for a specific user.	<a href="#">Select</a>
View System Messages	Provides access to the system messages.	<a href="#">View System Messages</a>

### 3.5 Exiting the System

To exit the IBNRS system click on the [Log Out](#) link in the top, right corner of the window. You are returned to the *CMS Warning Page* (Figure 1).

**Note:** Please be sure to use the [Log Out](#) link in the application. After closing the browser without logging out, you will be required to wait 20 minutes before you will be able to log in again.

## 4. Using the System

This section provides detailed, step-by-step instructions on how to use the various functions of IBNRS, accessible from the Navigation Bar:

- [Main](#) – IBNRS Welcome Screen
- [Medicaid](#) – Medicaid Form CMS-R199
- [CHIP](#) – CHIP Form CMS-10180
- [Regional Office](#) – Regional Office utilities
- [Central Office](#) – Central Office utilities
- [Admin](#) – Administrative functions
- [Report History](#) – previously requested reports

### 4.1 Main

After clicking on the **Main** button in the Navigation Bar, the *IBNRS Welcome* Screen (Figure 12) appears. This screen shows the date, a welcome message, the list of contacts, and a link to the system messages.

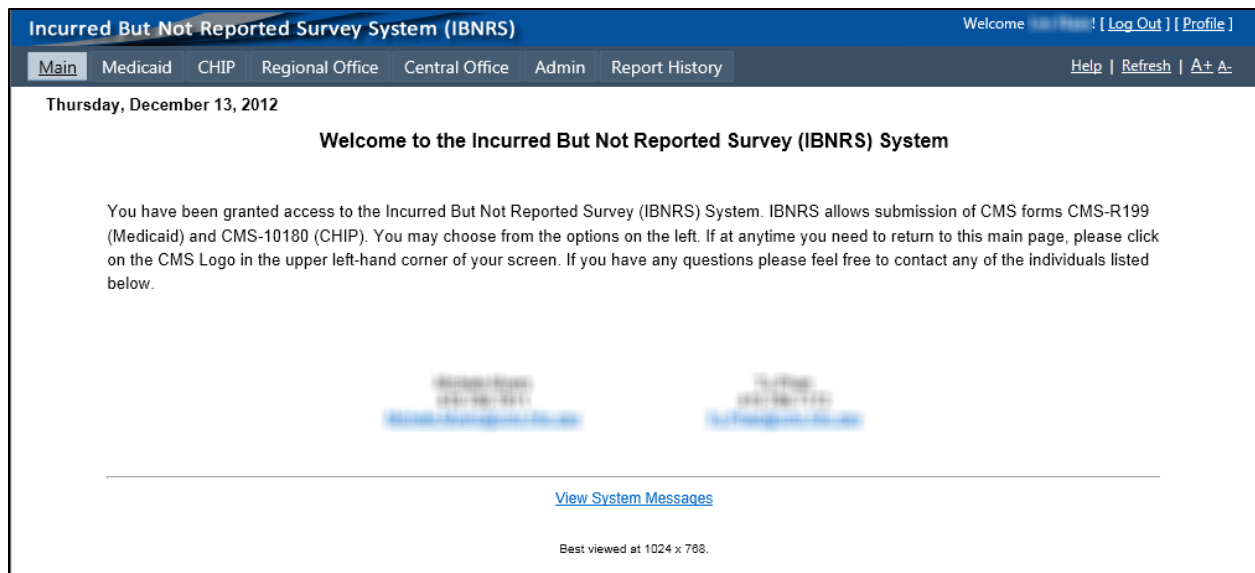


Figure 12: IBNRS Welcome Screen

To view the system messages:

1. Click on the [View System Messages](#) link. The *IBNRS Message Alert* window (Figure 13) pops up.

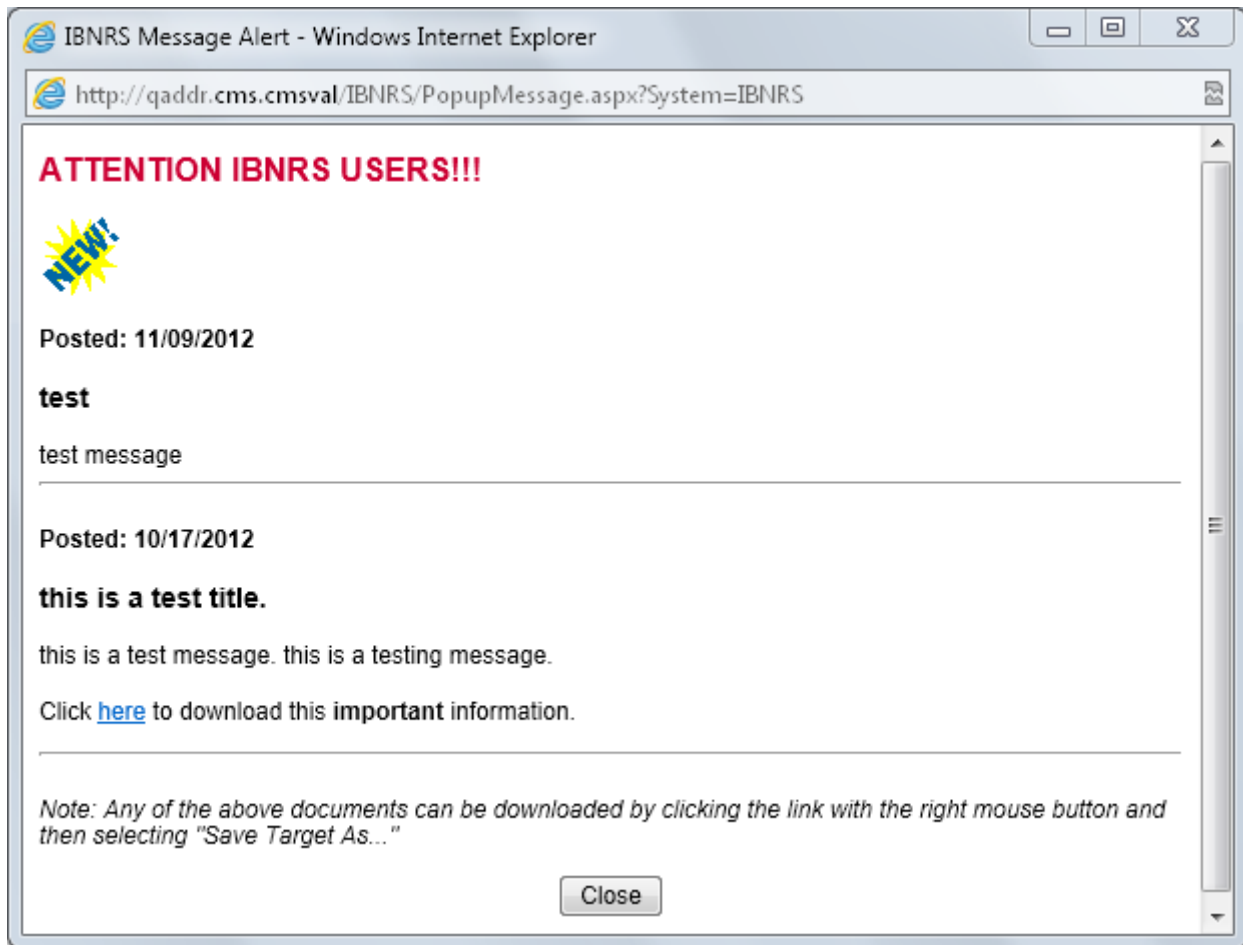


Figure 13: IBNRS Message Alert Window

2. Read the messages. Some messages contain a hyperlink for additional information.
3. Click on the **Close** button. The *IBNRS Message Alert* window disappears.

## 4.2 Medicaid (Form CMS R-199)

To access the *Medicaid R-199 Forms* screen (Figure 14):

1. Click on the **Medicaid** button on the Navigation Bar.
2. Select the **state** for which you want to access the forms from the drop-down.

This screen allows you to perform the following tasks:

- [Adding a form](#)
- [Browsing a form](#)
- [Editing a form](#)
- [Certifying a form](#)
- [Auditing a form](#)
- [Generating reports](#)

Medicaid R-199 Forms								
Actions	Fiscal Year	Submission Type	State Certified	State Certification Date	Region Office Certified	Region Office Certification Date	Central Office Certified	Central Office Certification Date
	2012	Annual	No		No		No	
	2011	Annual	Yes	5/3/2012 4:15:23 PM	Yes	5/9/2012 9:18:13 AM	No	
	2010	Annual	Yes	6/20/2011 6:09:19 PM	Yes	6/23/2011 2:35:10 PM	No	
	2009	Annual	Yes	5/21/2010 4:00:24 PM	Yes	6/14/2010 8:39:04 AM	No	
	2008	Annual	Yes	4/17/2009 8:42:37 AM	Yes	4/27/2009 12:39:33 PM	No	
	2007	Initial	Yes	8/14/2007 3:51:38 PM	Yes	8/23/2007 8:42:53 AM	No	
	2007	Validation	Yes	3/27/2008 8:44:21 AM	Yes	4/8/2008 2:58:26 PM	No	
	2006	Initial	Yes	9/11/2006 3:24:57 PM	Yes	9/15/2006 10:25:42 AM	Yes	10/23/2006 12:59:47 PM
	2006	Validation	Yes	3/27/2007 9:41:38 AM	Yes	4/24/2007 2:21:33 PM	No	

Figure 14: Medicaid R-199 Forms Screen

### 4.2.1 Add Form

When the current date is within an Open Period for the CMS R-199 forms, you can add a form by performing the following steps:

1. In the *Medicaid R-199 Forms* screen (Figure 14), select the **state** from the drop-down.
2. Click on the **Add Form** button. The *Add CMS R-199 Medicaid IBNRS* screen (Figure 15) appears.

Main **Medicaid** CHIP Regional Office Central Office Admin Report History Refresh | A+ A-

State: Florida

Form: CMS R-199 Medicaid IBNRS

Submission Year: 2012

Add Cancel

Figure 15: Add CMS R-199 Medicaid IBNRS Screen

This screen shows for which state, form, and year you are about to add a form.

3. If you are not sure you want to add a form, click on the **Cancel** button. You are returned to the *Medicaid R-199 Forms* screen (Figure 14).
4. If you are sure you want to add a form, click on the **Add** button. The R-199 form for the chosen state and year appears. Figure 16 shows an example for the state of Wyoming for 2012.

The form contains a number of lines, each with a field for the Total and Federal Financial Participation (FFP) amount for the year. For comparison, the line also contains the Total and FFP amount entered in the previous year.

Main **Medicaid** CHIP Regional Office Central Office Admin Report History
Refresh | A+ A-

R-199 State: Wyoming

Submission/FY: Annual / 2012

**I. MEDICAID ACCOUNTS PAYABLE**

Medicaid amounts owed by the State to providers for services rendered and for State and local administrative expenses as of the dates indicated below, but excluding amounts paid and reported on the CMS-64 for quarter ending as of the dates indicated below. (TOTAL = STATE + FEDERAL FINANCIAL PARTICIPATION (FFP))

	Latest CAFR (9/30/2012 or prior) as of		Previous CAFR (9/30/2011 or prior) as of	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total medical assistance accounts payable	<input type="text"/>	<input type="text"/>	58383091	30538801
2. Payments owed by the State for Medicaid State and local administrative expenses	<input type="text"/>	<input type="text"/>	0	0
3. Other accounts payable <small>Define Line 3</small>	<input type="text"/>	<input type="text"/>	0	0
4. Total Medicaid Accounts Payable	<input type="text"/>	<input type="text"/>	58383091	30538801
5. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	<input type="text"/>	<input type="text"/>	0	0

State: WYOMING	Contact Person: Janell Schnose
Phone: 3077775398	E-mail: janell.schnose@wyo.gov
Address 1: Hathaway Bldg-2300 Capitol Ave Suite 447	
Address 2:	
City: Cheyenne	State: WY Zip Code: 82002

**II. MEDICAID ACCOUNTS RECEIVABLE**

Medicaid amounts owed to the State from various sources excluding providers for services rendered and for State and local administrative expenses as of the dates indicated below, but excluding amounts paid and reported on the CMS-64 for quarter ending as of the dates indicated below. (TOTAL = STATE + FEDERAL FINANCIAL PARTICIPATION (FFP))

Reporting Dates:	Latest CAFR (9/30/2012 or prior) as of		Previous CAFR (9/30/2011 or prior) as of	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total medical assistance accounts receivable	<input type="text"/>	<input type="text"/>	0	0
1A. Third Party Liability	<input type="text"/>	<input type="text"/>	0	0
1B. Probate Court Cases	<input type="text"/>	<input type="text"/>	0	0
1C. Fraud and Abuse Cases	<input type="text"/>	<input type="text"/>	0	0
1D. Provider Overpayments	<input type="text"/>	<input type="text"/>	0	0
1E. Audits of annual costs reports	<input type="text"/>	<input type="text"/>	0	0
1F. Drug Rebates	<input type="text"/>	<input type="text"/>	0	0
1G. Other <small>Define Line 1G</small>	<input type="text"/>	<input type="text"/>	0	0
2. Less: Allowances for Uncollectible Amount for Above Accounts	<input type="text"/>	<input type="text"/>	0	0
3. Total Net Accounts Receivable	<input type="text"/>	<input type="text"/>	0	0
4. Other Receivables not in CAFR <small>Define Line 4</small>	<input type="text"/>	<input type="text"/>	0	0
5. Total Medicaid Accounts Receivable	<input type="text"/>	<input type="text"/>	0	0
6. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	<input type="text"/>	<input type="text"/>	0	0

Please attach a brief description of how the above payable and amounts were computed.

Our CAFR report does NOT break out the amounts. We have run a query to capture all claims with service dates prior to October 2011, with paid dates after 9/30/11.

characters remaining: 3337

**III. AVERAGE DAYS**

Please provide the average number of business days that elapse from when a service is provided to a Medicaid beneficiary until the state reimburses the provider for the claim (in whole days).  Days

Figure 16: R-199 Form



5. Enter the **Latest CAFR as of** date, if necessary using the Calendar icon.
6. Enter the appropriate amounts in whole dollars in the **Total** and **FFP** fields.
7. For all fields that have a **Define Line #** button:
  - a. Click on the button. The *Define Line* window appears. The example shown in Figure 17 is for line 3.



**Figure 17: Define Line Window**

- b. Enter an explanation for the line.
    - c. Click on the **Continue** button. You are returned to the R-199 form you were filling out.
8. Enter a brief description in the large text box near the bottom of the form.
9. Enter the average number of business days that elapse from when a service is provided to a Medicaid beneficiary until the state reimburses the provider for the claim in the **Days** field near the bottom of the form.
10. If you are not sure that you want to save the information you entered, click on the **Cancel** button. You are returned to the *Medicaid R-199 Forms* screen (Figure 14).
11. If you are sure that you want to save the information you entered, click on the **Save** button. Your entry is added to the *Medicaid R-199 Forms* screen (Figure 14).

## 4.2.2 Browse Form

To browse any of the forms previously added for the state:

1. In the *Medicaid R-199 Forms* screen (Figure 14), select the **state** from the drop-down.
2. Click on the **Browse** icon for the form you want to browse. The *Browse Form R-199* screen (Figure 18) appears.

The screenshot displays the 'Browse Form R-199' interface. At the top, it shows navigation tabs (Main, Medicaid, CHIP, Regional Office, Central Office, Admin, Report History) and a user profile (Bates | A.A.). The main header indicates 'R-199' and 'State: Florida'. Below this, a table titled 'I. MEDICAID ACCOUNTS PAYABLE' shows data for the latest and previous CAFR periods. The table has columns for 'Total (Whole dollars)' and 'FFP (Whole dollars)' for both periods. The data shows zero for the latest period and 11,502,710 for the previous period. A contact information box for Florida is also visible, listing the state, contact name (Neil Garvey), phone, address, and zip code. Below the table is another table titled 'II. MEDICAID ACCOUNTS RECEIVABLE' with a similar structure. At the bottom, there is a text area for a description of the amounts, a character count, and a section for 'AVERAGE DAYS'.

	Latest CAFR (9/30/2011 or prior) as of 6/30/2011		Previous CAFR (9/30/2010 or prior) as of 6/30/2010	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total medical assistance accounts payable	0	0	0	0
2. Payments owed by the State for Medicaid State and local administrative expenses	0	0	11,502,710	5,839,464
3. Other accounts payable	0	0	0	0
4. Total Medicaid Accounts Payable	0	0	11,502,710	5,839,464
5. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	0	0	0	0

Reporting Dates:	Latest CAFR (9/30/2011 or prior) as of 6/30/2011		Previous CAFR (9/30/2010 or prior) as of 6/30/2010	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total medical assistance accounts receivable	0	0	0	0
1A. Third Party Liability	0	0	0	0
1B. Probate Court Cases	0	0	0	0
1C. Fraud and Abuse Cases	0	0	0	0
1D. Provider Overpayments	0	0	0	0
1E. Audits of annual costs reports	0	0	0	0
1F. Drug Rebates	0	0	0	0
1G. Other	0	0	0	0
2. Less: Allowances for Uncollectible Amount for Above Accounts	0	0	0	0
3. Total Net Accounts Receivable	0	0	0	0
4. Other Receivables not in CAFR	0	0	0	0
5. Total Medicaid Accounts Receivable	0	0	0	0
6. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	0	0	0	0

Please attach a brief description of how the above payable and amounts were computed.

