



Figure 1

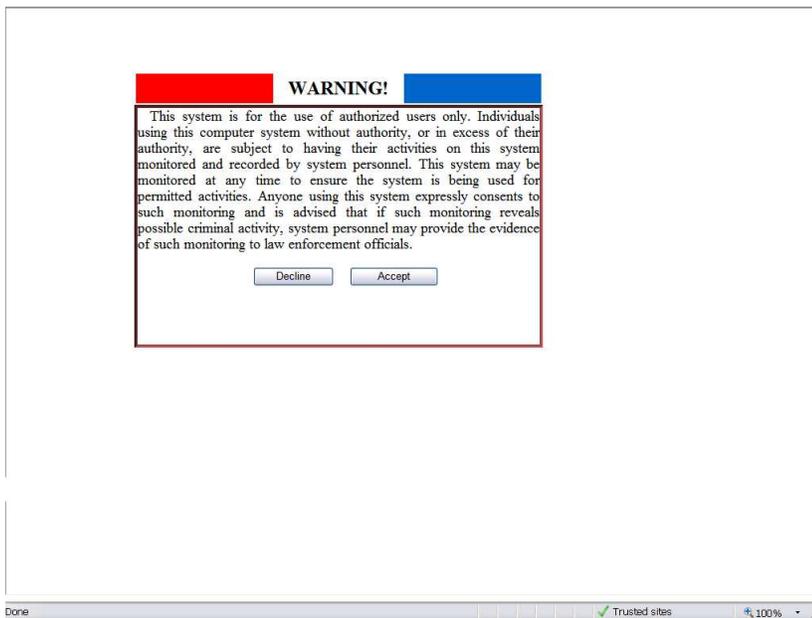


Figure 2

You must complete and submit a security affidavit in order to access the Medicaid Billing System (MBS) and submit your claims. Go to: <http://dodd.ohio.gov/forms/general/security-waiver.pdf> to complete your affidavit and send it via email to: [security.support@list.dodd.ohio.gov](mailto:security.support@list.dodd.ohio.gov). If you have questions or problems logging on, please call 1-800-617-6733 (option 4).

To enter a claim into the Medicaid billing system, go to <https://odmrdd.state.oh.us/apps/> **Figure 1**

You will need to accept the website agreement to proceed into the Medicaid Billing System. **Figure 2**



Figure 3

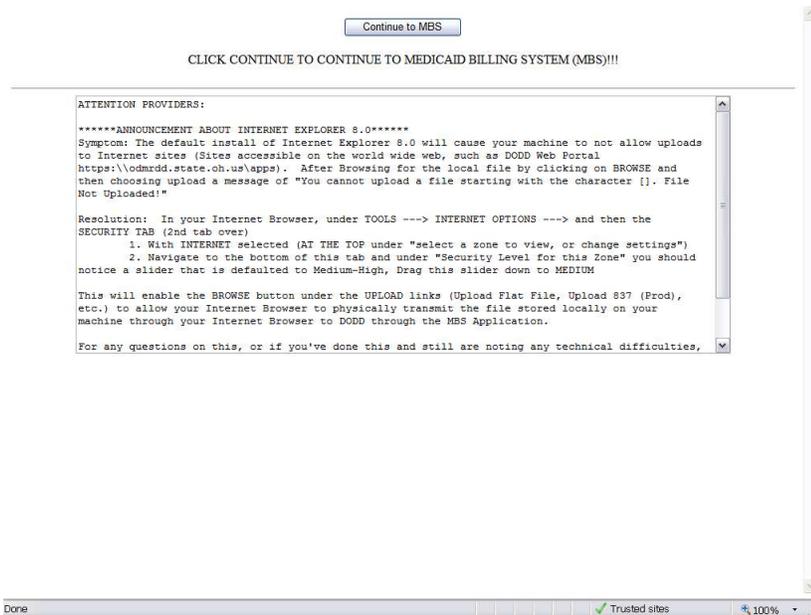


Figure 4

To submit your claims, go to eMBS.

Figure 3

Click on 'Continue to MBS'. Note that there will frequently be notices posted here.

