DODD Provider Billing Training

Submitting claims for waiver services

Kevin Bracken, Account Examiner

DODD Provider Billing Training

Providers are self-employed, and are not employees of the State of Ohio, the Department of Developmental Disabilities, or the local County Board of Developmental Disabilities.

This presentation is to familiarize you with some of your responsibilities.

For more information, please see our website:

http://dodd.ohio.gov/

DODD Provider Billing Training

Contacting DODD

CLAIMS SERVICES

Ohio Department of Developmental Disabilities

Phone: (800)617-6733

Fax: (614)466-7359

Email: provider.support@list.dodd.ohio.gov

Please include your name, agency name (if applicable), contract number, and a thorough description of the problem. If you wish a return call, please leave a valid phone number including area code.

DODD Provider Billing Training

Session Overview

- Intro to DODD website
- Other agencies
- Medicaid and Waivers
- Payment Authorization for Waiver Services (PAWS)
- General information
- Medicaid Billing System
- Adjustments

DODD Provider Billing Training

Session Overview

- Intro to DODD website

DODD Provider Billing Training

Intro to DODD website

About Us | Sign-On | Contacts

Ohio.gov | DODD

search

Hot Topics | Health & Safety | Residential Resources | Adult Services | Rules & Laws | Medicaid

Welcome to the Ohio Department of Developmental Disabilities

dodd.ohio.gov

Find it Fast...

- Toll Free Numbers
- Training & Class Registration
- Abuser Registry Verification
- Medication Administration Handbook
- Provider Search Website
- Request On-line Access
- Nurse Certification Verification

News

- NEW Self-Empowered Life Funding Waiver
- UPDATED Health Care Reform Information
- UPDATED DODD Priority Work
- DODD Budget Information & Fiscal Outlook
- Internet Applications Status
- Information on Medicaid Fraud

More Art & Photo Gallery

Pipeline . . .

Pipeline newsletter

Click above to Read Pipeline!

Ohio | Coordinating Center of Excellence (CCOE)

Ohio | Interagency Work Group on Autism

Click above to activate links

Report Abuse & Neglect

1 (866) 313-6733

Click above to Report Abuse!

For Individuals & Families

- NEW Family Chat
- How to Get Help
- Family Support Services
- Services for Children and Youth
- Facility Vacancies
- Ohio Housing Locator
- Self-Determination
- more topics...

For County Boards

- NEW Cost Projection Tool (CPT)
- Staff Registration and Certification
- Verification, Registration/Certification
- Services for Children and Youth
- RMTS Guide
- Accreditation
- IDS: ODDP/AAI
- more topics...

For Providers

- Provider Notices
- OPSR 2009 Report
- How to Become a Provider
- Provider Billing Services
- more topics...

Home | Calendar | Training | Forms | Publications | Glossary | Links | Jobs

DODD Provider Billing Training

Intro to DODD website

About Us | Sign-On | Contacts

Ohio.gov | DODD

search

Hot Topics | Health & Safety | Residential Resources | Adult Services | Rules & Laws | Medicaid

DODD Providers of DODD Services

Find it Fast [+]

- Overview
- Becoming a New Provider
- Provider Compliance
- Billing Services
- Payment Auth. (PAWS)
- Daily Billing Unit (DRA)
- Elect. Data Interchange (EDI)
- Provider Search
- FAQs

home->providers

Provider Billing Services

Providers are independent business owners, and are not employed by the State of Ohio or the Department of Developmental Disabilities. You are responsible for submitting your claims via the Medicad Billing System, following your claims as they are processed through the system, and documenting services. Below are links to some pages that will help explain some of your responsibilities.

Provider Notices

Frequently Asked Questions

Information about submitting claims

Acronyms

Where to go for help

If you are locked out of an application, need a new password, or need to check the status of a security affidavit, e-mail: Security.Support@list.dodd.ohio.gov

Mailing address:
Security Coordinator
Division of Information Systems
Ohio Department of Developmental Disabilities
30 E Broad St, 12th Floor
Columbus, OH 43215
Fax number: (614) 752 – 4673

If you have a question regarding your provider application, filling out application forms, or adding new services, e-mail: Certification.Support@list.dodd.ohio.gov

Mailing address:
Provider Certification Unit

Trusted sites 100%

DODD Provider Billing Training

Intro to DODD website

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Ohio.gov | DODD

search

Hot Topics | Health & Safety | Residential Resources | Adult Services | Rules & Laws | Medicaid

DODD Rules and Laws

Find it Fast [+]