LINE 1: ACCOUNTS PAYABLE ITEMS NOT PAID AS OF THE END OF THE STATE'S FISCAL YEAR CERTIFICATION FORWARD PERIOD WILL LAPSE AFTER SEPTEMBER 30 OF EACH RESPECTIVE YEAR.  
 LINE 2: THE ACCOUNTS PAYABLE AMOUNT IS BASED UPON AGENCY FOR HEALTH CARE ADMINISTRATION TRIAL BALANCES FOR THE STATE FISCAL YEAR ENDED JUNE 30, 2011 FOR ITEMS NOT PAID AS OF SEPTEMBER 30, 2011.

characters remaining: 3140

III. AVERAGE DAYS  
 Please provide the average number of business days that elapse from when a service is provided to a Medicaid beneficiary until the state reimburses the provider for the claim (in whole days). 28 Days

Figure 18: Browse Form R-199 Screen

3. If you want to download the form in Excel format, click on the **Excel** button and follow your browser's instructions.
4. If you want to return to the *Medicaid R-199 Forms* screen (Figure 14), click on the **Return** button.
5. If you want IBNRS to generate a report of the form and email it to you, click on the **Print** button. The form is sent to you in an email attachment. The **Report History** appears. See Section 4.8 for details.

### 4.2.3 Edit Form

To edit a form that is not state certified:

1. In the *Medicaid R-199 Forms* screen (Figure 14), select the **state** from the drop-down.
2. Click on the **Edit** icon for the form you want to edit. The *Edit Form R-199* screen (Figure 19) appears.

Main Medicaid CHIP Regional Office Central Office Admin Report History
Refresh | A+ A-

R-199 State: Florida  
 Submission/FY: Annual / 2012

**I. MEDICAID ACCOUNTS PAYABLE**  
Medicaid amounts owed by the State to providers for services rendered and for State and local administrative expenses as of the dates indicated below, but excluding amounts paid and reported on the CMS-64 for quarter ending as of the dates indicated below. (TOTAL = STATE + FEDERAL FINANCIAL PARTICIPATION (FFP))

	Latest CAFR (9/30/2012 or prior) as of 12/14/2011		Previous CAFR (9/30/2011 or prior) as of 6/30/2011	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total medical assistance accounts payable	11	2	0	0
2. Payments owed by the State for Medicaid State and local administrative expenses	31	4	0	0
3. Other accounts payable <small>Define Line 3</small>	71	8	0	0
4. Total Medicaid Accounts Payable	113	14	0	0
5. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	91	10	0	0

State: FLORIDA	Contact Person: Neal Garvey
Phone: 8504123890	E-mail: Neal.Garvey@ahca.myflorida.com
Address 1: 2727 Mahan Dr. Building 2, Mail Stop # 14	
Address 2:	
City: Tallahassee	State: FL Zip Code: 32308

**II. MEDICAID ACCOUNTS RECEIVABLE**  
Medicaid amounts owed to the State from various sources excluding providers for services rendered and for State and local administrative expenses as of the dates indicated below, but excluding amounts paid and reported on the CMS-64 for quarter ending as of the dates indicated below. (TOTAL = STATE + FEDERAL FINANCIAL PARTICIPATION (FFP))

Reporting Dates:	Latest CAFR (9/30/2012 or prior) as of 12/14/2011		Previous CAFR (9/30/2011 or prior) as of 6/30/2011	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total medical assistance accounts receivable	1204	126	0	0
1A. Third Party Liability	112	12	0	0
1B. Probate Court Cases	132	14	0	0
1C. Fraud and Abuse Cases	152	16	0	0
1D. Provider Overpayments	172	18	0	0
1E. Audits of annual costs reports	192	20	0	0
1F. Drug Rebates	212	22	0	0
1G. Other <small>Define Line 1G</small>	232	24	0	0
2. Less: Allowances for Uncollectible Amount for Above Accounts	252	26	0	0
3. Total Net Accounts Receivable	952	100	0	0
4. Other Receivables not in CAFR <small>Define Line 4</small>	272	28	0	0
5. Total Medicaid Accounts Receivable	1224	128	0	0
6. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	292	30	0	0

Please attach a brief description of how the above payable and amounts were computed.

LINE 1: ACCOUNTS PAYABLE ITEMS NOT PAID AS OF THE END OF THE STATE'S FISCAL YEAR CERTIFICATION FORWARD PERIOD WILL LAPE AFTER SEPTEMBER 30 OF EACH RESPECTIVE YEAR.

LINE 2: THE ACCOUNTS PAYABLE AMOUNT IS BASED UPON AGENCY FOR HEALTH CARE ADMINISTRATION TRIAL BALANCES FOR THE STATE FISCAL YEAR ENDED JUNE 30, 2011 FOR ITEMS NOT PAID AS OF SEPTEMBER 30, 2011.

characters remaining: 3140

**III. AVERAGE DAYS**  
 Please provide the average number of business days that elapse from when a service is provided to a Medicaid beneficiary until the state reimburses the provider for the claim (in whole days):  Days

Figure 19: Edit Form R-199 Screen

3. Make any changes you need to make:
  - a. Update the **Latest CAFR as of** date, if necessary using the Calendar icon.
  - b. Update the appropriate amounts in whole dollars in the **Total** and **FFP** fields.
  - c. For all fields that have a **Define Line #** button:
    - i. Click on the button. The *Define Line* window appears. The example shown in Figure 17 is for line 3.
    - ii. Update the explanation for the line.
    - iii. Click on the **Continue** button. You are returned to the R-199 form you were filling out.
  - d. Update the brief description in the large text box near the bottom of the form.
  - e. Update the average number of business days that elapse from when a service is provided to a Medicaid beneficiary until the state reimburses the provider for the claim in the **Days** field near the bottom of the form.
4. If you are not sure that you want to save the information you updated, click on the **Cancel** button. You are returned to the *Medicaid R-199 Forms* screen (Figure 14).
5. If you are sure that you want to save the information you updated, click on the **Save** button. Your entry is updated in the *Medicaid R-199 Forms* screen (Figure 14).

#### 4.2.4 Certify Form

To perform state certification on a form:

1. In the *Medicaid R-199 Forms* screen (Figure 14), select the **state** from the drop-down.
2. Click on the **Certify** icon for the form you want to certify.
  - a. If the selected form for the state is already certified, an *Already State Certified* Message (Figure 20) appears.

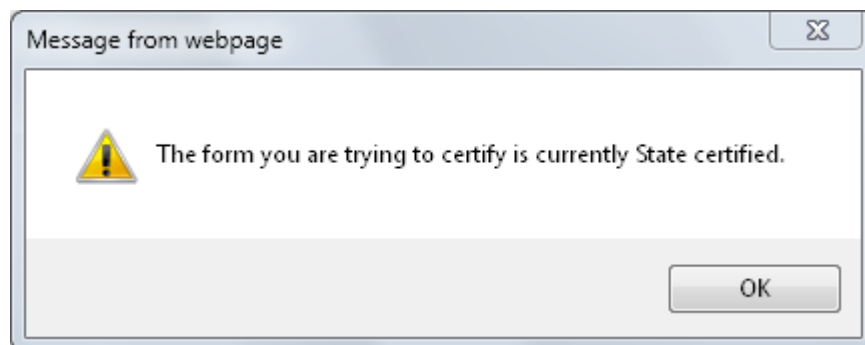


Figure 20: Already State Certified Message

- i. Click on the **OK** button. The *Form R-199 Questionnaire, Filled out* (Figure 21) appears.

Main	Medicaid	CHIP	Regional Office	Central Office	Admin	Report History	Refresh   A+ A-
<b>Please answer the following questions.</b>							
1. Compare the fiscal year (FY) 2011 Medicaid Incurred But Not Reported (IBNRS) survey Accounts Payable reported on Section I, line 4 of the CMS R-199 to FY 2012 and provide an explanation for the increase or decrease.							
No comment.							
2. Were there any anticipated or expected changes in the state's Accounts Payable (Section I) at 6/30/12 vs. 9/30/12? If so, identify the underlying factor(s) and describe the expected effect on the payable.							
No comment.							
3. Has there been any change in the state's methodology for estimating the Medicaid IBNRS payable between FY 2011 and FY 2012? If so, what is the effect on the Medicaid IBNRS payable?							
No comment.							
4. Does the state perform a validation of the prior year Medicaid IBNRS payable (e.g., run out of claims)? If so, describe the method used.							
No comment.							
5. Are the average number of business days that elapse from when a service is provided to a Medicaid beneficiary until the state reimburses the provider for the claim at 6/30/12 expected to increase due to state budget constraints? If so, do you expect the same trend at 9/30/12?							
No comment.							
6. Do you expect an increase in the Federal Medical Assistance Percentage (FMAP) percentage for FY 2012?							
No comment.							
7. Has there been significant growth in the number of Medicaid Program participants in FY 2012? If so, what is the effect on the IBNRS payable?							
No comment.							
8. Has the mix of fee for service vs. managed care changed during FY 2012? If so, what is the effect on the Medicaid IBNRS payable?							
No comment.							
9. Were there any major changes to the state's Medicaid plan in FY 2012 that would have an effect on the Medicaid IBNRS payable? If so, describe.							
No comment.							
10. Have there been any changes in the state's process relating to paying claims in FY 2012 that would affect the Medicaid IBNRS payable?							
No comment.							
11. Compare the FY 2011 Medicaid IBNRS survey Accounts Receivable reported in Section II, line 5 of the CMS R-199 to the FY 2012 and provide an explanation for the increase or decrease.							
No comment.							
12. Has there been any change in the state's methodology for estimating the Medicaid IBNRS Accounts Receivable (Section II) from the prior fiscal year to the current fiscal year? Describe the current methodology used to estimate the Medicaid IBNRS Accounts Receivable for each of the following categories; (a) Third Party Liability Collections; (b) Drug Rebates; (c) Probate Collections; (d) Fraud and Abuse Collections; (e) Other Collections (refunds, cancellations, amounts due from the imposition liens).							
No comment.							
<input type="button" value="Continue"/>							

**Figure 21: Form R-199 Questionnaire, Filled out**

- ii. Click on the **Continue** button. The *Form R-199 Print State Certification* screen (Figure 25) appears.
- iii. Continue as described in Step 3.

- b. If the selected form for the state was not certified, the *Form R-199 Questionnaire* (Figure 22) appears.

Main Medicaid CHIP Regional Office Central Office Admin Report History Refresh | A+ A-

**Please answer the following questions.**

1. Compare the fiscal year (FY) 2011 Medicaid Incurred But Not Reported (IBNRS) survey Accounts Payable reported on Section I, line 4 of the CMS R-199 to FY 2012 and provide an explanation for the increase or decrease.

2. Were there any anticipated or expected changes in the state's Accounts Payable (Section I) at 6/30/12 vs. 9/30/12? If so, identify the underlying factor(s) and describe the expected effect on the payable.

3. Has there been any change in the state's methodology for estimating the Medicaid IBNRS payable between FY 2011 and FY 2012? If so, what is the effect on the Medicaid IBNRS payable?

4. Does the state perform a validation of the prior year Medicaid IBNRS payable (e.g., run out of claims)? If so, describe the method used.

5. Are the average number of business days that elapse from when a service is provided to a Medicaid beneficiary until the state reimburses the provider for the claim at 6/30/12 expected to increase due to state budget constraints? If so, do you expect the same trend at 9/30/12?

6. Do you expect an increase in the Federal Medical Assistance Percentage (FMAP) percentage for FY 2012?

7. Has there been significant growth in the number of Medicaid Program participants in FY 2012? If so, what is the effect on the IBNRS payable?

8. Has the mix of fee for service vs. managed care changed during FY 2012? If so, what is the effect on the Medicaid IBNRS payable?

9. Were there any major changes to the state's Medicaid plan in FY 2012 that would have an effect on the Medicaid IBNRS payable? If so, describe.

10. Have there been any changes in the state's process relating to paying claims in FY 2012 that would affect the Medicaid IBNRS payable?

11. Compare the FY 2011 Medicaid IBNRS survey Accounts Receivable reported in Section II, line 5 of the CMS R-199 to the FY 2012 and provide an explanation for the increase or decrease.

12. Has there been any change in the state's methodology for estimating the Medicaid IBNRS Accounts Receivable (Section II) from the prior fiscal year to the current fiscal year? Describe the current methodology used to estimate the Medicaid IBNRS Accounts Receivable for each of the following categories: (a) Third Party Liability Collections; (b) Drug Rebates; (c) Probate Collections; (d) Fraud and Abuse Collections; (e) Other Collections (refunds, cancellations, amounts due from the imposition liens).

Continue

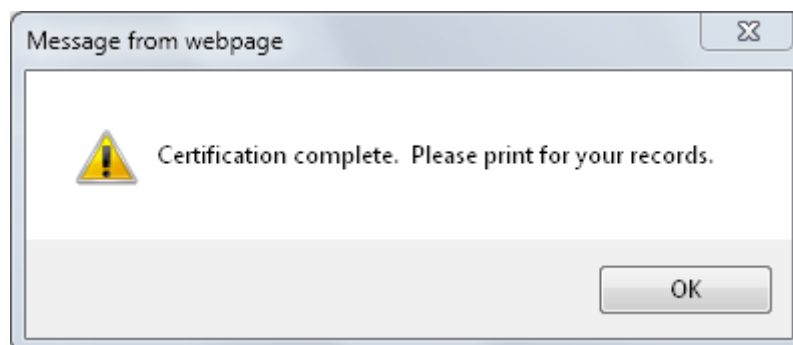
Figure 22: Form R-199 Questionnaire

- i. Answer all questions.
- ii. Click on the **Continue** button. The *State Certify Form R-199* screen appears. The example shown in Figure 23 is for Form R-199 for the state of Florida for 2012.

The screenshot shows a web application interface for 'State Certify'. At the top, there is a navigation menu with links: Main, Medicaid, CHIP, Regional Office, Central Office, Admin, and Report History. On the right side of the header, there are links for 'Refresh' and 'A+ A-'. The main content area has a blue header with 'State Certify' on the left and a table on the right containing: State: Florida, Submission/FY: Annual / 2012, and Form: CMS-R199. Below the header, there is a certification statement: 'I hereby certify that I have examined the data reported for the periods ending as indicated above, and that to the best of my knowledge and belief, it is based on and in agreement with, amounts verified by the State Auditor.' There are input fields for 'Signature:' and 'Title:'. A 'Footnotes:' field is also present. At the bottom of the form, it shows 'Date: 12/17/2012 1:47:11 PM' and 'User Performing Certification: (Leo Haas)'. A blue bar at the bottom of the form contains the text 'CMS-R199 Certify'. At the very bottom of the page, there are 'OK' and 'Cancel' buttons.

**Figure 23: State Certify Form R-199**

- iii. Read the certification statement.
- iv. Enter your name in the **Signature** field.
- v. Enter your title in the **Title** field.
- vi. If necessary, add footnotes in the **Footnotes** field.
- vii. If you are not sure you want to state certify this form, click on the **Cancel** button. You are returned to the *Medicaid R-199 Forms* screen (Figure 14).
- viii. If you are sure you want to state certify this form, click on the **Save** button. The *Certification Complete* window (Figure 24) pops up.



**Figure 24: Certification Complete Window**

- ix. Click on the **OK** button. The *Form R-199 Print State Certification* screen (Figure 25) appears.

Main Medicaid CHIP Regional Office Central Office Admin Report History Refresh | A+ A-

**State Certify** State: Florida  
Submission/FY: Annual / 2012  
Form: CMS-R199

I hereby certify that I have examined the data reported for the periods ending as indicated above, and that to the best of my knowledge and belief, it is based on and in agreement with, amounts verified by the State Auditor.

Signature: For Test Purposes Only Title: Tester

Footnotes:  
None needed.

Date: 12/17/2012 1:49:39 PM

User Performing Certification: (Leo Haas)

CMS-R199 Certify

OK Cancel Print

**Figure 25: Form R-199 Print State Certification Screen**

3. If you want to print the certification, click on the **Print** button. The [Report History](#) appears. See Section 4.8 for instructions how to use the Report History.
4. If you do not want to print the certification, click on the **OK** or **Cancel** button. You are returned to the *Medicaid R-199 Forms* screen (Figure 14).

### 4.2.5 Audit Form

To perform an audit on a form, allowing you to find out who made what changes to the form:

1. In the *Medicaid R-199 Forms* screen (Figure 14), select the **state** from the drop-down.
2. Click on the **Audit** icon for the form you want to audit. The *System Audit* screen (Figure 26) appears.

Main Medicaid CHIP Regional Office Central Office Admin Report History Refresh | A+ A-

System Audit

Audit Type  
Certification Audit

**Certification Log**  
State: Florida Submission Date: 0 Annual Form: R-199 Medicaid IBNRS

Audit Date/Time	User Name	User ID	Action	IP Address
5/3/2012 4:15:23 PM			State Certified	168.82.56.101
5/9/2012 9:18:16 AM			Regional Office Certified	63.119.183.254

Return

**Figure 26: System Audit Screen**

3. Select an **Audit Type** from the drop-down. The screen is updated with the audit information.
4. Repeat the previous step as often as needed.
5. Click on the **Return** button. You are returned to the *IBNRS Welcome* screen (Figure 12).



## 4.2.6 Reports

To generate a report, click on the **Reports** button. See Section 4.7, Reports, for details.