Figure 4

USER DOCUMENTATION GUIDES Print Screen

**BILLING SUBMISSIONS**

- File Status
- Single Claim Entry
- Submit B37
- Submit Flat File
- Submit Recipient File
- Attest Files

**REPORTS**

**CONVERSION RESULT FILES**

**ADMINISTRATION**

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**SINGLE CLAIM ENTRY :**  
\* indicates required field

Today's Date : 12/22/2010 Help

Contract Number (7 Numbers) : 2500000 Help

Medicaid Recipient Number : 000000000000 Help

Recipient First Initial : Help

Recipient Last Name (First 5 Letters) : case Help

Date Of Service (mm/dd/yyyy) : January / 29 / 2010 Help

Service Code : apc Help

Units Of Service Delivered : Help \*

Group Size : Help

Staff Size : Help

Service County : Select Help \*

Usual Customary Rate \$ : . Help \* \*

Other Source Code : Help

Other Source Amount \$ : . Help

Contractor Reference Number (Optional) : Help

Clear Form Submit Claim

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Trusted sites 100%

Click on Single Claim Entry to submit claims.  
**Figure 5**

**Figure 5**

**SINGLE CLAIM ENTRY :**  
\* Indicates required field

Today's Date : 1/22/2010 Help

Contract Number (7 Numbers) : 2500000 Help

Medicaid Recipient Number : 00000000000000000000 Help

Recipient First Initial : Help

Recipient Last Name (First 5 Letters) : case Help

Date Of Service (mm/dd/yyyy) : January / 29 / 2010 Help

Service Code : apc Help

Units of Service Delivered : Help \*

Group Size : Help

Staff Size : Help

Service County : Select Help \*

Usual Customary Rate \$ : . Help \* \*

Other Source Code : Help

Other Source Amount \$ : . Help

Contractor Reference Number (Optional) : Help

Clear Form Submit Claim

Figure 6

[https://odmrdd.state.oh.us/rules/PDF/5123\\_2-9-06.pdf](https://odmrdd.state.oh.us/rules/PDF/5123_2-9-06.pdf)

**5123:2-9-06**

HCBS waivers - waiver reimbursement methodology  
[Appendix A](#) (57 KB ) - *Service Codes, Payment Limitations and Rates for Individual Options Waiver, Community Access Model Waiver and Level One Waiver Services other than Day Habilitation and Transportation to Access Day Habilitation*

[Application of Appendix A](#) (27 KB )

[Appendix B](#) (23 KB ) - *Cost of Doing Business Categories*  
[Appendix C](#) (23 KB ) - *Funding Ranges in Relationship to ODDP Scores Arrayed by Cost of Doing Business Category*

Please refer to our website for more complete information on the Usual Customary Rate.

<https://odmrdd.state.oh.us/rules/>

This is the screen you will use to submit claims. A brief explanation of the fields follows.

**Today's date**

This is the current date.

**Contract Number**

Enter your 7 digit billing number as listed on your final approval letter.

**Medicaid Recipient Number**

Enter your client's 12-digit Medicaid number, which is located on their Medicaid card.

**Recipient First Initial**

This must match the first name used on the Medicaid card.

**Recipient Last Name**

Enter the first 5 letters of your client's last name. For instance, Williamson would be WILLI.

**Date of Service**

Select the date you delivered the service from the drop-down box.

**Service Code**

Enter the appropriate 3-letter code. A list of common service codes is at the end of this presentation.

**Units of Service Delivered**

Enter the number of units of service provided to your client on the day of service. This could be 15-minute units, daily units, or mileage.

**Group Size**

Enter the number of clients you are providing service for *at the same time*.

**Staff Size**

Enter the number of staff providing service to a client *at the same time*.

**Service County**

Enter the county the service was provided in.

**Usual Customary Rate**

See website for maximum rates.

<http://dodd.ohio.gov/providers/UsualCustomaryRate.htm>

**Other Source**

ONLY used when reporting patient liability or third party liability. Click here for more details: [reporting patient liability](#)

**Other Source Amount**

ONLY used when reporting patient liability.

**Contractor Reference Number**

Leave this field blank.