- Overview
- Legislation
- How a Bill Becomes Law
- Rules in Effect
- Rules Under Development
- Guide to Public Participation
- Subscribe to Rules Notice
- JCARR
- Ohio Administrative Code
- Ohio Revised Code
- Code of Federal Regulations
- Common Sense Business Regulation

home->rules & laws

Rules in Effect

Download Table of Contents for Administrative Rules Mar

OAC Chapter Rule Number	Rule Title
Chapter 5123:1-1	State Construction Assistance Funds
5123:1-1-01	Distribution of state construction assistance funds f family centers
5123:1-1-03	Distribution of community assistance funds for purcl
5123:1-1-17	Distribution of funds for the residential handicap accessibility project (RHAP) and residential renovation project (RRP)
Chapter 5123:1-5	Fiscal
5123:1-5-02	Assistance to enable a county board to pay the nonfederal share of medicaid expenditures for home and community-based services
5123:1-5-03	Determination of average daily membership

Trusted sites 100%

OAC Chapter

5123:2-2-01 Provider certification

5123:2-9-05 documentation requirements

5123:2-9-06 payment for waiver services

5123:2-9-08 compliance reviews

DODD Provider Billing Training

Session Overview

- Other agencies

DODD Provider Billing Training

Other Agencies

- Ohio Department of Job and Family Services (ODJFS)
- County Boards of Developmental Disabilities
- Office of Budget and Management (OBM)
    - Office of Shared Services (OSS)
- Department of Administrative Services (DAS)
    - State Printing

DODD Provider Billing Training

Other Agencies

The Ohio Department of Job and Family Services

Ohio.gov | Department of Job and Family Services

Search >

About JFS | Our Services | Info Center | News & Events

Welcome to the Ohio Department of Job & Family Services

Jobs

How to Apply for Unemployment

Resources for Unemployed Workers: Ohio Here to Help

Ohio Means Jobs

Career Counseling

Education & Training

Job Placement

Labor Market

Special Assistance

Employers

Employer Assistance

Child Support

Foreign Labor

Labor Market Info.

New Hire Reporting

Recruitment

Tax Credit Info.

Training Assistance

NEW! Resource for Unemployed Workers: *Ohio Here to Help!*

For general information about unemployment compensation, *Click Here*

If you have a specific question about your unemployment claim, *Click Here*

NEW! Ohioans can now apply for food, cash and medical assistance online. To learn more, *Click Here*

Ted Strickland, Governor

Douglas E. Lumpkin, ODJFS Director

ODJFS Stimulus Projects

County Agency Emergency Information

Children and Families

Workforce Development

Families

Adoption

Child Care

Child Support

Ohio Children's Trust Fund

Disability Services

Education & Training

Employment

Financial Assistance

Food Assistance

Foster Care

Health Care

Kinship Care

Protective Services

Amber Alert

Putative Father Registry

For More Info

County Agency Directory

County Profiles

2009 Annual Report

Trusted sites | 100%

- **Providers are assigned a Medicaid provider number-as indicated on your final approval letter**
- **County JFS determines Medicaid eligibility**
- **Claims are sent from DODD to ODJFS, where they are adjudicated (checked for Medicaid eligibility)**

DODD Provider Billing Training

Other Agencies

County Boards of Developmental Disabilities

About Us | Sign-On | Contacts

Ohio.gov | DODD

search

Hot Topics | Health & Safety | Residential Resources | Adult Services | Rules & Laws | Medicaid

DODD Contacts

Find it Fast [+]

- Toll Free Numbers
- Administrative Staff
- DODD Employees
- Locations
- Application Support
- County Boards of DD
- County Board Abuse Hotline
- Provider Search

home->contacts

List of Ohio County Boards of Developmental Disabilities

The County Board and Council of Government (COG) contacts are now available using a search tool. Instructions for use of the tool are available here. PDF The search tool allows you to choose the County Board or COG and the type of contact and returns information to you on the screen.

- If you have questions or need assistance with the new search tool, please contact us at cnt.support@list.dodd.ohio.gov. Updates or corrections may also be addressed to cnt.support@list.dodd.ohio.gov.
- County Board Roster (updated October 2010)
- Access the County Board and Council of Government (COG) Contact Lookup

The list below provide links to the websites maintained by the County Boards

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

Trusted sites 100%

County boards:

- **Assist with waiver enrollment and free choice of provider**
- **Develop Individual Service Plans (ISP's) to ensure waiver recipient's safety and well being**
- **Develop and enter Payment Authorization for Waiver Services (PAWS)**