## 4.3 CHIP (Form CMS-10180)

To access the *CHIP CMS-10180 Forms* screen (Figure 27):

1. Click on the **CHIP** button on the Navigation Bar.
2. Select the **state** for which you want to access the forms from the drop-down.

This screen allows you to perform the following tasks:

- [Adding a form](#)
- [Browsing a form](#)
- [Editing a form](#)
- [Certifying a form](#)
- [Auditing a form](#)
- [Generating reports](#)

Actions	Fiscal Year	Submission Type	State Certified	State Certification Date	Region Office Certified	Region Office Certification Date	Central Office Certified	Central Office Certification Date
	2013	Annual	Yes	10/12/2012 9:47:24 AM	No	10/1/2012 10:27:51 AM	No	
	2012	Annual	Yes	10/16/2012 12:55:41 PM	Yes	10/16/2012 12:56:34 PM	Yes	10/16/2012 12:58:36 PM
	2011	Annual	Yes	10/12/2012 11:30:37 AM	No	10/1/2012 8:40:36 AM	No	
	2010	Annual	Yes	6/16/2011 6:29:20 PM	Yes	6/24/2011 8:59:55 AM	No	10/18/2011 1:56:22 PM
	2009	Annual	Yes	5/24/2010 3:20:21 PM	No	6/22/2010 9:12:55 AM	No	
	2008	Annual	Yes	4/16/2009 1:14:09 PM	Yes	5/7/2009 9:18:35 AM	No	
	2007	Initial	Yes	8/17/2007 5:36:54 PM	Yes	8/27/2007 3:55:58 PM	No	
	2007	Validation	Yes	3/28/2008 5:06:58 PM	Yes	4/7/2008 5:54:55 PM	No	
	2006	Initial	Yes	9/1/2006 4:33:37 PM	Yes	9/14/2006 4:21:30 PM	Yes	11/9/2006 1:42:59 PM
	2006	Validation	Yes	4/13/2007 4:27:30 PM	Yes	4/26/2007 10:22:14 AM	No	

Figure 27: CHIP CMS-10180 Forms Screen

### 4.3.1 Add Form

When the current date is within an Open Period for the CMS-10180 forms, you can add a form by performing the following steps:

1. In the *CHIP CMS-10180 Forms* screen (Figure 27), select the **state** from the drop-down.
2. Click on the **Add Form** button. The *Add CMS-10180 CHIP IBNRS* screen (Figure 28) appears.

The screenshot shows a web application interface with a dark blue header containing navigation tabs: Main, Medicaid, CHIP (selected), Regional Office, Central Office, Admin, and Report History. On the right side of the header are links for Refresh, A+, and A-. Below the header, the main content area has a white background. On the left, there is a 'State:' label followed by a dropdown menu showing 'Florida'. In the center, the text reads 'Form: CMS-10180 CHIP IBNRS' and 'Submission Year: 2012' with a dropdown arrow. At the bottom center, there are two buttons: 'Add' (highlighted in blue) and 'Cancel'.

**Figure 28: Add CMS-10180 CHIP IBNRS Screen**

This screen shows for which state, form, and year you are about to add a form.

3. If you are not sure you want to add a form, click on the **Cancel** button. You are returned to the *CHIP CMS-10180 Forms* screen (Figure 27).
4. If you are sure you want to add a form, click on the **Add** button. The CMS-10180 form for the chosen state and year appears. Figure 29 shows an example for the state of Florida for 2012.

The form contains a number of lines, each with a field for the Total and Federal Financial Participation (FFP) amount for the year. For comparison, the line also contains the Total and FFP amount entered in the previous year.

Main Medicaid **CHIP** Regional Office Central Office Admin Report History Refresh | A+ A-

CMS-10180 State: Florida  
Submission/FY: Annual / 2012

**I. CHIP ACCOUNTS PAYABLE**

CHIP amounts owed by the State to providers for services rendered and for State and local administrative expenses as of the dates indicated below, but excluding amounts paid and reported on the CMS-64-21U, CMS-64.21 and the CMS- 21 for quarter ending as of the dates indicated below. (TOTAL = STATE + FEDERAL FINANCIAL PARTICIPATION (FFP))

	Latest CAFR (9/30/2012 or prior) as of		Previous CAFR (9/30/2011 or prior) as of 6/30/2011	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total CHIP accounts payable	<input type="text"/>	<input type="text"/>	0	0
2. Payments owed by the State for CHIP State and local administrative expenses	<input type="text"/>	<input type="text"/>	0	0
3. Other accounts payable <input type="button" value="Define Line 3"/>	<input type="text"/>	<input type="text"/>	0	0
4. Total Accounts Payable	<input type="text"/>	<input type="text"/>	0	0
5. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	<input type="text"/>	<input type="text"/>	0	0

State: FLORIDA Contact Person: Neal Garvey  
 Phone: 8504123860 E-mail: Neal.Garvey@ahca.myflorida.com  
 Address 1: 2727 Mahan Dr. Building 2, Mail Stop # 14  
 Address 2:  
 City: Tallahassee State: FL Zip Code: 32308

**II. CHIP ACCOUNTS RECEIVABLE**

CHIP amounts owed to the State from various sources excluding the Federal Government as of the dates indicated below, but excluding amounts received and reported on the CMS-64-21U, 64-21, and 21 for quarter ending as of the dates indicated below. (TOTAL = STATE + FEDERAL FINANCIAL PARTICIPATION, (FFP)).

Reporting Dates:	Latest CAFR (9/30/2012 or prior) as of		Previous CAFR (9/30/2011 or prior) as of 6/30/2011	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total medical assistance accounts receivable	<input type="text"/>	<input type="text"/>	0	0
1A. Overstated Claims	<input type="text"/>	<input type="text"/>	0	0
1B. Drug Rebates	<input type="text"/>	<input type="text"/>	0	0
1C. Other <input type="button" value="Define Line 1C"/>	<input type="text"/>	<input type="text"/>	0	0
2. Less: Allowances for Uncollectible Amount for Above Accounts	<input type="text"/>	<input type="text"/>	0	0
3. Total Net Accounts Receivable	<input type="text"/>	<input type="text"/>	0	0
4. Other Receivables not in CAFR <input type="button" value="Define Line 4"/>	<input type="text"/>	<input type="text"/>	0	0
5. Total Accounts Receivable	<input type="text"/>	<input type="text"/>	0	0
6. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	<input type="text"/>	<input type="text"/>	0	0

Please attach a brief description of how the above payable and amounts were computed.

LINE 1: AT OF THE END OF THE STATE'S FISCAL YEAR CERTIFICATION FORWARD PERIOD (SEPTEMBER 30, 20XX) ANY ACCOUNTS RECEIVABLE WILL LAPSE FOR EACH RESPECTIVE YEAR.  
 LINE 2: THE ACCOUNTS PAYABLE AMOUNT IS BASED UPON AGENCY FOR HEALTH CARE ADMINISTRATION TRIAL BALANCES FOR THE STATE FISCAL YEAR ENDED JUNE 30, 2011 FOR ITEMS NOT PAID AS OF SEPTEMBER 30, 2011.

characters remaining:

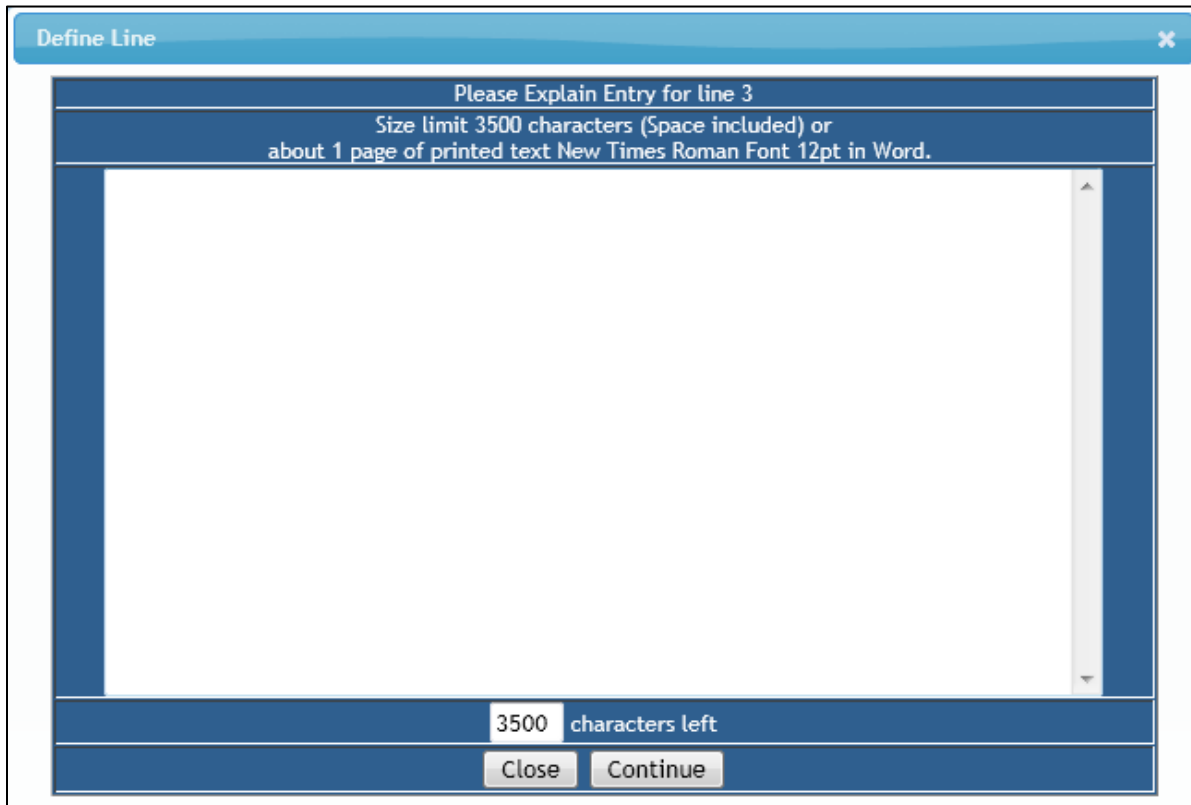
**III. AVERAGE DAYS**

Please provide the average number of business days that elapse from when a service is provided to a CHIP beneficiary until the state reimburses the provider for the claim (in whole days).  Days

Figure 29: CMS-10180 Form

5. Enter the **Latest CAFR as of** date, if necessary using the Calendar icon.

6. Enter the appropriate amounts in whole dollars in the **Total** and **FFP** fields.
7. For all fields that have a **Define Line #** button:
  - a. Click on the button. The *Define Line* window appears. The example shown in Figure 30 is for line 3.



**Figure 30: Define Line Window**

- b. Enter an explanation for the line.
  - c. Click on the **Continue** button. You are returned to the CMS-10180 form you were filling out.
8. Enter a brief description in the large text box near the bottom of the form.
9. Enter the average number of business days that elapse from when a service is provided to a Medicaid beneficiary until the state reimburses the provider for the claim in the **Days** field near the bottom of the form.
10. If you are not sure that you want to save the information you entered, click on the **Cancel** button. You are returned to the *CHIP CMS-10180 Forms* screen (Figure 27).
11. If you are sure that you want to save the information you entered, click on the **Save** button. Your entry is added to the *CHIP CMS-10180 Forms* screen (Figure 27).

### 4.3.2 Browse Form

To browse any of the forms previously added for the state:

1. In the *CHIP CMS-10180 Forms* screen (Figure 27), select the **state** from the drop-down.
2. Click on the **Browse** icon for the form you want to browse. The *Browse Form CMS-10180* screen (Figure 31) appears.

**CMS-10180** State: Florida  
 Regional Office Contact Submission FY: Annual / 2011

**I. CHIP ACCOUNTS PAYABLE**  
 CHIP amounts owed by the State to providers for services rendered and for State and local administrative expenses as of the dates indicated below, but excluding amounts paid and reported on the CMS-64-21U, CMS-64-21 and the CMS-21 for quarter ending as of the dates indicated below. (TOTAL = STATE + FEDERAL FINANCIAL PARTICIPATION (FFP))

	Latest CAFR (9/30/2011 or prior) as of 6/30/2011		Previous CAFR (9/30/2010 or prior) as of 9/30/2010	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total CHIP accounts payable	0	0	0	0
2. Payments owed by the State for CHIP State and local administrative expenses	0	0	2,051,209	1,404,873
3. Other accounts payable	0	0	0	0
4. Total Accounts Payable	0	0	2,051,209	1,404,873
5. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	0	0	0	0

State: FLORIDA Contact: Neal Garvey  
 Phone: 8504123860 E-mail: Neal.Garvey@ahca.myflorida.com  
 Address 1: 2727 Mahan Dr. Building 2, Mail Stop # 14  
 Address 2:  
 City: Tallahassee State: FL ZipCode: 32308

**II. CHIP ACCOUNTS RECEIVABLE**  
 CHIP amounts owed to the State from various sources excluding the Federal Government as of the dates indicated below, but excluding amounts received and reported on the CMS-64-21U, 64-21, and 21 for quarter ending as of the dates indicated below. (TOTAL = STATE + FEDERAL FINANCIAL PARTICIPATION (FFP))

Reporting Dates:	Latest CAFR (9/30/2011 or prior) as of 6/30/2011		Previous CAFR (9/30/2010 or prior) as of 9/30/2010	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total medical assistance accounts receivable	0	0	0	0
1A. Overstated Claims	0	0	0	0
1B. Drug Rebates	0	0	0	0
1C. Other	0	0	0	0
2. Less: Allowances for Uncollectible Amount for Above Accounts	0	0	0	0
3. Total Net Accounts Receivable	0	0	0	0
4. Other Receivables not in CAFR	0	0	0	0
5. Total Accounts Receivable	0	0	0	0
6. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	0	0	0	0

Please attach a brief description of how the above payable and amounts were computed.

LINE 1: AT THE END OF THE STATE'S FISCAL YEAR CERTIFICATION FORWARD PERIOD (SEPTEMBER 30, 20XX) ANY ACCOUNTS RECEIVABLE WILL LAPSE FOR EACH RESPECTIVE YEAR.  
 LINE 2: THE ACCOUNTS PAYABLE AMOUNT IS BASED UPON AGENCY FOR HEALTH CARE ADMINISTRATION TRIAL BALANCES FOR THE STATE FISCAL YEAR ENDED JUNE 30, 2011 FOR ITEMS NOT PAID AS OF SEPTEMBER 30, 2011.

characters remaining: 3145

**III. AVERAGE DAYS**  
 Please provide the average number of business days that elapse from when a service is provided to a CHIP beneficiary until the state reimburses the provider for the claim (in whole days). 28 Days

Return Print Excel

Figure 31: Browse Form CMS-10180 Screen

3. If you want to download the form in Excel format, click on the **Excel** button and follow your browser's instructions.
4. If you want to return to the *CHIP CMS-10180 Forms* screen (Figure 27), click on the **Return** button.
5. If you want IBNRS to generate a report of the form and email it to you, click on the **Print** button. The form is sent to you in an email attachment. The **Report History** appears. See Section 4.8 for details.

### 4.3.3 Edit Form

To edit a form that is not state certified:

1. In the *CHIP CMS-10180 Forms* screen (Figure 27), select the **state** from the drop-down.
2. Click on the **Edit** icon for the form you want to edit. The *Edit Form CMS-10180* screen (Figure 32) appears.

Main Medicaid CHIP Regional Office Central Office Admin Report History
Refresh | A± Δ

CMS-10180 State: Florida  
 Submission/FY: Annual / 2012

**I. CHIP ACCOUNTS PAYABLE**  
CHIP amounts owed by the State to providers for services rendered and for State and local administrative expenses as of the dates indicated below, but excluding amounts paid and reported on the CMS-64-21U, CMS 64-21 and the CMS- 21 for quarter ending as of the dates indicated below. (TOTAL = STATE + FEDERAL FINANCIAL PARTICIPATION (FFP))

	Latest CAFR (9/30/2012 or prior) as of 8/31/2012		Previous CAFR (9/30/2011 or prior) as of 6/30/2011	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total CHIP accounts payable	5000	2000	0	0
2. Payments owed by the State for CHIP State and local administrative expenses	10000	6000	0	0
3. Other accounts payable <small>Define Line 3</small>	1200	300	0	0
4. Total Accounts Payable	16200	8300	0	0
5. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	4000	4000	0	0

State: FLORIDA	Contact Person: Neal Garvey
Phone: 8504123890	E-mail: Neal.Garvey@ahca.myflorida.com
Address 1: 2727 Mahan Dr. Building 2, Mail Stop # 14	
Address 2:	
City: Tallahassee	State: FL Zip Code: 32308

**II. CHIP ACCOUNTS RECEIVABLE**  
CHIP amounts owed to the State from various sources excluding the Federal Government as of the dates indicated below, but excluding amounts received and reported on the CMS-64-21U, 64-21, and 21 for quarter ending as of the dates indicated below. (TOTAL = STATE + FEDERAL FINANCIAL PARTICIPATION, (FFP)).