Billing Information At A Glance Individual Options Waiver

PAWS authorization code	Service title	Billing code	Staff size	Billing unit	Staff size required?	Group size required?	Service county required?	Usual Customary Rate required?
<b>A22</b>	<b>Homemaker/ personal care Routine</b>	<b>APC</b>	<b>1</b>	<b>15 minutes</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
	agency provider	AMW	2	15 minutes	YES	YES	YES	YES
	agency provider	AMX	3	15 minutes	YES	YES	YES	YES
	agency provider	AMY	4	15 minutes	YES	YES	YES	YES
	agency provider	AMZ	5	15 minutes	YES	YES	YES	YES
<b>A44</b>	<b>Homemaker/ personal care On-site/On-call</b>	<b>AOC</b>	<b>1</b>	<b>15 minutes</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
	agency provider	AOW	2	15 minutes	YES	YES	YES	YES
	agency provider	AOX	3	15 minutes	YES	YES	YES	YES
	agency provider	AOY	4	15 minutes	YES	YES	YES	YES
	agency provider	AOZ	5	15 minutes	YES	YES	YES	YES
<b>ADP</b>	<b>Homemaker/ personal care independent provider</b>	<b>ADP</b>		<b>day</b>	Only used for sites where individuals share services. DRA must be used to generate costs			
<b>ADL</b>	Homemaker/ personal care agency provider	<b>ADL</b>		<b>day</b>	Only used for sites where individuals share services. DRA must be used to generate costs			
<b>ATN</b>	Transportation	<b>ATN</b>	<b>N/A</b>	<b>mile</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>	<b>YES</b>
<b>AAE</b>	Adaptive/assistive equipment	<b>AAE</b>	<b>N/A</b>		<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>
<b>AVN</b>	Environmental modifications	<b>AVN</b>	<b>N/A</b>		<b>NO</b>	<b>NO</b>	<b>NO</b>	<b>YES</b>
<b>AFA</b>	<b>Adult foster care independent provider</b>	<b>AFA</b>	<b>N/A</b>	<b>day</b>	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
<b>AFO</b>	Adult foster care agency provider	<b>AFO</b>	<b>N/A</b>	<b>day</b>	<b>NO</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>

This list is illustrative only, and does not cover all service codes. For a complete list of service codes, please see the service-specific rule(s) available on our website. <http://dodd.ohio.gov/rules>

Billing Information At A Glance Level 1 Waiver

PAWS authorization code	Service title	Billing code	Staff size	Billing unit	Staff size required ?	Group size required ?	Service county required ?	Usual Customary Rate required?
<b>F22</b>	<b>Homemaker/ personal care Routine</b>	<b>FPC</b>	<b>1</b>	<b>15 minutes</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
	agency provider	FMW	2	15 minutes	YES	YES	YES	YES
	agency provider	FMX	3	15 minutes	YES	YES	YES	YES
	agency provider	FMY	4	15 minutes	YES	YES	YES	YES
	agency provider	FMZ	5	15 minutes	YES	YES	YES	YES

<b>F44</b>	<b>Homemaker/ personal care On-site/On-call</b>	<b>FOC</b>	<b>1</b>	<b>15 minutes</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
	agency provider	FOW	2	15 minutes	YES	YES	YES	YES
	agency provider	FOX	3	15 minutes	YES	YES	YES	YES
	agency provider	FOY	4	15 minutes	YES	YES	YES	YES
	agency provider	FOZ	5	15 minutes	YES	YES	YES	YES

FTN	Transportation	FTN	N/A	mile	NO	YES	NO	YES
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FAE	Adaptive/assistive equipment	FAE	N/A		NO	NO	NO	YES
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FVN	Environmental modifications	FVN	N/A		NO	NO	NO	YES
-----	-----------------------------	-----	-----	--	----	----	----	-----

This list is illustrative only, and does not cover all service codes. For a complete list of service codes, please see the service-specific rule(s) available on our website. <http://dodd.ohio.gov/rules>

Billing Information At A Glance Level 1 Waiver [Emergency]

PAWS authorization code	Service title	Billing code	Staff size	Billing unit	Staff size required?	Group size required?	Service county required?	Usual Customary Rate required?
<b>E22</b>	<b>Homemaker/ personal care Routine</b>	<b>EPC</b>	<b>1</b>	<b>15 minutes</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
	agency provider	EMW	2	15 minutes	YES	YES	YES	YES
	agency provider	EMX	3	15 minutes	YES	YES	YES	YES
	agency provider	EMY	4	15 minutes	YES	YES	YES	YES
	agency provider	EMZ	5	15 minutes	YES	YES	YES	YES

<b>E44</b>	<b>Homemaker/ personal care On-site/On-call</b>	<b>EOC</b>	<b>1</b>	<b>15 minutes</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
	agency provider	EOW	2	15 minutes	YES	YES	YES	YES
	agency provider	EOX	3	15 minutes	YES	YES	YES	YES
	agency provider	EOY	4	15 minutes	YES	YES	YES	YES
	agency provider	EOZ	5	15 minutes	YES	YES	YES	YES

ETN	Transportation	ETN	N/A	mile	NO	YES	NO	YES
-----	----------------	-----	-----	------	----	-----	----	-----

EAE	Adaptive/ assistive equipment	EAE	N/A		NO	NO	NO	YES
-----	-------------------------------------	-----	-----	--	----	----	----	-----

