

## **Medicaid Services System (MSS) Trouble Shooting**

### **Cost Projection Questions**

- 1. What do I do if I attempt to add an individual to a Cost Projection Tool (CPT) and I receive the message “Individual’s name cannot be added to this site during the period from date to date: The individual is either associated with another site during this period or the specified span overlaps an existing Setting Person Span. Please revise the move-in and move-out dates.”**
  - Complete a Search for Site by Person under the Home portion of MSS to see what, if any site is identified. Click on the Select link next to the Site Name, and then check to see if the individual has a specific move out date (i.e. 11/10/2012) that would allow the individual to be added to another CPT.
  - If the individual has a move out date of 12/31/9999, then the County Board that is the Manage County for that CPT will need to enter a specific move out date that will allow that individual to be moved into a new CPT for a date after the move out date entered into their previous CPT.
  
- 2. What do I do if an individual receiving adult foster care services does not have an adult foster care tab in the Unscheduled Services portion of MSS when I create the site?**
  - Check IDS. The individual must have a living arrangement of adult foster care selected in IDS before the Foster Care Provider tab will appear in Manage Provider portion of the CPT.
  - Check under the Foster Care Provider tab in the Manage Provider portion of MSS to ensure that the user has associated the individual with an adult foster care provider on the Foster Care Provider tab. This in turn will allow for the Foster Care Services tab to appear under the Manage Unscheduled Services portion of the CPT.
  
- 3. What do I do if a waiver span in MSS is missing or incorrect?**
  - Check to ensure that the move out date for the individual does not limit upcoming waiver span(s) from populating in MSS (e.g. individual’s move out date is set for 06/30/2012. New Waiver year span starts 07/01/2012).
  - Check to ensure that the End Date for the CPT Site does not limit upcoming waiver span(s) from populating in MSS (e.g. CPT site end date is 06/30/2012. New Waiver year span starts 07/01/2012).
  - Check WMS2 and call or e-mail your DODD waiver unit contact. All waiver enrollment data including waiver spans comes from WMS2. There may be a missing or incorrect waiver span that will need to be resolved.

**4. I scheduled ADS and NMT services, but it shows \$0 on the cost projection, why?**

- Check under the View Info link within the Manage Individuals portion of the CPT to confirm if AAI information is available for the dates of service being projected.
- If there is no AAI information available then the County Board will need to complete/enter AAI information in the Individual Data System (IDS) application before Costs will be able to project for those services entered by the County Board.

**5. Why is it that when I go to apply ADS/NMT patterns to the ADS/NMT Calendar, either none or only on some days do the patterns get applied?**

- Check to make certain that the county board has not already assigned services for the same or overlapping dates under the Manage Unscheduled ADS/NMT portion of the CPT.

**(Enhanced) DRA Questions**

**6. What do I do, if I (as a Provider) go into the Provider portion of the (enhanced) DRA in MSS and don't see the "Upload Actuals via XML" link, any Site Costs, or receive the message that "There are no DRA site costs in this site for one or more of the following reasons:"**

- For the first two situations have the provider check to see what user role they have in the MSS application. The provider can quickly check this by looking for their "role" after their User Name which appears at the top of the display screen directly under the Medicaid Services System (MSS) header where it states, "Welcome User Name-User Role"
- If the provider's role is MSS\_Read, they will be unable to enter Actuals with the enhanced DRA portion of the MSS application. The provider will need to complete a new security affidavit requesting the MSS\_Provider role and submit this updated security affidavit to [security.support@list.dodd.ohio.gov](mailto:security.support@list.dodd.ohio.gov).
- For the third situation, where the Provider sees the message, "There are no DRA Site Costs in this site for one or more of the following reason:" check under the County Board portion of the DRA to ensure the following: (1) Generate Sites Costs link is present, and (2) After clicking on the Generate Site Costs link look to see if there is a Save Site Cost link. If this is present have the Provider contact the County Board contact and click on the Save Site Cost link and this will populate the DRA Cost Span on the Provider side of the enhanced DRA.

**7. When I am in the county board portion of the (enhanced) DRA, why do I see the date 01/01/2021?**

- This is how the infinity date is rendered in the (enhanced) DRA. Under the Manage Provider portion of MSS the date would have been entered by the county board as 12/31/9999.

**8. When I am creating my Actual in the Provider portion of the (enhanced) DRA, why do I get a dialog box which states, “The daily billing unit for a day has exceeded the maximum billing amount. Please modify the actuals span to accommodate the increase. To cancel and correct the entered actuals, close this dialog box”?**

- This dialog box is generated when one or more of the individuals that are part of this Actual have a Daily Billing Unit (DBU) that is \$403.98 or greater.
- The Provider will need to: (1) Close out the dialog box, (2) Edit the number of days in the Actual (up to fourteen (14) days), (3) Add additional hours to their total hours provided based on the new number of days included in the Actual, and (4) Check all additional days for each individual based on whether the provider delivered services to that individual.
  - If the individual(s) DBU is now less than or equal to \$403.98, the provider will then be able to update service days/recalculate Actuals, and generate a billfile.
  - If the individual(s) DBU is still \$403.98 or higher, the provider will still be able to generate a billfile. The provider is to submit the DRA generated rates to MBS for billing. Medicaid will only reimburse the provider the \$403.98 for each day of the Actual. The difference may be eligible for reimbursement through a special reimbursement process that is done by the Department.