Reporting Dates:	Latest CAFR (9/30/2012 or prior) as of 8/31/2012		Previous CAFR (9/30/2011 or prior) as of 6/30/2011	
	Total (Whole dollars)	FFP (Whole dollars)	Total (Whole dollars)	FFP (Whole dollars)
1. Total medical assistance accounts receivable	652	354	0	0
1A. Overstated Claims	300	200	0	0
1B. Drug Rebates	200	100	0	0
1C. Other <small>Define Line 1C</small>	152	54	0	0
2. Less: Allowances for Uncollectible Amount for Above Accounts	300	200	0	0
3. Total Net Accounts Receivable	352	154	0	0
4. Other Receivables not in CAFR <small>Define Line 4</small>	10000	22	0	0
5. Total Accounts Receivable	10352	176	0	0
6. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)	400000	30000	0	0

Please attach a brief description of how the above payable and amounts were computed.

LINE 1: AT OF THE END OF THE STATE'S FISCAL YEAR CERTIFICATION FORWARD PERIOD (SEPTEMBER 30, 20XX) ANY ACCOUNTS RECEIVABLE WILL LAPSE FOR EACH RESPECTIVE YEAR.  
 LINE 2: THE ACCOUNTS PAYABLE AMOUNT IS BASED UPON AGENCY FOR HEALTH CARE ADMINISTRATION TRIAL BALANCES FOR THE STATE FISCAL YEAR ENDED JUNE 30, 2011 FOR ITEMS NOT PAID AS OF SEPTEMBER 30, 2011.

characters remaining: 3145

**III. AVERAGE DAYS**  
Please provide the average number of business days that elapse from when a service is provided to a CHIP beneficiary until the state reimburses the provider for the claim (in whole days).
 Days

Figure 32: Edit Form CMS-10180 Screen

3. Make any changes you need to make:
  - a. Update the **Latest CAFR as of** date, if necessary using the Calendar icon.
  - b. Update the appropriate amounts in whole dollars in the **Total** and **FFP** fields.
  - c. For all fields that have a **Define Line #** button:
    - i. Click on the button. The *Define Line* window appears. The example shown in Figure 30 is for line 3.
    - ii. Update the explanation for the line.
    - iii. Click on the **Continue** button. You are returned to the CMS-10180 form you were filling out.
  - d. Update the brief description in the large text box near the bottom of the form.
  - e. Update the average number of business days that elapse from when a service is provided to a Medicaid beneficiary until the state reimburses the provider for the claim in the **Days** field near the bottom of the form.
4. If you are not sure that you want to save the information you updated, click on the **Cancel** button. You are returned to the *CHIP CMS-10180 Forms* screen (Figure 27).
5. If you are sure that you want to save the information you updated, click on the **Save** button. Your entry is updated in the *CHIP CMS-10180 Forms* screen (Figure 27).

#### 4.3.4 Certify Form

To perform state certification on a form:

1. In the *CHIP CMS-10180 Forms* screen (Figure 27), select the **state** from the drop-down.
2. Click on the **Certify** icon for the form you want to certify.
  - a. If the selected form for the state is already certified, an *Already State Certified* Message (Figure 33) appears.

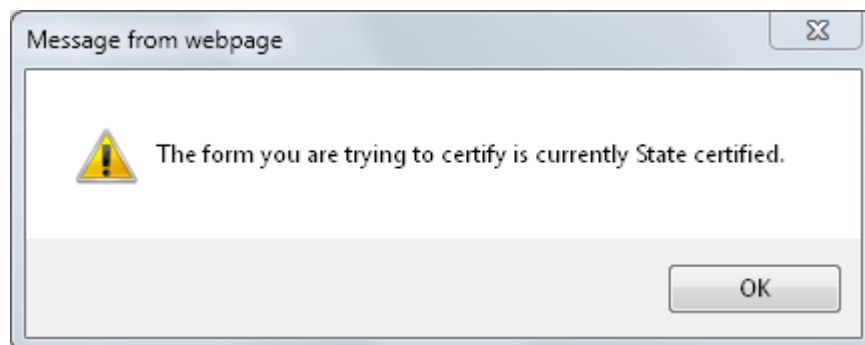


Figure 33: Already State Certified Message

- i. Click on the **OK** button. The *Form CMS-10180 Questionnaire, Filled out* (Figure 34) appears.

Main	Medicaid	CHIP	Regional Office	Central Office	Admin	Report History
<b>Please answer the following questions.</b>						
<b>1. Compare the fiscal year (FY) 2010 CHIP Incurred But Not Reported (IBNRS) survey Accounts Payable reported on Section I, line 4 of the CMS-10180 to FY 2011 and provide an explanation for the increase or decrease.</b>						
After 2010's change in methodology, the amount in line 4 for 2010 is an anomaly. Florida's state policy will cause the amount to be zero in future years.						
<b>2. Were there any anticipated or expected changes in the state's Accounts Payable (Section I) at 6/30/11 vs. 9/30/11? If so, identify the underlying factor(s) and describe the expected effect on the payable.</b>						
No.						
<b>3. Has there been any change in the state's methodology for estimating the CHIP IBNRS payable between FY 2010 and FY 2011? If so, what is the effect on the CHIP IBNRS payable?</b>						
No. Previous interpretation of IBNR procedures had been incorrect. Future amounts should be zero barring anomalies.						
<b>4. Does the state perform a validation of the prior year CHIP IBNRS payable (e.g., run out of claims)? If so, describe the method used.</b>						
The state performs an analysis of payables vs. actual expenditures at the end of the certification forward period (9/30/20XX); subsequent adjustments may be necessary to payables.						
<b>5. Are the average number of business days that elapse from when a service is provided to a CHIP beneficiary until the state reimburses the provider for the claim at 6/30/11 expected to increase due to state budget constraints? If so, do you expect the same trend at 9/30/11?</b>						
No.						
<b>6. Do you expect an increase in the Federal Medical Assistance Percentage (FMAP) percentage for FY 2011?</b>						
Increase had occurred.						
<b>7. Has there been significant growth in the number of CHIP Program participants in FY 2011? If so, what is the effect on the IBNRS payable?</b>						
No significant increase.						
<b>8. Has the mix of fee for service vs. managed care changed during FY 2011? If so, what is the effect on the CHIP IBNRS payable?</b>						
No.						
<b>9. Were there any major changes to the state's CHIP plan in FY 2011 that would have an effect on the CHIP IBNRS payable? If so, describe.</b>						
No.						
<b>10. Have there been any changes in the state's process relating to paying claims in FY 2011 that would affect the CHIP IBNRS payable?</b>						
No.						
<b>11. Compare the FY 2010 CHIP IBNRS survey Accounts Receivable reported in Section II, line 5, of the CMS-10180 to the FY 2011 and provide an explanation for the increase or decrease.</b>						
No change.						
<b>12. Has there been any change in the state's methodology for estimating the CHIP IBNRS Accounts Receivable (Section II) from the prior fiscal year to the current fiscal year? Describe the current methodology used to estimate the CHIP IBNRS Accounts Receivable for each of the following categories; (a) Overstated Claims (claims paid in excess of the proper amount); (b) Drug Rebates (states, CMS and drug manufacturers have an agreement whereby if a state's CHIP population uses a specific drug above a predetermined threshold, the drug manufacturer will provide a rebate within 30 days to the state); (c) Other (any receivables not captured on the above lines).</b>						
Yes. As reported last year, the IBNR recognizes only the amount outstanding after 9/30/2011. The State of Florida deletes any items after 9/30/20XX.						
<a href="#">Continue</a>						

**Figure 34: Form CMS-10180 Questionnaire, Filled out**

- ii. Click on the **Continue** button. The *Form CMS-10180 Print State Certification* screen (Figure 38) appears.
- iii. Continue as described in Step 3.



- b. If the selected form for the state was not certified, the *Form CMS-10180 Questionnaire* (Figure 35) appears.

Main Medicaid CHIP Regional Office Central Office Admin Report History Refresh | A+ A-

**Please answer the following questions.**

1. Compare the fiscal year (FY) 2011 CHIP Incurred But Not Reported (IBNRS) survey Accounts Payable reported on Section I, line 4 of the CMS-10180 to FY 2012 and provide an explanation for the increase or decrease.

2. Were there any anticipated or expected changes in the state's Accounts Payable (Section I) at 6/30/12 vs. 9/30/12? If so, identify the underlying factor(s) and describe the expected effect on the payable.

3. Has there been any change in the state's methodology for estimating the CHIP IBNRS payable between FY 2011 and FY 2012? If so, what is the effect on the CHIP IBNRS payable?

4. Does the state perform a validation of the prior year CHIP IBNRS payable (e.g., run out of claims)? If so, describe the method used.

5. Are the average number of business days that elapse from when a service is provided to a CHIP beneficiary until the state reimburses the provider for the claim at 6/30/12 expected to increase due to state budget constraints? If so, do you expect the same trend at 9/30/12?

6. Do you expect an increase in the Federal Medical Assistance Percentage (FMAP) percentage for FY 2012?

7. Has there been significant growth in the number of CHIP Program participants in FY 2012? If so, what is the effect on the IBNRS payable?

8. Has the mix of fee for service vs. managed care changed during FY 2012? If so, what is the effect on the CHIP IBNRS payable?

9. Were there any major changes to the state's CHIP plan in FY 2012 that would have an effect on the CHIP IBNRS payable? If so, describe.

10. Have there been any changes in the state's process relating to paying claims in FY 2012 that would affect the CHIP IBNRS payable?

11. Compare the FY 2011 CHIP IBNRS survey Accounts Receivable reported in Section II, line 5, of the CMS-10180 to the FY 2012 and provide an explanation for the increase or decrease.

12. Has there been any change in the state's methodology for estimating the CHIP IBNRS Accounts Receivable (Section II) from the prior fiscal year to the current fiscal year? Describe the current methodology used to estimate the CHIP IBNRS Accounts Receivable for each of the following categories: (a) Overstated Claims (claims paid in excess of the proper amount); (b) Drug Rebates (states, CMS and drug manufacturers have an agreement whereby if a state's CHIP population uses a specific drug above a predetermined threshold, the drug manufacturer will provide a rebate within 30 days to the state); (c) Other (any receivables not captured on the above lines).

Continue

**Figure 35: Form CMS-10180 Questionnaire**

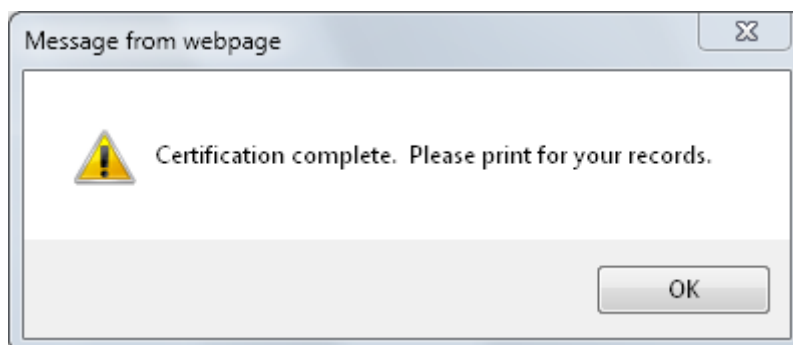
- i. Answer all questions.
- ii. Click on the **Continue** button. The *State Certify Form CMS-10180* screen appears. The example shown in Figure 36 is for Form CMS-10180 for the state of Florida for 2012.

The screenshot shows a web browser window with a navigation menu at the top: Main, Medicaid, CHIP, Regional Office, Central Office, Admin, Report History, and Refresh | A+ A-. The main content area is titled "State Certify" and includes the following elements:

- State: Florida
- Submission/FY: Annual / 2012
- Form: CMS-10180
- A certification statement: "I hereby certify that I have examined the data reported for the periods ending as indicated above, and that to the best of my knowledge and belief, it is based on and in agreement with, amounts verified by the State Auditor."
- Signature and Title input fields.
- A large text area for Footnotes.
- Date: 12/18/2012 2:47:34 PM
- User Performing Certification: (Leo Haas)
- A blue bar at the bottom with the text "CMS-10180 Certify".
- OK and Cancel buttons at the bottom center.

**Figure 36: State Certify Form CMS-10180**

- iii. Read the certification statement.
- iv. Enter your name in the **Signature** field.
- v. Enter your title in the **Title** field.
- vi. If necessary, add footnotes in the **Footnotes** field.
- vii. If you are not sure you want to state certify this form, click on the **Cancel** button. You are returned to the *CHIP CMS-10180 Forms* screen (Figure 27).
- viii. If you are sure you want to state certify this form, click on the **Save** button. The *Certification Complete* window (Figure 37) pops up.



**Figure 37: Certification Complete Window**

- ix. Click on the **OK** button. The *Form CMS-10180 Print State Certification* screen (Figure 38) appears.

**Figure 38: Form CMS-10180 Print State Certification Screen**

3. If you want to print the certification, click on the **Print** button. The [Report History](#) appears. See Section 4.8 for instructions how to use the Report History.
4. If you do not want to print the certification, click on the **OK** button. You are returned to the *CHIP CMS-10180 Forms* screen (Figure 27).

### 4.3.5 Audit Form

To perform an audit on a form, allowing you to find out who made what changes to the form:

1. In the *CHIP CMS-10180 Forms* screen (Figure 27), select the **state** from the drop-down.
2. Click on the **Audit** icon for the form you want to audit. The *System Audit for Form CMS-10180* screen (Figure 39) appears.

System Auditing				
State: Florida Submission Date: 2012 Annual Form: CMS-10180 CHIP IBNRS				
Audit Date	User	User ID	Network Address	Type of Audit
12/18/2012 2:38:16 PM	Leo Haas	[redacted]	192.168.50.102	Insert

**Figure 39: System Audit for Form CMS-10180**

3. Select an **Audit Type** from the drop-down. The screen is updated with the audit information.
4. Repeat the previous step as often as needed.
5. Click on the **Return** button. You are returned to the *IBNRS Welcome* screen (Figure 12).

### 4.3.6 Reports

To generate a report, click on the **Reports** button. See Section 4.7, Reports, for details.

## 4.4 Regional Office

The Regional Office (RO) utilities allow you to perform RO certification of Medicaid Form R-199 and CHIP Form CMS-10180. To access this functionality:

1. Click on the **Regional Office** button in the Navigation Bar. The *RO Forms* screen (Figure 40) appears.

Main Medicaid CHIP <b>Regional Office</b> Central Office Admin Report History Refresh   A+ A-									
Form: Medicaid R-199 2012									
RO Forms									
Actions	State Code	Submission Type	State Certified	State Certification Date	Region Office Certified	Region Office Certification Date	Central Office Certified	Central Office Certification Date	
	Alabama	Annual	Yes	10/16/2012 10:02:15 AM	Yes	10/18/2012 10:54:16 AM	Yes	10/18/2012 10:54:35 AM	
	Alaska	Annual	No		No		No		
	Amer. Samoa	Annual	Yes	10/11/2012 4:29:09 PM	Yes	10/11/2012 4:30:45 PM	Yes	10/16/2012 12:53:26 PM	
Not On File	Arizona	Annual	No		No		No		
Not On File	Arkansas	Annual	No		No		No		
	California	Annual	No	10/18/2012 10:07:58 AM	No		No		
Not On File	Colorado	Annual	No		No		No		
	Connecticut	Annual	Yes	10/10/2012 2:54:06 PM	Yes	10/17/2012 10:51:30 AM	No	10/4/2012 6:00:02 PM	
Not On File	Delaware	Annual	No		No		No		
Not On File	Dist. Of Col.	Annual	No		No		No		
	Florida	Annual	Yes	12/17/2012 1:49:39 PM	No		No		
Not On File	Georgia	Annual	No		No		No		
Not On File	Guam	Annual	No		No		No		
	Hawaii	Annual	Yes	12/12/2012 1:04:30 PM	Yes	12/12/2012 1:05:22 PM	No		
Not On File	Idaho	Annual	No		No		No		
Not On File	Illinois	Annual	No		No		No		
Not On File	Indiana	Annual	No		No		No		
Not On File	Iowa	Annual	No		No		No		
Not On File	Kansas	Annual	No		No		No		
Not On File	Kentucky	Annual	No		No		No		
Not On File	Louisiana	Annual	No		No		No		
	Maine	Annual	Yes	10/10/2012 2:58:00 PM	No	10/4/2012 5:58:38 PM	No	10/4/2012 6:00:17 PM	
	Maryland	Annual	No		No		No		
	Massachusetts	Annual	Yes	10/16/2012 9:20:50 AM	Yes	10/16/2012 9:25:15 AM	Yes	10/16/2012 9:35:23 AM	
Not On File	Michigan	Annual	No		No		No		
	Minnesota	Annual	Yes	10/17/2012 4:59:19 PM	Yes	10/17/2012 5:05:51 PM	Yes	10/17/2012 5:06:07 PM	
Not On File	Mississippi	Annual	No		No		No		
Not On File	Missouri	Annual	No		No		No		
Not On File	Montana	Annual	No		No		No		
Not On File	N. Mariana Islands	Annual	No		No		No		
Not On File	Nebraska	Annual	No		No		No		
Not On File	Nevada	Annual	No		No		No		
Not On File	New Hampshire	Annual	No		No		No		
	New Jersey	Annual	No		No		No		
Not On File	New Mexico	Annual	No		No		No		
Not On File	New York	Annual	No		No		No		
Not On File	North Carolina	Annual	No		No		No		
Not On File	North Dakota	Annual	No		No		No		
Not On File	Ohio	Annual	No		No		No		
Not On File	Oklahoma	Annual	No		No		No		
Not On File	Oregon	Annual	No		No		No		
Not On File	Pennsylvania	Annual	No		No		No		
Not On File	Puerto Rico	Annual	No		No		No		
Not On File	Rhode Island	Annual	No		No		No		
Not On File	South Carolina	Annual	No		No		No		
Not On File	South Dakota	Annual	No		No		No		
Not On File	Tennessee	Annual	No		No		No		
Not On File	Texas	Annual	No		No		No		
Not On File	Utah	Annual	No		No		No		
Not On File	Vermont	Annual	No		No		No		
Not On File	Virgin Islands	Annual	No		No		No		
Not On File	Virginia	Annual	No		No		No		
Not On File	Washington	Annual	No		No		No		
Not On File	West Virginia	Annual	No		No		No		
Not On File	Wisconsin	Annual	No		No		No		
Not On File	Wyoming	Annual	No		No		No		

Figure 40: RO Forms Screen

2. Select a form type from the **Form** drop-down.
3. Select the year using one of two methods:
  - a. Click on the **Previous Year** or **Next Year** icons until the year shown is the year for which you want to certify forms.
  - b. Use the *Change Submission Date* screen (Figure 41):
    - i. Click on the [year](#) link in the *RO Forms* screen (Figure 40). The *Change Submission Date* screen (Figure 41) appears.