EVN	Environmental modifications	EVN	N/A		NO	NO	NO	YES
-----	--------------------------------	-----	-----	--	----	----	----	-----

This list is illustrative only, and does not cover all service codes. For a complete list of service codes, please see the service-specific rule(s) available on our website. <http://dodd.ohio.gov/rules>

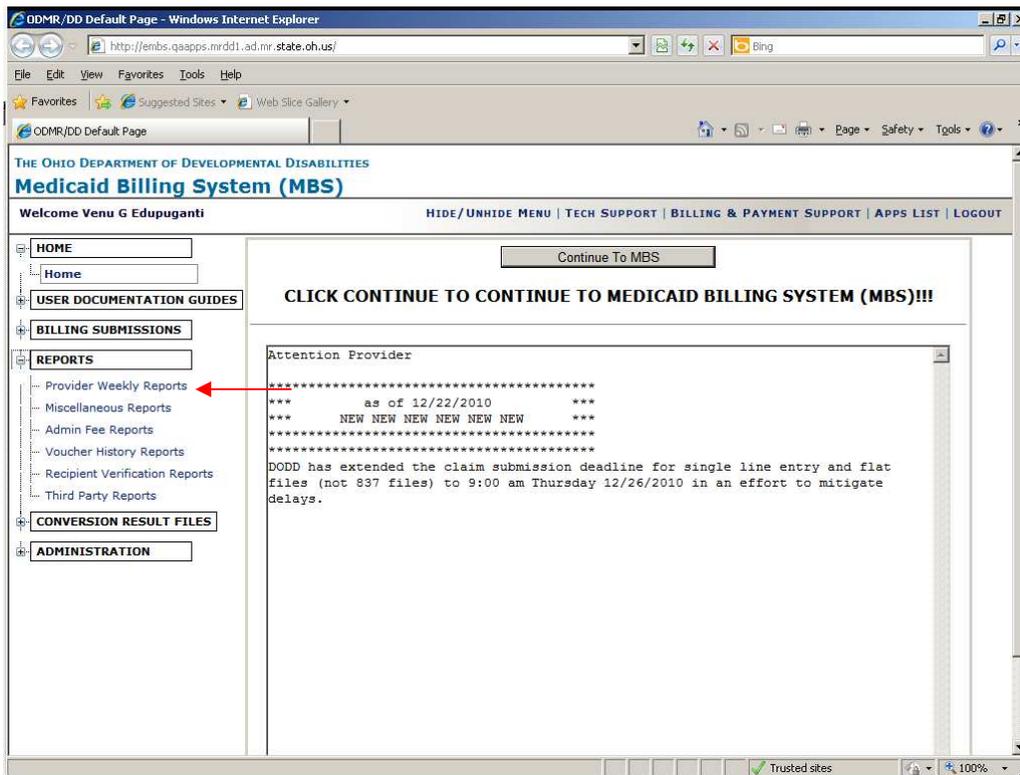


Figure 7

To view your weekly reports: Click on 'Provider Weekly Reports'

Fig. 7

The folder name indicates the bill cycle/production date. Under Display Files, click 'View' next to the cycle you wish to check.