**Figure 41: Change Submission Date Screen**

- ii. Enter the year in the **Year** field.
- iii. Click on the **Change** button. The *Change Submission Date* screen disappears, and the year is updated in the *RO Forms* screen.

The *RO Forms* screen contains a list of all submissions for all states and the State, RO, and CO certification status of those submissions. Depending on your permissions, you can [browse](#) the forms and/or [certify](#) them.

#### 4.4.1 Browse Form

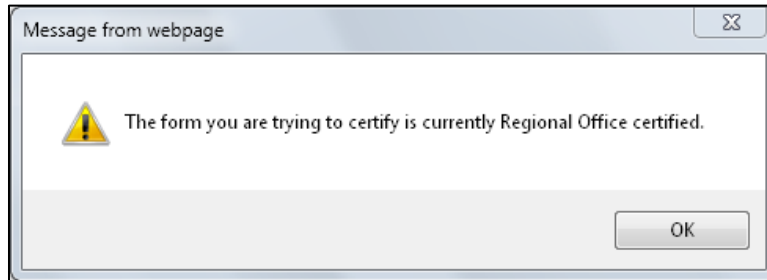
To browse any of the forms previously entered by the state:

1. In the *RO Forms* screen (Figure 40), select the **Form** from the drop-down.
2. [Select the year](#).
3. Click on the **Browse** icon for the form you want to browse. Depending on the form you have selected in Step 1, the *Browse Form R-199* screen (Figure 18) or *Browse Form CMS-10180* screen (Figure 31) appears.
4. If you want to download the form in Excel format, click on the **Excel** button and follow your browser's instructions.
5. If you want to return to the *RO Forms* screen (Figure 40), click on the **Return** button.
6. If you want IBNRS to generate a report of the form and email it to you, click on the **Print** button. The form is sent to you in an email attachment. The [Report History](#) appears. See Section 4.8 for details.

## 4.4.2 Certify Form

To perform RO certification on a form:

1. In the *RO Forms* screen (Figure 40), select the **Form** from the drop-down.
2. [Select the year.](#)
3. Click on the **Certify** icon for the form you want to certify.
  - a. If the selected form for the state is already RO certified, an *Already Regional Office Certified* message (Figure 42) appears.



**Figure 42: Already Regional Office Certified Message**

- i. Click on the **OK** button. Depending on the selection you made in Step 1, the *Form R-199 Questionnaire, Filled out* (Figure 21) or *Form CMS-10180 Questionnaire, Filled out* (Figure 34) appears.
  - ii. Click on the **Continue** button. The *Print Regional Office Certification* screen (Figure 45) appears.
  - iii. Continue as described in Step 4.
- b. If the selected form for the state is not RO certified, the *Regional Office Certify* screen appears. The example shown in Figure 43 is for Form R-199 for the state of Florida for 2012.

**Figure 43: Regional Office Certify Screen**

- i. Read the certification statement.
- ii. Click on the top **Click to Review** button. Depending on the selection you made in Step 1, the *Browse Form R-199* screen (Figure 18) or *Browse Form CMS-10180* screen (Figure 31) appears.
- iii. Read the state form.
- iv. Click on the **Close** button in the form. The check box next to the top **Click to Review** button is now checked, indicating that you read the state form submission.
- v. Click on the bottom **Click to Review** button. Depending on the selection you made in Step 1, the *Form R-199 Questionnaire, Filled out* (Figure 21) or *Form CMS-10180 Questionnaire, Filled out* (Figure 34) appears.
- vi. Read the questionnaire.
- vii. Click on the **Close** button in the form. The check box next to the bottom **Click to Review** button is now checked, indicating that you read the state questionnaire and certification.
- viii. Enter your name in the **Signature** field.
- ix. Enter your title in the **Title** field.
- x. Select either the **Yes** radio button to indicate you intend to certify the form, or the **No** radio button to indicate you intend to deny certification for the form.
- xi. If you selected the **No** radio button in the previous step, a **Please Explain** text box appears. Enter an explanation in the text box.
- xii. If you are not sure you want to RO certify this form, click on the **Cancel** button. You are returned to the *RO Forms* screen (Figure 40).
- xiii. If you are sure you want to RO certify this form, click on the **OK** button. The *Certification Complete* window (Figure 44) pops up.

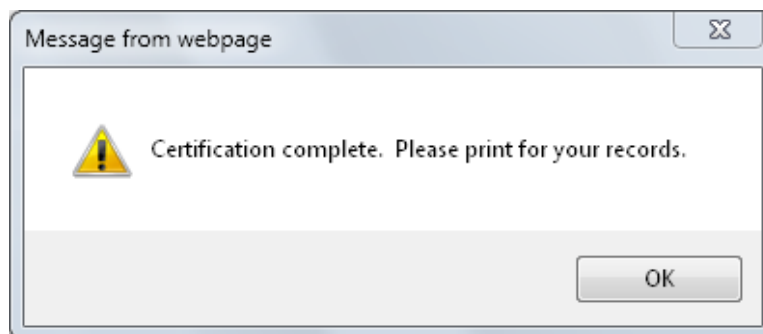


Figure 44: Certification Complete Window

- xiv. Click on the **OK** button. The *Print Regional Office Certification* screen (Figure 45) appears.

**Figure 45: Print Regional Office Certification Screen**

4. If you want to print the certification, click on the **Print** button. The [Report History](#) appears. See Section 4.8 for instructions how to use the Report History.
5. If you do not want to print the certification, click on the **OK** or **Cancel** button. You are returned to the *RO Forms* screen (Figure 40).



## 4.5 Central Office

The Central Office (CO) utilities allow you to CO certify and uncertify Medicaid Form R-199 and CHIP Form CMS-10180. To access this functionality:

1. Click on the **Central Office** button in the Navigation Bar. The *CO Forms* screen (Figure 46) appears.

CO Forms								
Actions	State Code	Submission Type	State Certified	State Certification Date	Region Office Certified	Region Office Certification Date	Central Office Certified	Central Office Certification Date
	Alabama	Annual	Yes	10/16/2012 10:02:15 AM	Yes	10/18/2012 10:54:16 AM	Yes	10/18/2012 10:54:35 AM
	Alaska	Annual	No		No		No	
	Amer. Samoa	Annual	Yes	10/11/2012 4:29:09 PM	Yes	10/11/2012 4:30:45 PM	Yes	10/16/2012 12:53:26 PM
Not On File	Arizona	Annual	No		No		No	
Not On File	Arkansas	Annual	No		No		No	
	California	Annual	No	10/18/2012 10:07:58 AM	No		No	
Not On File	Colorado	Annual	No		No		No	
	Connecticut	Annual	Yes	10/10/2012 2:54:06 PM	Yes	10/17/2012 10:51:30 AM	No	10/4/2012 6:00:02 PM
Not On File	Delaware	Annual	No		No		No	
Not On File	Dist. Of Col.	Annual	No		No		No	
	Florida	Annual	Yes	12/17/2012 1:49:39 PM	No		No	
Not On File	Georgia	Annual	No		No		No	
Not On File	Guam	Annual	No		No		No	
	Hawaii	Annual	Yes	12/12/2012 1:04:30 PM	Yes	12/12/2012 1:05:22 PM	No	
Not On File	Idaho	Annual	No		No		No	
Not On File	Illinois	Annual	No		No		No	
Not On File	Indiana	Annual	No		No		No	
Not On File	Iowa	Annual	No		No		No	
Not On File	Kansas	Annual	No		No		No	
Not On File	Kentucky	Annual	No		No		No	
Not On File	Louisiana	Annual	No		No		No	
	Maine	Annual	Yes	10/10/2012 2:58:00 PM	No	10/4/2012 5:58:38 PM	No	10/4/2012 6:00:17 PM
	Maryland	Annual	No		No		No	
	Massachusetts	Annual	Yes	10/16/2012 9:20:50 AM	Yes	10/16/2012 9:25:15 AM	Yes	10/16/2012 9:35:23 AM
Not On File	Michigan	Annual	No		No		No	
	Minnesota	Annual	Yes	10/17/2012 4:59:19 PM	Yes	10/17/2012 5:05:51 PM	Yes	10/17/2012 5:06:07 PM
Not On File	Mississippi	Annual	No		No		No	
Not On File	Missouri	Annual	No		No		No	
Not On File	Montana	Annual	No		No		No	
Not On File	N. Mariana Islands	Annual	No		No		No	
Not On File	Nebraska	Annual	No		No		No	
Not On File	Nevada	Annual	No		No		No	
Not On File	New Hampshire	Annual	No		No		No	
	New Jersey	Annual	No		No		No	
Not On File	New Mexico	Annual	No		No		No	
Not On File	New York	Annual	No		No		No	
Not On File	North Carolina	Annual	No		No		No	
Not On File	North Dakota	Annual	No		No		No	
Not On File	Ohio	Annual	No		No		No	
Not On File	Oklahoma	Annual	No		No		No	
Not On File	Oregon	Annual	No		No		No	
Not On File	Pennsylvania	Annual	No		No		No	
Not On File	Puerto Rico	Annual	No		No		No	
Not On File	Rhode Island	Annual	No		No		No	
Not On File	South Carolina	Annual	No		No		No	
Not On File	South Dakota	Annual	No		No		No	
Not On File	Tennessee	Annual	No		No		No	
Not On File	Texas	Annual	No		No		No	
Not On File	Utah	Annual	No		No		No	
Not On File	Vermont	Annual	No		No		No	
Not On File	Virgin Islands	Annual	No		No		No	
Not On File	Virginia	Annual	No		No		No	
Not On File	Washington	Annual	No		No		No	
Not On File	West Virginia	Annual	No		No		No	
Not On File	Wisconsin	Annual	No		No		No	
Not On File	Wyoming	Annual	No		No		No	

Figure 46: CO Forms Screen

2. Select a form type from the **Form** drop-down.
3. Select the year using one of two methods:
  - a. Click on the **Previous Year** or **Next Year** icons until the year shown is the year for which you want to certify forms.
  - b. Use the *Change Submission Date* screen (Figure 47):
    - i. Click on the [year](#) link in the *CO Forms* screen (Figure 46). The *Change Submission Date* screen (Figure 47) appears.



Figure 47: Change Submission Date Screen

- ii. Enter the year in the **Year** field.
- iii. Click on the **Change** button. The *Change Submission Date* screen disappears, and the year is updated in the *CO Forms* screen.

The *CO Forms* screen contains a list of all submissions for all states and the State, RO, and CO certification status of those submissions. Depending on status, you can [browse](#) the forms, [certify](#) them, or [uncertify](#) them.

#### 4.5.1 Browse Form

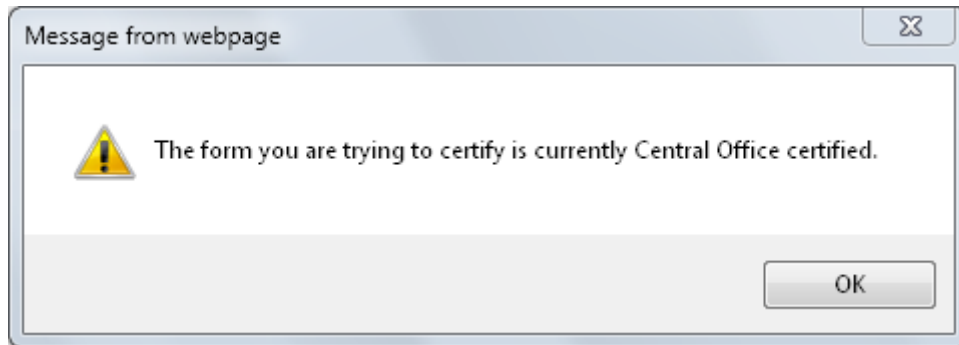
To browse any of the forms previously added by the state:

1. In the *CO Forms* screen (Figure 40), select the **Form** from the drop-down.
2. [Select the year](#).
3. Click on the **Browse** icon for the form you want to browse. Depending on the form you have selected in Step 1, the *Browse Form R-199* screen (Figure 18) or *Browse Form CMS-10180* screen (Figure 31) appears.
4. If you want to download the form in Excel format, click on the **Excel** button and follow your browser's instructions.
5. If you want to return to the *CO Forms* screen (Figure 40), click on the **Return** button.
6. If you want IBNRS to generate a report of the form and email it to you, click on the **Print** button. The form is sent to you in an email attachment. The [Report History](#) appears. See Section 4.8 for details.

## 4.5.2 Certify Form

To perform CO certification on a form:

1. In the *CO Forms* screen (Figure 46), select the **Form** from the drop-down.
2. [Select the year.](#)
3. Click on the **Certify** icon for the form you want to certify.
  - a. If the selected form for the state is already CO certified, an *Already Central Office Certified* message (Figure 48) appears.



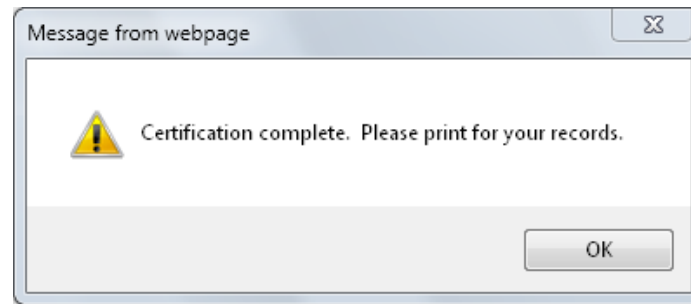
**Figure 48: Already Central Office Certified Message**

- i. Click on the **OK** button. The *Print Central Office Certification* screen (Figure 51) appears.
  - ii. Continue as described in Step 4.
- b. If the selected form for the state is not CO certified, the *Central Office Certify* screen appears. The example shown in Figure 49 is for Form CMS-10180 for the state of Florida for 2012.

**Figure 49: Central Office Certify Screen**

- i. Read the certification statement.
  - ii. Enter your name in the **Signature** field.
  - iii. Enter your title in the **Title** field.

- iv. If you are not sure you want to CO certify this form, click on the **Cancel** button. You are returned to the *CO Forms* screen (Figure 46).
- v. If you are sure you want to CO certify this form, click on the **OK** button. The *Certification Complete* window (Figure 50) pops up.



**Figure 50: Certification Complete Window**

- vi. Click on the **OK** button. The *Print Central Office Certification* screen (Figure 51) appears.

Central Office Certify		State: Alabama
I hereby certify that the Centers for Medicare & Medicaid Services (CMS) Central Office (CO) has completed its review of the CHIP Incurred But Not Reported Survey (IBNRS) estimate. Based on the results of our review for the periods indicated above, we have concluded that CHIP IBNRS estimate prepared by the state agency is reasonable.		Submission/FY: Annual / 2012
Signature: sig-co		Form: CMS-10180
Date: 10/16/2012 12:58:36 PM	Title: sig-title	
User Performing Certification: (tester6 Admin)		
CMS-10180 Certify		
<input type="button" value="OK"/> <input type="button" value="Cancel"/> <input type="button" value="Print"/>		

**Figure 51: Print Central Office Certification Screen**

4. If you want to print the certification, click on the **Print** button. The [Report History](#) appears. See Section 4.8 for instructions how to use the Report History.
5. If you do not want to print the certification, click on the **OK** or **Cancel** button. You are returned to the *CO Forms* screen (Figure 46).

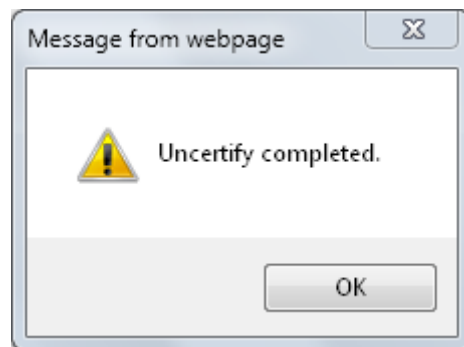
### 4.5.3 Uncertify Form

To uncertify a form:

1. In the *CO Forms* screen (Figure 46), select the **Form** from the drop-down.
2. [Select the year](#).
3. Click on the **Uncertify** icon for the form you want to uncertify. The *Uncertify* screen appears. The example shown in Figure 52 is for form CMS-10180 for the state of Florida for the 2012 Annual submission.

**Figure 52: Uncertify Screen**

4. Select the radio button for the appropriate **Uncertify Level**.
5. If you are not sure you want to uncertify the form, click on the **No** button. You are returned to the *CO Forms* screen (Figure 46).
6. If you are sure you want to uncertify the form, click on the **Yes** button. The *Uncertify Complete* window (Figure 53) pops up.



**Figure 53: Uncertify Complete window**

7. Click on the OK button. You are returned to the *CO Forms* screen (Figure 46).

#### 4.5.4 Reports

To generate a report, click on the **Reports** button. See Section 4.7, Reports, for details.

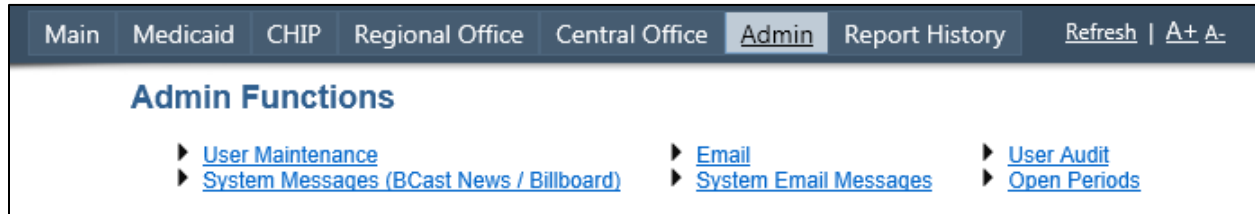
### 4.6 Administrative Functions

The following Admin functions are available:

- [User Maintenance](#)
- [System Messages](#)
- [Email](#)
- [System Email Messages](#)
- [User Audit](#)
- [Open Periods](#)

To access any of the Admin functions:

1. Click on the **Admin** button on the Navigation Bar. The *Admin* screen (Figure 54) appears.



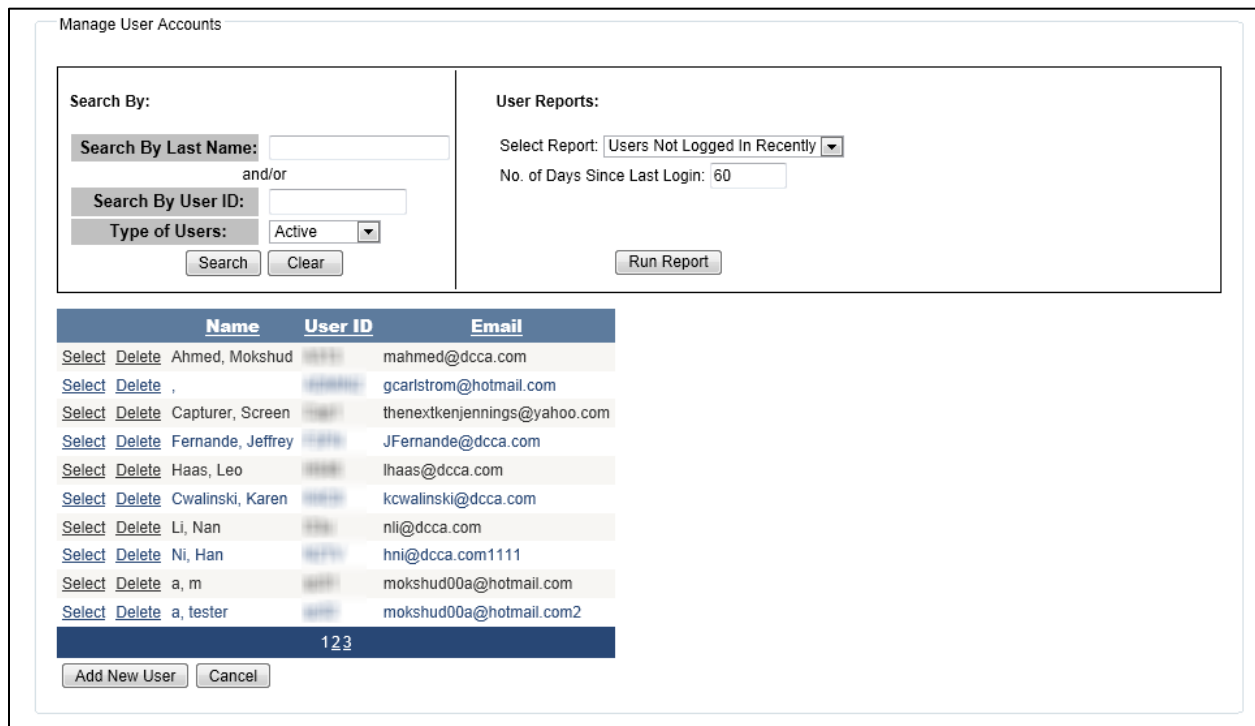
**Figure 54: Admin Screen**

2. In the *Admin* screen, select the applicable text link.

This section provides step-by-step instructions on how to use the listed Admin functions.

#### 4.6.1 User Maintenance

To perform maintenance on user accounts, click on the [User Maintenance](#) text link on the *Admin* screen (Figure 54). The *Manage User Accounts* screen (Figure 55) appears.



**Figure 55: Manage User Accounts Screen**

This screen contains a list of current users, and allows you to perform the following tasks:

- [Sorting the list of users](#)
- [Searching for a user account](#)
- [Adding a new user account](#)

- [Modifying a user account](#)
- [Deleting an existing user account](#)
- [Running user reports](#)

If your User Account allows you to manage user accounts, you can perform all tasks on all accounts. You cannot modify your own user account.

#### 4.6.1.1 Sorting the List of Users

The *Manage User Accounts* screen (Figure 55) contains a list of users. You can sort this list by name, User ID, and email. To do so, click on the column header.

#### 4.6.1.2 Searching for Users

To search for an existing user:

1. In the *Manage User Accounts* screen (Figure 55), enter search criteria in the fields of the **Search By:** area.
2. Click on the **Search** button. The list of users is updated to match the search criteria.

#### 4.6.1.3 Adding a New User

To add a new user:

1. Click on the **Add New User** button on the *Manage User Accounts* screen (Figure 55). The *Step 1: Enter User Base Information* screen (Figure 56) appears.

Step 1: Enter User Base Information

User ID:

Email Address:

First Name:

Last Name:

Select Role:  ▼

**Figure 56: Step 1: Enter User Base Information Screen**

2. Enter the **User ID** and **Email Address**. Both must be unique.
3. Enter the **First Name** and **Last Name**.
4. Select a role from the **Select Role** drop-down.
5. If you are not sure you want to add the user, click on the **Cancel** button. You are returned to the *Manage User Accounts* screen (Figure 55).
6. If you are sure you want to add the user, click the **Add** button. A pop-up appears.
7. Click the **Continue** button. The *Modify User Information* screen showing the User Information tab (Figure 57) appears.

**Figure 57: Modify User Information Screen, User Information Tab**

8. Continue as shown in Step 5 in Section 4.6.1.4.

### 4.6.1.4 Modifying a User

To modify user information:

1. If necessary, search for the user as shown in Section 4.6.1.2.
2. Click on the [Select](#) link for the user. The User Information tab of the *Modify User Information* screen (Figure 57) for the user appears.
3. Change all relevant user information.
4. Click on the **Modify User Information** button.
5. Click on the State Access tab. The State Access tab of the *Modify User Information* screen (Figure 58) for the user appears.

	State Code	State Name	Read Access	Update Access
<a href="#">Edit</a>	AL	Alabama	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Edit</a>	AK	Alaska	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Edit</a>	AS	Amer. Samoa	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Edit</a>	AZ	Arizona	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Edit</a>	AR	Arkansas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Edit</a>	CA	California	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Edit</a>	CO	Colorado	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<a href="#">Edit</a>	CT	Connecticut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Figure 58: Modify User Information Screen, State Access Tab**



This tab contains a list of states for which the user already has access, plus check boxes indicating what kind of access (Read, Update) the user has for each state. If this list is empty, the user has no state access yet. Users must have access defined for at least one state.

6. To modify existing state access for an individual state:
  - a. Click on the [Edit](#) link for the state. The [Edit](#) link is replaced by an [Update](#) link and a [Cancel](#) link; the check boxes for **Read Access** and **Update Access** for the state become active.
  - b. Check or uncheck the appropriate boxes.
  - c. If you change your mind about modifying access, click on the [Cancel](#) link.
  - d. If you want to modify the state access, click on the [Update](#) link. The access for the state is changed.
  - e. Repeat this step as often as needed.
7. To add states to the list or to modify multiple states, entire regions or all states, click on the **Make Single/Multiple State Access Changes** button. The appearance of the tab changes (see Figure 59).

**Figure 59: Modify State Access**

8. To add access for a single state:
  - a. Select the state from the **State** drop-down.
  - b. Check the appropriate **Access** boxes (Read and/or Write).
  - c. Click on the right-most **Update State Access** button. The State Access list is updated.
  - d. If you need to add more states for this user, return to Step 7.
9. To modify the access for all states:
  - a. Select **All States Access** from the **Select Action** drop-down.
  - b. Check the appropriate **Access** boxes (Read and/or Write).

- c. Click the left-most **Update State Access** button. A confirmation pop-up appears.
  - d. Click on the **OK** button. The State Access list is updated.
  - e. If you need to make more State Access modifications for this user, return to Step 6.
10. To modify the access for all states of a specific region:
- a. Select **Specific Region Access** from the **Select Action** drop-down. A **Select Region** drop-down appears.
  - b. Select the region from the **Select Region** drop-down.
  - c. Check the appropriate **Access** boxes (Read and/or Write).
  - d. Click the left-most **Update State Access** button. A confirmation pop-up appears.
  - e. Click on the **OK** button. The State Access list is updated.
  - f. If you need to make more State Access modifications for this user, return to Step 6.
11. Click on the Function Access tab. The Function Access tab of the *Modify User Information* screen (Figure 60) for the user appears.

**Modify Information for Screen Capturer**

User Information State Access **Function Access**

**Medicaid Functions**

Add/Modify  Browse  Certify

Reports  Audit

Select All Unselect All

**CHIP Functions**

Add/Modify  Browse  Certify

Reports  Audit

Select All Unselect All

**Regional Office Functions**

CMS-R199 Certify  CMS-10180 Certify

Select All Unselect All

**Central Office Functions**

CMS-R199 Certify  CMS-R199 Uncertify  CMS-10180 Certify

CMS-10180 Uncertify  Reports

Select All Unselect All

**Admin-Only Functions**

User Maintenance  System Messages (BCast News / Billboard)  Email

System Email Messages  User Audit  Open Periods

Select All Unselect All

Save Function Access

Return to User List

**Figure 60: Modify User Information Screen, Function Access Tab**

The screen contains check boxes for the available functions.

12. Check the appropriate boxes.
13. Click on the **Save Function Access** button. A confirmation pop-up appears.
14. Click on the **Continue** button.
15. Click on the **Return to User List** button. You are returned to the *Manage User Accounts* screen (Figure 55).

#### 4.6.1.5 Deleting an Existing User

To delete a user:

1. If necessary, search for the user as shown in Section 4.6.1.2.
2. Click on the **Delete** link for the user. A confirmation window pops up.
3. If you are not sure you want to delete the user, click on the **Cancel** button.
4. If you are sure you want to delete the user, click on the **OK** button. A pop-up appears.
5. Click on the **Continue** button. If you deleted any user other than your own User ID, you are returned to the *Manage User Accounts* screen (Figure 55). If you deleted your own User ID, you are logged off.

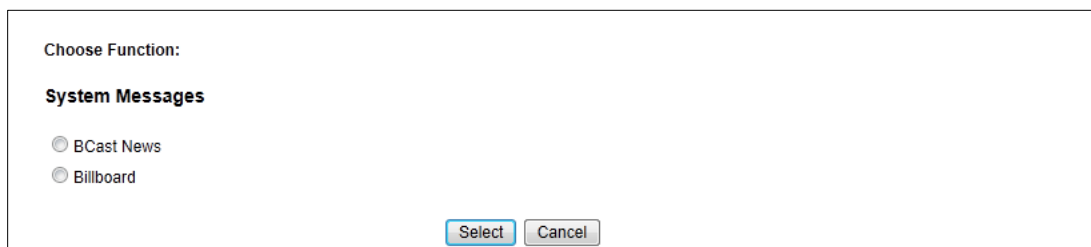
#### 4.6.1.6 Running User Reports

To run a report for user accounts:

1. In the *Manage User Accounts* screen (Figure 55), make a choice from the **Select Report** drop-down.
2. If you selected **Users Not Logged In Recently**, enter a number under 1,000 in the **No of Days Since Last Login** field.
3. Click on the **Run Report** button. The **Report History** appears. See Section 4.8 for instructions how to use the Report History.

### 4.6.2 System Messages

The system provides two categories of system messages. To access either, click on the **System Messages (BCast News / Billboard)** text link on the *Admin* screen (Figure 54). The *System Messages Choose Function* screen (Figure 61) appears.



Choose Function:

**System Messages**

BCast News

Billboard

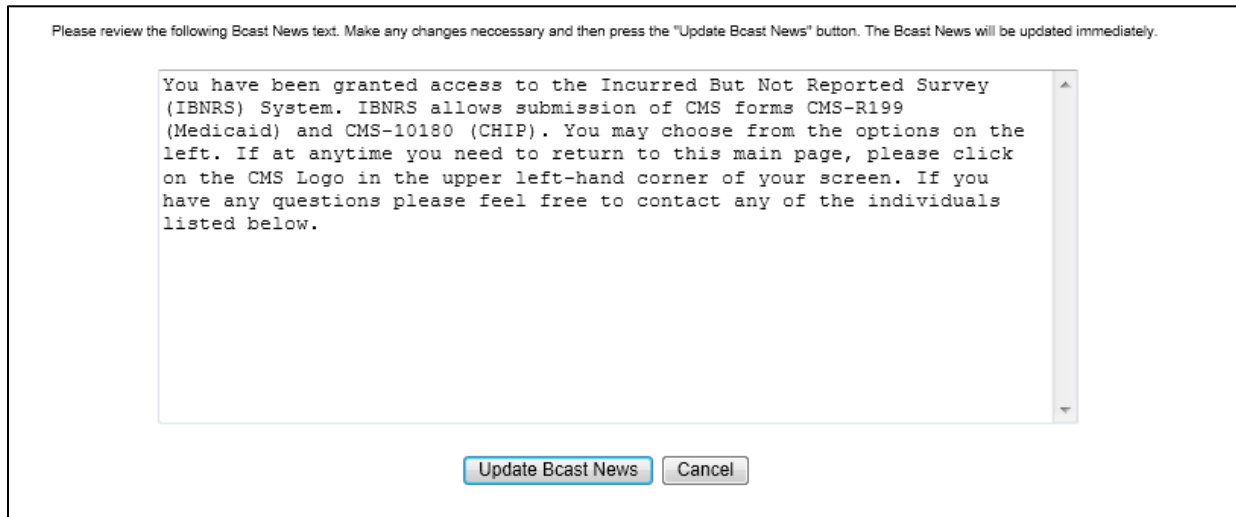
Select Cancel

Figure 61: System Messages Choose Function Screen

### 4.6.2.1 BCast News

To change the message that appears on the *IBNRS Welcome Screen* (Figure 12):

1. Select the **BCast News** radio button on the *System Messages Choose Function* screen.
2. Click on the **Select** button. The *Update Bcast News* screen (Figure 62) appears.



**Figure 62: Update Bcast News Screen**

3. Change the text as appropriate.
4. Click on the **Update Bcast News** button. The *IBNRS Welcome Screen* (Figure 12) appears, showing the updated welcome text.

### 4.6.2.2 Billboard

To add or modify any of the billboard messages:

1. Select the **Billboard** radio button on the *System Messages Choose Function* screen (Figure 61).
2. Click the **Select** button. The *Billboard* screen (Figure 63) appears.



**Figure 63: Billboard Screen**

This screen allows you to add new items to the billboard, to modify existing items, and to view files that are associated with an item.

3. To add a new item to the billboard:

- a. Click on the **Add** button. The *Add Message* screen (Figure 64) appears.

**Figure 64: Add Message Screen**

- b. Enter appropriate text in the **Title** and **Message** fields.
  - c. If you need to attach a file to the message:
    - i. Click on the **Browse** button. The *Choose File to Upload* dialog appears.
    - ii. Navigate to the folder containing the file you want to attach.
    - iii. Select the file you want to attach. This must be a file in TXT, PDF, Word, or Excel format.
    - iv. Click on the **Open** button. The full path to the file appears in the **Associated File** text field.
  - d. If you are not sure you want to add the message, click on the **Cancel** button. You are returned to the *Billboard* screen (Figure 63).
  - e. If you are sure you want to add the message, click on the **Add** button. The entry is added to the top of the *Billboard*.
4. To modify an existing message on the billboard:
- a. Click on the **Modify** button for the message. The *Edit Message* screen (Figure 65) appears.

**Edit Message**


DateAdded: 10/17/2012

Active:

Title: this is a test title.

Message: this is a test message.  
this is a testing message.

Associated File:

 circle.docx

**Figure 65: Edit Message Screen**

- b. Change the data per your requirements.
  - c. If you are not sure you want to add the message, click on the **Cancel** button. You are returned to the *Billboard* screen (Figure 63).
  - d. If you are sure you want to add the message, click the **Update** button. Your Billboard entry is updated.
5. To view a file associated with an item:
    - a. Click on the hyperlink in the **Associated File** column.
    - b. Follow your browser's instructions to open or save the file.
  6. Click on the **Cancel** button to return to the *System Messages Choose Function* screen (Figure 61).
  7. Click on the **Done** button to return to the *Admin* screen (Figure 54).