Fig. 8

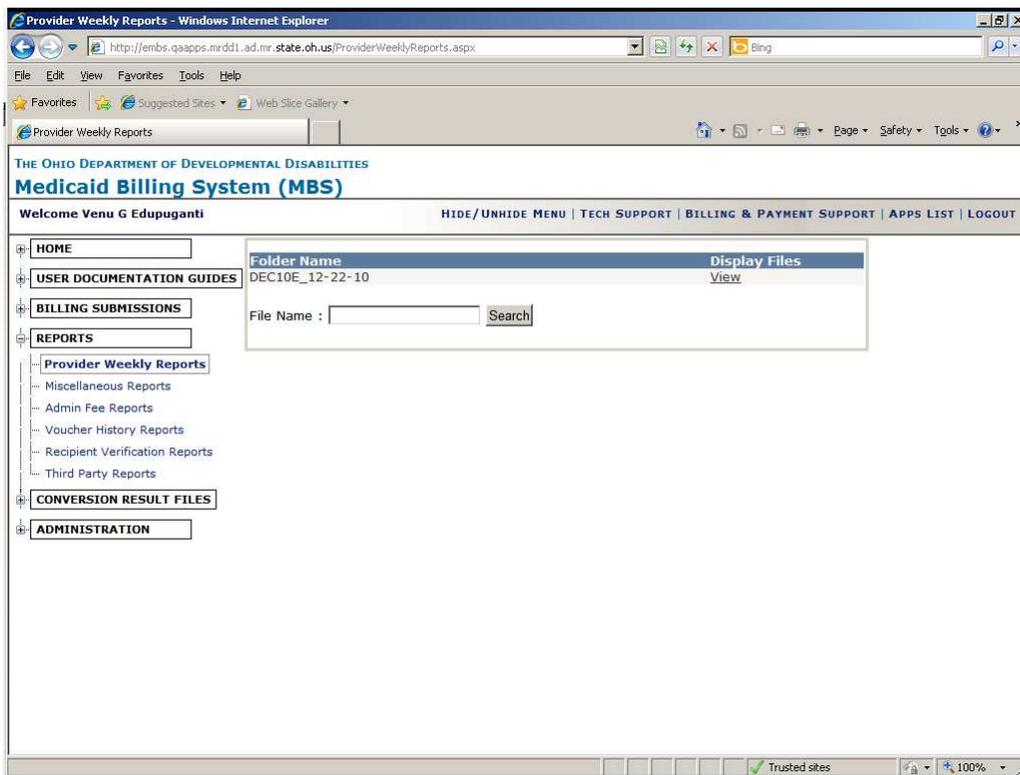


Figure 8

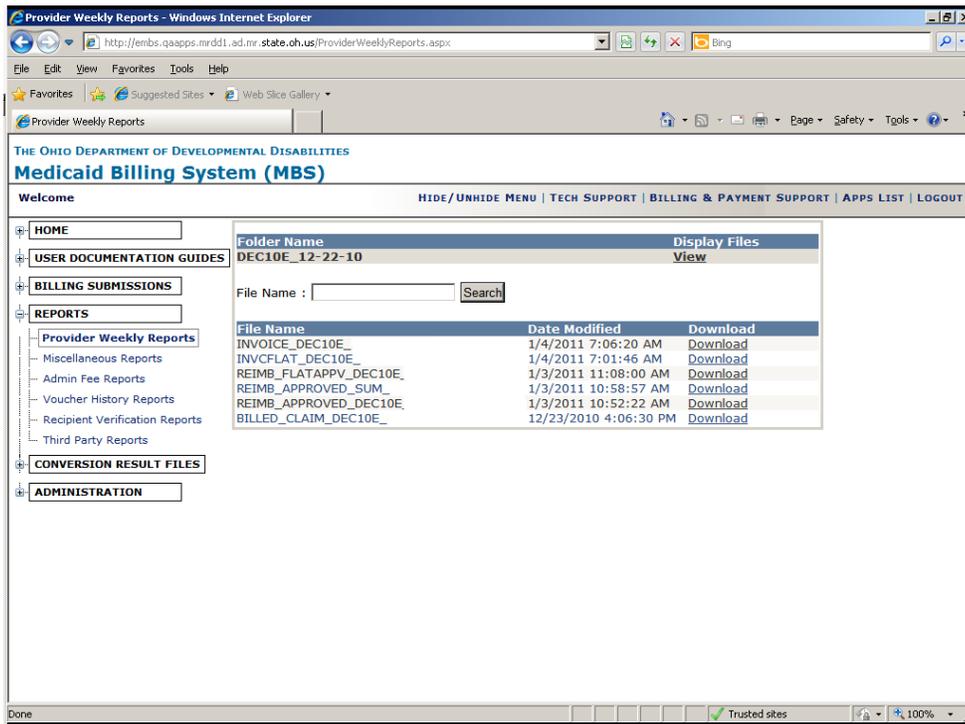


Figure 9

## REPORTS

### BILLED\_CLAIM

Individual claims without errors that will be submitted to ODJFS for adjudication, by billing program and month billed.

### ERROR\_SUMMED

Summary listing of claims older than 365 days (error 4), duplicate batch claims (error 28), and claims identical to prior claims (error 32), by error type.

### ERROR\_DETAIL

Detailed listing of claims with billing errors (including error description).

### ADJUSTMENTS

Adjustment transactions that will be submitted to ODJFS for adjudication at a later date, both by individual claim and summarized by billing month and service code.

### REIMB\_APPROVED

Individual claims approved for payment by ODJFS, by adjudication date, billing program, and month billed.

### REIMB\_DENIED

Individual claims denied payment by ODJFS, by adjudication date, billing program, and month billed.

### REIMB\_WAIVSUM

Summary of waiver claims approved for payment by ODJFS, by adjudication date, billing program, month billed, and individual.

### INVCLAT

Flat file of claims invoiced for payment.

### INVOICE

Individual claims vouchered for payment, by invoice number, billing program, fiscal year, and month billed.