### 4.6.3 Email

To send an email from the application:

1. Click on the [Email](#) text link on the *Admin* screen (Figure 54). The *Email* screen (Figure 66) appears.

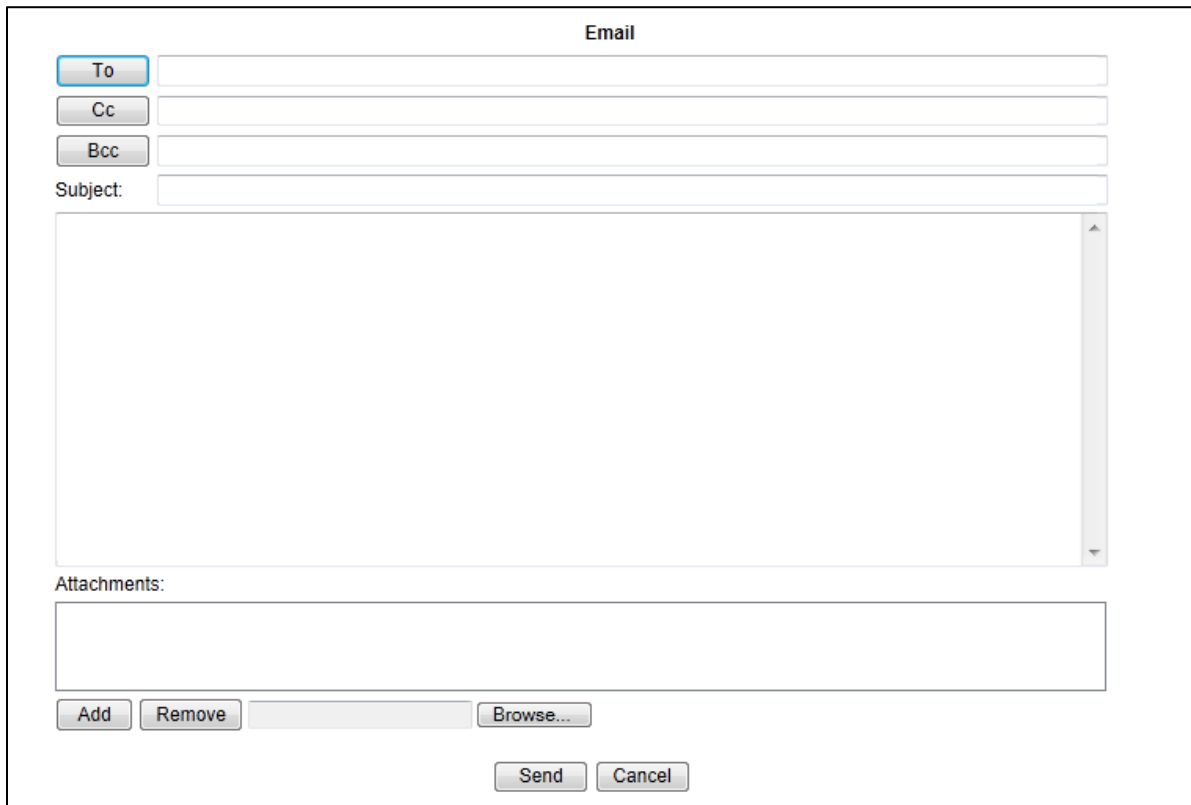


Figure 66: Email Screen

2. Enter at least one valid email address in the **To**, **Cc**, or **Bcc** fields. If necessary, click on the **To**, **Cc**, or **Bcc** button to assist you in finding the email addresses of the intended recipients.
3. Enter a subject in the **Subject** field.
4. Enter your message in the large text box in the middle of the screen.
5. If you want to attach a file:
  - a. Click on the **Browse...** button. The *Choose File to Upload* screen appears.
  - b. Navigate to the folder containing the file you want to attach.
  - c. Select the file you want to attach.
  - d. Click on the **Open** button. The full path to the file appears in the field between the **Remove** and **Browse...** buttons.
  - e. Click on the **Add** button. The file name appears in the **Attachments** field.

6. If you want to remove an attached file:
  - a. Select the file name in the **Attachments** field.
  - b. Click on the **Remove** button. The file name is removed from the **Attachments** field.
7. Repeat the previous two steps as often as needed.
8. Click on the **Send** button. A confirmation window appears.
9. Click on the **OK** button. You are returned to the *Admin* screen (Figure 54).

#### 4.6.4 System Email Messages

The system sends automatically generated email message to users for the following events:

- CMS-R199 Certification
- CMS 10180 Certification
- Account Disabled
- Account Locked Out
- Password Reset
- Regional Office Approval
- User ID Reminder
- Account About to Be Disabled
- User Creation (one for the User ID, and one for the temporary password)

You can modify any of these messages. If applicable, you can also change after how many days the message is sent.

To edit any of these messages:

1. Click on the [System Email Messages](#) text link on the *Admin* screen (Figure 54). The *System Email Messages* screen (Figure 67) appears.



**System Email Messages**

	Email Type	From Name	From Address	Subject
Select	CERTIFY	IBNRS	IBNRS@DCCA.COM	IBNRS Certification Notice
Select	CERTIFY	IBNRS	IBNRS@DCCA.COM	IBNRS Certification Notice
Select	DISABLE	CMS	CMS@dcca.com	QA - IBNRS Account Disabled
Select	LOCKOUT	CMS	CMS@dcca.com	QA - IBNRS Account Locked Out
Select	PASSWORD	CMS	CMS@dcca.com	QA - IBNRS Password Reset
Select	ROAPPROVAL	CMS	cms@dcca.com	QA - IBNRS Regional Office Approval
Select	USERID	CMS	cms@dcca.com	QA - IBNRS User ID
Select	WARNING	CMS	CMS@dcca.com	QA - IBNRS Account Warning
Select	WELCOME1	CMS	cms@dcca.com	QA - Welcome to IBNRS
Select	WELCOME2	CMS	cms@dcca.com	QA - Welcome to IBNRS - Part 2

Return

**Figure 67: System Email Messages Screen**

2. Click the **Select** button for the message you want to edit. The message appears below the list of messages. The **Edit** and **Done** buttons also appear.
3. If you do not want to make any changes to the message, click on the **Done** button. You are returned to the *System Email Messages* screen (Figure 67).
4. If you want to make changes to the message, click on the **Edit** button. The **CC**, **BCC**, **Reply To**, **Subject**, **Message**, and **Send After** (if applicable) fields become editable.
5. Make your changes.
6. If you are not sure you want to make the changes, click on the **Cancel** button nearest the bottom of the screen.
7. If you are sure you want to make the changes, click on the **Save** button.
8. Click on the **Done** button.
9. Click on the **Return** button. You are returned to the *Admin* screen (Figure 54).

## 4.6.5 User Audit

To audit the activity of a specific user:

1. Click on the [User Audit](#) text link on the *Admin* screen (Figure 54). The *Audit User Accounts* screen (Figure 68) appears.

**Figure 68: Audit User Accounts Screen**

2. Select the user for whom you want to perform an audit from the **User** drop-down.
3. Select the audit type from the **Audit Type** drop-down.
4. Enter a date in the **From Date** field, if necessary using the **calendar** drop-down.
5. Enter a date in the **To Date** field, if necessary using the **calendar** drop-down.

**Note:** The **To Date** is not inclusive. If you want to include today's activities, set it to tomorrow's date.

6. To receive the report in Excel format, click the **Report** button. The Report History screen (Figure 76) appears. See Section 4.8 for details.

You will also receive an email with the report attached.

7. Repeat Steps 2 through 6 as often as needed.
8. Click on the **Return** button. You are returned to the *Admin* screen (Figure 54).

## 4.6.6 Open Periods

State users can only enter data into the Medicaid CMS-R199 and CHIP CMS-10180 forms during a specific time of the year. The time during which states can enter data is called an Open Period. Administrative personnel with appropriate access privileges can manage the Open Periods by performing the following steps:

1. Click on the [Open Periods](#) text link on the *Admin* screen (Figure 54). The *Open Periods* screen (Figure 69) appears.

Main Medicaid CHIP Regional Office Central Office Admin Report History <span style="float: right;">Refresh   A+ A-</span>					
IBNRS Open Periods					
Modify	Fiscal Year	Form	Submission Type	Start Date	End Date
Modify	2006	CMS-R199	Initial	08/02/2005	11/01/2013
Modify	2006	CMS-R199	Validation	03/14/2007	11/01/2012
Modify	2006	CMS-10180	Initial	08/02/2006	11/01/2012
Modify	2006	CMS-10180	Validation	03/14/2007	11/01/2012
Modify	2006	CMS-10180	Annual	03/14/2007	11/01/2012
Modify	2007	CMS-R199	Initial	08/21/2007	08/30/2007
Modify	2007	CMS-R199	Validation	03/02/2008	04/19/2008
Modify	2007	CMS-10180	Initial	08/21/2007	08/28/2007
Modify	2007	CMS-10180	Validation	03/02/2008	04/19/2008
Modify	2008	CMS-R199	Annual	03/23/2009	11/01/2012
Modify	2008	CMS-10180	Annual	03/23/2009	11/01/2012
Modify	2009	CMS-R199	Annual	04/26/2010	08/05/2010
Modify	2009	CMS-10180	Annual	04/26/2010	08/05/2010
Modify	2010	CMS-R199	Annual	05/08/2011	09/15/2011
Modify	2010	CMS-10180	Annual	05/08/2011	09/15/2011
Modify	2011	CMS-R199	Annual	04/01/2012	10/03/2012
Modify	2011	CMS-10180	Annual	04/01/2012	10/20/2012
Modify	2012	CMS-R199	Annual	01/01/2012	12/31/2012
Modify	2012	CMS-10180	Annual	08/01/2012	12/31/2012
Modify	2013	CMS-R199	Annual	10/02/2012	11/05/2012

12

Add Return

Figure 69: Open Periods Screen

2. To add an Open Period:
  - a. Click on the **Add** button. The *Add Open Period* screen (Figure 70) appears.

Main Medicaid CHIP Regional Office Central Office Admin Report History <span style="float: right;">Refresh   A+ A-</span>					
IBNRS Open Periods					
Fiscal Year:	<input type="text"/>	Form:	CMS-R199	Submission Type:	Annual
Start Date:	<input type="text"/>	End Date:	<input type="text"/>		
Save Cancel					

Figure 70: Add Open Period

- b. Enter the **Fiscal Year**. This must be a year after 2005.
  - c. Select the form from the **Form** drop-down.
  - d. If you entered a year prior to 2008, select a **Submission Type** from the drop-down. For years since 2008, this is always **Annual**.
  - e. Enter a **Start Date** and **End Date** for the open period. If necessary, use the **Calendar** drop-downs to pick both dates.
  - f. If you are not sure you want to create the new Open Period, click on the **Cancel** button. You are returned to the *Open Periods* screen (Figure 69).
  - g. If you are sure you want to create the new Open Period, click on the **Save** button. You are returned to the *Open Periods* screen (Figure 69).
  - h. Repeat this step as often as needed.
3. To modify an existing Open Period:
- a. Click on the **Modify** button for the Open Period you want to modify. The *Modify Open Period* screen (Figure 71) appears.

**Figure 71: Modify Open Period Screen**

- b. Change the **Start Date** and/or **End Date** as appropriate.
  - c. If you are not sure you want to modify the Open Period, click on the **Cancel** button. You are returned to the *Open Periods* screen (Figure 69).
  - d. If you are sure you want to modify the Open Period, click on the **Save** button. You are returned to the *Open Periods* screen (Figure 69).
4. Click on the **Return** button. You are returned to the *Admin* screen (Figure 54).

## 4.7 Reports

To obtain a report:

1. In the *Medicaid R-199 Forms* screen (Figure 14), *CHIP CMS-10180 Forms* screen (Figure 27), or *CO Forms* screen (Figure 46), click on the **Report** button. The *Report Options* screen appears. The example shown in Figure 72 was opened from the *Medicaid R-199 Forms* screen (Figure 14).

Figure 72: Report Options Screen

2. Select a **Reports Type**. The default shown in this drop-down depends on the screen from which you entered the *Report Options* screen. The appearance of the screen changes depending on your selection:
  - a. If you selected **MEDICAID** for the **Reports Type**, select one of the radio buttons under **Medicaid Reports**. Continue at Step 3.
  - b. If you selected **CHIP** for the **Reports Type**, select one of the radio buttons under **CHIP Reports**. Continue at Step 3.
  - c. If you selected **CO** for the **Reports Type**, the screen looks as shown in Figure 73. Make the following selections:
    - i. Select a form from the **Form** drop-down.
    - ii. If you want to include the average number of business days that elapse from when a service is provided to a Medicaid beneficiary until the state reimburses the provider for the claim in the report, check the box labeled **Include Average Days**.
    - iii. Check the boxes for the line items that you want to include in the report.

[Main](#)
[Medicaid](#)
[CHIP](#)
[Regional Office](#)
[Central Office](#)
[Admin](#)
[Report History](#)
[Refresh](#) | [A+](#) [A-](#)

**Report Options**

**Reports Type**      **State**      **Submission Type**      **Fiscal Year**  
                    
 Multiple States

**Form:**   
 Include Average Days

**Line Items:**

Check All

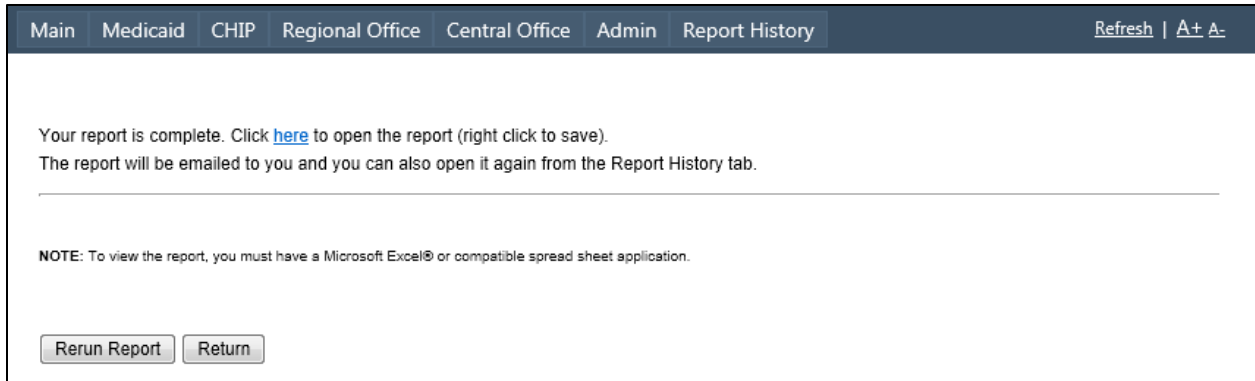
- Line 1. Total medical assistance accounts payable (Section 1)
- Line 2. Payments owed by the State for Medicaid State and local administrative expenses (Section 1)
- Line 3. Other accounts payable (Section 1)
- Line 4. Total Medicaid Accounts Payable (Section 1)
- Line 5. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY) (Section 1)
- Line 1. Total medical assistance accounts receivable (Section 2)
- Line 1A. Third Party Liability (Section 2)
- Line 1B. Probate Court Cases (Section 2)
- Line 1C. Fraud and Abuse Cases (Section 2)
- Line 1D. Provider Overpayments (Section 2)
- Line 1E. Audits of annual costs reports (Section 2)
- Line 1F. Drug Rebates (Section 2)
- Line 1G. Other (Section 2)
- Line 2. Less: Allowances for Uncollectible Amount for Above Accounts (Section 2)
- Line 3. Total Net Accounts Receivable (Section 2)
- Line 4. Other Receivables not in CAFR (Section 2)
- Line 5. Total Medicaid Accounts Receivable (Section 2)
- Line 6. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY) (Section 2)

**Figure 73: Report Options Screen, Type = CO**

3. If you want to generate a report for one state, select it from the **State** drop-down. Continue at Step 8.
4. If you want to generate a report for multiple states, check the **Multiple States** box. The appearance of the top part of the screen changes as shown in Figure 74.

**Figure 74: Report Options Screen, Multiple States**

5. If you want to pick from a list of all states, select **Select by State** from the **Report By** drop-down.
6. If you want to pick from a list of states in a specific region:
  - a. Select **Select by Region** from the **Report By** drop-down.
  - b. Select the region from the **Region** drop-down.
7. Check the boxes for the states you want to include in the report.
8. If you are not sure you want to generate the report, click on the **Return** button. The screen to which you are returned depends on your **Reports Type** or **Form** selection.
9. If you are sure you want to generate the report, click on the **Generate Report** button. The report is generated and the *Report Complete* screen (Figure 75) appears. Click on the [here](#) link to view the report on-screen. Follow your browser's instructions.



**Figure 75: Report Complete Screen**

10. If you want to rerun the report, click on the **Rerun Report** button and return to Step 2.
11. Click on **Return** button. The screen to which you are returned depends on your **Reports Type** or **Form** selection.



## 4.8 Report History

The *Report History* screen allows you access to a list of previously requested reports. To view a previously requested report:

1. Click on the **Report History** button in the Navigation Bar. The *Report History* screen appears (Figure 76):

Report History				
As of: 12/19/2012				
Request Date Time	User ID	Report Name	Status	File
12/19/2012 12:09:46 PM		Form Report: Form:R-199 States:CA, Submission:2012/Annual	Completed	<a href="#">Open Report</a>
12/19/2012 10:21:45 AM		User Audit	Completed	<a href="#">Open Report</a>
12/19/2012 10:17:11 AM		User Audit	Completed	<a href="#">Open Report</a>
12/19/2012 10:09:18 AM		User Audit	Completed	<a href="#">Open Report</a>
12/19/2012 10:01:16 AM		User Audit	Completed	<a href="#">Open Report</a>
12/19/2012 9:57:01 AM		User Audit	Completed	<a href="#">Open Report</a>
12/19/2012 9:51:55 AM		User Audit	Completed	<a href="#">Open Report</a>
12/19/2012 9:26:07 AM		Certification Report: Form:R-199 States:AS, Submission:2011/Annual	Completed	<a href="#">Open Report</a>
12/19/2012 9:10:55 AM		Certification Report: Form:R-199 States:FL, Submission:2011/Annual	Completed	<a href="#">Open Report</a>

Figure 76: Report History Screen

The Report History screen has the **As of** <date> control. Use this control to only show those reports that were generated since the date.

2. If you want to change that date, enter the new date in the **As of** text field or:
  - a. Click on the calendar icon. The *Report History Calendar* drop-down (Figure 77) appears.

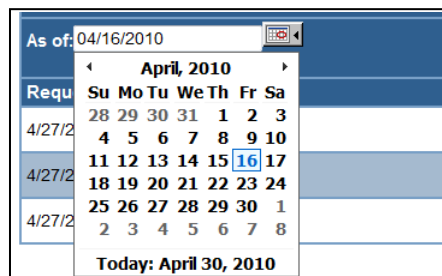


Figure 77: Report History Calendar Drop-down

- b. Click on the forward and back arrows at the top corners to move to the desired month.
  - c. Click on the desired day. The selected date now appears in the **As of** textbox.
3. To view a report you have previously generated, click on the **Open Report** link for the report. Your browser will ask you what you want to do with the file: open, save in your browser's default download location, or save in a folder of your choice.

## 5. Troubleshooting & Support

### 5.1 Error Messages

#### 5.1.1 IBNRS Session Expiration Pending Alert

Your IBNRS session expires after 15 minutes of inactivity. The message shown in Figure 78 pops up 3 minutes prior to session expiration, allowing you to renew the current session.

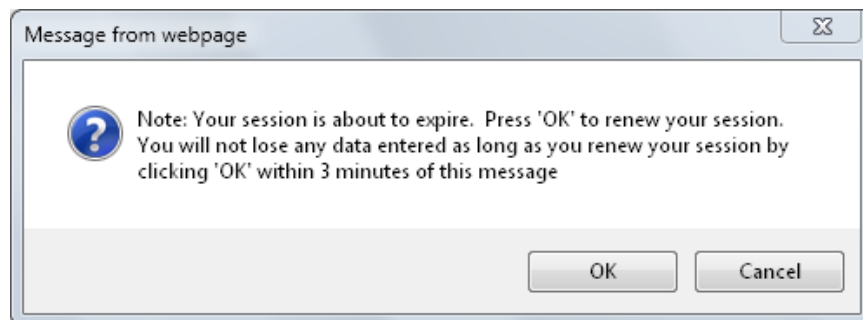


Figure 78: Pending Session Expiration Alert

To prevent your session from expiring, click on the **OK** button. The previously accessed screen will be retained. To exit the session, click on the **Cancel** button.

**Note:** If 3 minutes have already passed, you must log in again. As advised in the *Session Expired Alert* (Figure 79), all data entered in the form you were working on is lost.

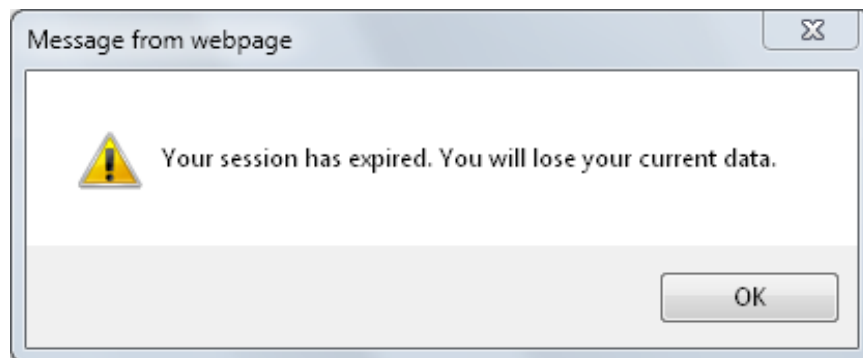


Figure 79: Session Expired Alert

#### 5.1.2 Error/Warning Message Pop-ups

Error or warning pop-ups occur when attempting to save items with missing or incorrect data. More than one error may be reported at the same time. The error message pop-up shown in Figure 80 identifies 28 errors on the same form. Red asterisks identify where the errors were made on the form.

The screenshot shows a Medicaid form with the following sections and textboxes:

- 1A. Third Party Liability
- 1B. Probate Court Cases
- 1C. Fraud and Abuse Cases
- 1D. Provider Overpayments
- 1E. Audits of annual costs reports
- 1F. Drug Rebates
- 1G. Other (Define Line 1G)
- 2. Less: Allowances for Uncollectible Amount for Above Accounts
- 3. Total Net Accounts Receivable
- 4. Other Receivables not in CAFR (Define Line 4)
- 5. Total Medicaid Accounts Receivable
- 6. Recast of Prior Period Estimate (For example, what claims were paid this FY for last FY)

An error message pop-up is displayed with the following text:

Message from webpage

- Latest CAFR date is required
- Section 1. Line 1 Total: Must be 0 or greater
- Section 1. Line 1 FFP: Must be 0 or greater
- Section 1. Line 2 Total: Must be 0 or greater
- Section 1. Line 2 FFP: Must be 0 or greater
- Section 1. Line 3 Total: Must be 0 or greater
- Section 1. Line 3 FFP: Must be 0 or greater
- Section 1. Line 5 Total: Must be 0 or greater
- Section 1. Line 5 FFP: Must be 0 or greater
- Section 2. Line 1A Total: Must be 0 or greater
- Section 2. Line 1A FFP: Must be 0 or greater
- Section 2. Line 1B Total: Must be 0 or greater
- Section 2. Line 1B FFP: Must be 0 or greater
- Section 2. Line 1C Total: Must be 0 or greater
- Section 2. Line 1C FFP: Must be 0 or greater
- Section 2. Line 1D Total: Must be 0 or greater
- Section 2. Line 1D FFP: Must be 0 or greater
- Section 2. Line 1E Total: Must be 0 or greater
- Section 2. Line 1E FFP: Must be 0 or greater
- Section 2. Line 1F Total: Must be 0 or greater
- Section 2. Line 1F FFP: Must be 0 or greater
- Section 2. Line 1G Total: Must be 0 or greater
- Section 2. Line 1G FFP: Must be 0 or greater
- Section 2. Line 2 Total: Must be 0 or greater
- Section 2. Line 2 FFP: Must be 0 or greater
- Section 2. Line 4 Total: Must be 0 or greater
- Section 2. Line 4 FFP: Must be 0 or greater
- Section 2. Line 6 Total: Must be 0 or greater
- Section 2. Line 6 FFP: Must be 0 or greater

The form also includes a text area for a description of payable and amount, a character count (characters remaining: 8337), and a section for average days (III. AVERAGE DAYS) with a value of 35 Days. Buttons for Save and Cancel are visible at the bottom.

Figure 80: Error Message Example

If you receive an error or warning message pop-up:

1. Click on the **OK** button. You are returned to the form.
2. Locate any red asterisks to the immediate right of the textboxes.
3. Make the required corrections on the form.
4. Click on the **Save** button.

### 5.1.3 Error Information Screens

Figure 81 shows a sample of an error screen. To expedite resolution of the error, all errors occurring in the system will be logged and tracked using the Error ID number.

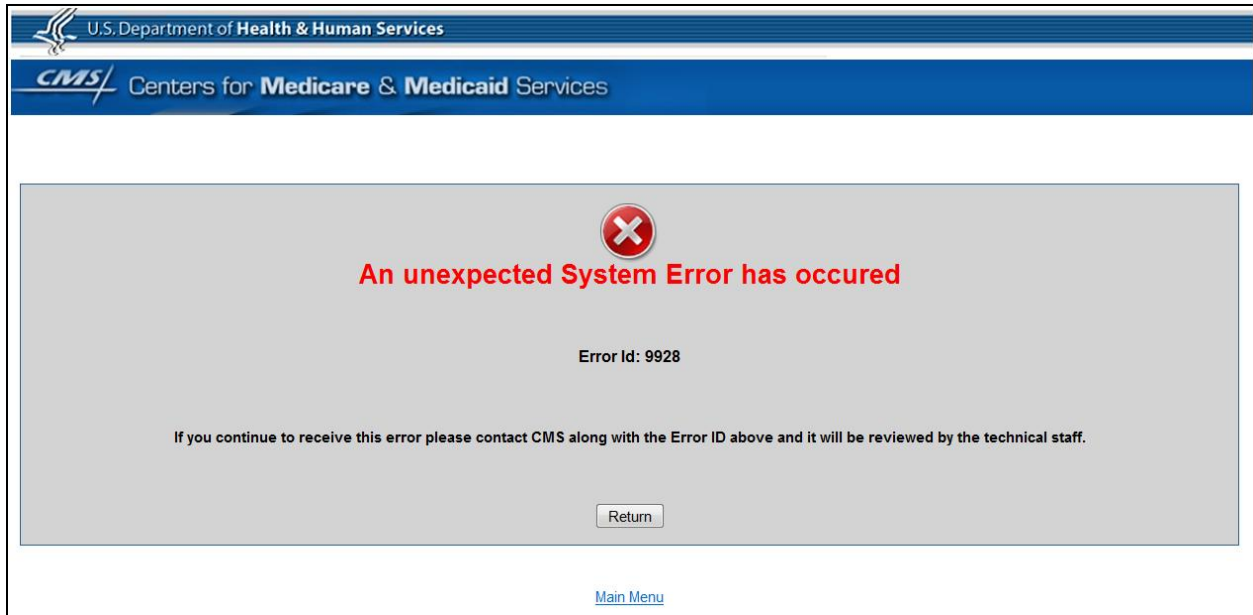


Figure 81: Sample Configuration Error Screen

## 5.2 Resolving Password Issues

This section provides step-by-step instructions for forgotten passwords and User IDs.

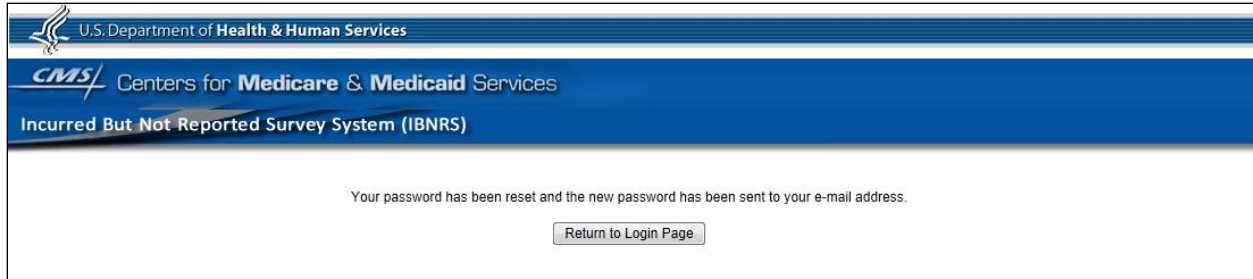
### 5.2.1 Forgotten Password

Perform the following steps if you forgot your password:

1. On the *IBNRS Login* screen (Figure 2), click on the [Forgot Password](#) link. The *Forgot User ID or Password* dialog (Figure 82) appears.

Figure 82: Forgot User ID or Password Dialog

2. Enter your email address in the Email Address field.
3. Click on the **Forgot Password** button. A *Password Reset* message (Figure 83) appears. You will also receive an email message with a temporary password.



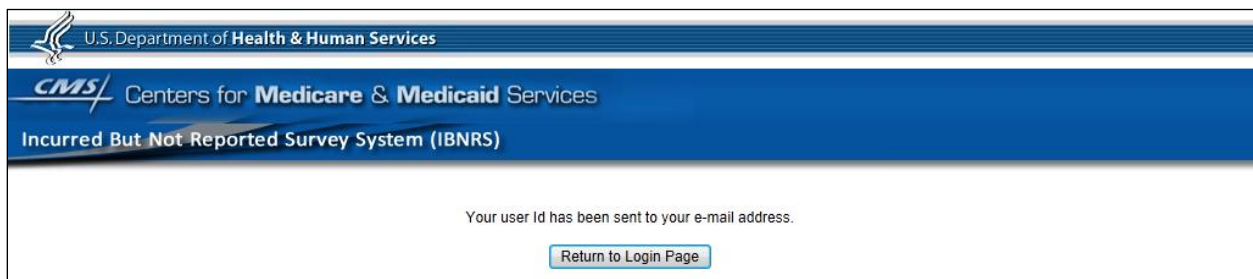
**Figure 83: Password Reset Message**

4. Click on the **Return to Login Page** button. You are returned to the *CMS Warning* page (Figure 1).
5. Follow the instructions from Step 3 in Section 3.3, Accessing IBNRS.

## 5.2.2 Forgotten User ID

Perform the following steps if you forgot your User ID:

1. On the *IBNRS Login* screen (Figure 2), click on the [Forgot Password](#) link. The *Forgot User ID or Password* dialog (Figure 82) appears.
2. Enter your email address in the Email Address field.
3. In the *Forgot User ID or Password* dialog, click on the **Forgot User ID** button. A User ID Sent message (Figure 84) appears. You will also receive an email with your user ID:



**Figure 84: User ID Sent Confirmation**

4. Click on the **Return to Login** button. You are returned the *CMS Warning* page (Figure 1).
5. Follow the instructions from Step 3 in Section 3.3, Accessing IBNRS.

## 5.3 Special Considerations

Not applicable.

## 5.4 Support

If you have any questions or issues that cannot be resolved while using this user manual, please contact one of the following individuals:

**Table 5: Support Points of Contact**

Contact	Phone	Email
Beverly Boher	410-786-7806	<a href="mailto:Beverly.Boher@cms.hhs.gov">Beverly.Boher@cms.hhs.gov</a>
Tu Phan	410-786-7172	<a href="mailto:Tu.Phan@cms.hhs.gov">Tu.Phan@cms.hhs.gov</a>

## Acronyms

Table 6: Acronyms

Acronym	Literal Translation
<b>CHIP</b>	Children's Health Insurance Program
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>CO</b>	Central Office
<b>COR</b>	Contracting Officer's Representative
<b>DCCA</b>	Data Computer Corporation of America
<b>EUA</b>	Enterprise User Administration
<b>FFP</b>	Federal Financial Participation
<b>FY</b>	Fiscal Year
<b>IBNRS</b>	Incurred But Not Reported Survey
<b>MDCN</b>	Medicare Data Communications Network
<b>O&amp;M</b>	Operations and Maintenance
<b>RO</b>	Regional Office
<b>TRA</b>	Technical Reference Architecture
<b>URL</b>	Universal Resource Locator

## Glossary

Table 7: Glossary

Term	Definition
N/A	



## Referenced Documents

Table 8: Referenced Documents

Document Name	Document Number and/or URL	Issuance Date
N/A		

## Record of Changes

Table 9: Record of Changes

Version Number	Date	Author/Owner	Description of Change
1.4	12/28/12	L. Haas - DCCA	Initial version to support the 3-zone architecture.
1.5	5/3/13	L. Haas - DCCA	Removed the use of Access Manager for logging on. Affected sections: <ul style="list-style-type: none"> <li>• 3.2, User Access Considerations</li> <li>• 3.3, Accessing IBNRS</li> <li>• 3.4.2.2, Profile Link</li> <li>• 3.5, Exiting the System</li> <li>• 5.2, Resolving Password Issues</li> </ul> Removed Approvals page per CMS instructions.
1.6	5/8/2013	L. Gamerman - CMS	Restored Approvals page to document, using USPTO style s-signatures (as approved by CMS XLC standards team).
1.7	3/21/2014	L. Haas - DCCA	Changed Support Points of Contact.

## Approvals

The undersigned acknowledge that they have reviewed the User Manual and agree with the information presented within this document. Changes to this User Manual will be coordinated with, and approved by, the undersigned, or their designated representatives.

Signature: /Michelle Benvenga/ Date: 3/21/2014

Print

Name: Michelle Benvenga

Title: Project Manager

Role: DCCA's Approving Authority

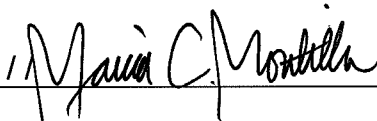
Signature: /Louis Gamerman/ Date: 3/26/2014

Print

Name: Louis Gamerman

Title: Contracting Officer's Representative (COR)

Role: CMS' Approving Authority

Signature:  Date: 04/02/2014

Print

Name: Maria Montilla

Title: Director Accounting Management Group & Deputy Chief Financial Officer

Role: CMS Business Owner