OAC Chapter 5123:2-1

DODD Provider Billing Training

Other Agencies

Shared Services- a division of the Office of Budget and Management

Ohio Shared Services

Ohio gov | Office of Budget and Management

Search

Home | Budget & Management | About Us | Our Services | Contact Us

Ohio Shared Services - Welcome

About Us

Accounts Payable

Vendors

Travel & Expense

Find It Fast

Video

News

Find It Fast

- Ohio Administrative Knowledge System (OAKS)
- Office of Budget and Management
- Partner Agencies
- Office of Budget and Management (OBM) Travel Policy
- Vendor Forms
- Office of Budget and Management Vendor Payment Status
- CRM 9.0 Documents
- Ohio Shared Services Employment

Mail: Ohio Shared Services
4310 E. Fifth Ave.
Columbus, OH 43219

Fax:614.485.1039

Telephone:614-338-4781 or 1.877.OHIOSS1
(1.877.644.6771)
E-mail:vendor@ohio.gov

Trusted sites | 100%

Shared services process:

Direct deposit requests, and changes to account info

IRS form 1099's

DODD sends claims that have been adjudicated by ODJFS to OSS for payment

DODD Provider Billing Training

Other Agencies

State Printing- a division of the Department of Administrative Services

Ohio.gov | Department of Administrative Services

Home | for Business/Public | for State Agencies | for State Employees | Divisions | Contact Us

Department of Administrative Services General Services

General Services » State Printing and Mail Services

State Printing and Mail Services

State Printing and Mail Services offers a full range of commercial procurement services with contract printers throughout the state, records and forms management, mail services, mainframe printing, fulfillment services and a network of copy centers. Our services have been expanded far beyond those of a traditional quick copy center to provide our customer with a total publication solution. Regardless of your document needs, we stand ready to assist you and look forward to working with you.

State Printing and Mail Services is a proud member of the National Government Publishing Association. For information on the National Goverment Publishing Association please visit their Web site.

News/Upcoming Events

The recent Governor's Executive Order 2009-07S provides mandatory spending control strategies for all Executive Agencies that include requirements relating to printing and mailing. Click here Executive Order 2009 – 07S Printing and Mail Services Guidance.

Event Calendar

Leadership Team

Charles Stang, Interim Administrator
4200 Surface Road
Columbus, Ohio 43228
Phone: 614.995.1740

Trisha Stephens, Assistant Administrator
2080 Integrity Dr.
Columbus, Ohio 43209
Phone: 614.728.7320

General Contact

Office of State Printing and Mail Services
Charles Stang, Interim Administrator
4200 Surface Road
Columbus, Ohio 43228
614.995.1740
Melissa.Schoenfeld@das.state.oh.us

Driving directions

Services

Commercial Procurement

Copy Center

Forms Management

Fulfillment Services

Mail Services

Mainframe Print Services

Cost-Per-Copy

Records Management

Trusted sites | 100%

OSS sends warrants (checks) to State Printing to be printed and mailed

DODD Provider Billing Training

Session Overview

- **Medicaid and Waivers**

DODD Provider Billing Training

Medicaid and Waivers

County level Job and Family Services determine Medicaid eligibility

Medicaid eligibility is needed to be on a Level 1 or Individual Options waiver

Loss of Medicaid = loss of waiver

Depending on the Individual Service Plan (ISP), a provider might be responsible for assisting their client to maintain Medicaid eligibility

DODD Provider Billing Training

Medicaid and Waivers

The Office of Ohio Health Plans

New Ohio Medicaid Card Design
Effective Spring 2002

Medicaid Case Number

Name of Medicaid Program

County of Residence

(Back of Card)

Notice to the Consumer: Please carry this card at all times and present this card whenever you request Medical services. If this card is lost or stolen, contact the county department of job and family services at once.
Notice to Providers of Medical Services: If there is evidence of tampering or if card is mutilated contact the local county department of job and family services. Check "Void After Date" to be sure client is eligible for service. Questions regarding claims for services should be directed to the Ohio Department of Job and Family Services, Voice Response Unit (VRU) at 1-800-686-1516, or the Provider Network Management Section at 1-800-686-6108. Option 1.

Note: Use the Billing Number for all claim submissions.

Consumer's Signature:

Fold

(Front of Card)

County
LICKING

Case/Category/Sequence
9999999999/MA A/01

Eligibility Begin Date
01/01/00

Void After Date
01/30/00

Ohio Department of Job and Family Services
Consumer Hotline - 1-800-324-8680
or TDD 1-800-292-3572

Ohio Medicaid

Signature of Medicaid consumer or parent/legal guardian of Medicaid eligible child.

Medicaid eligibility begins on the date listed here.

Medicaid eligibility expires after the date listed here.

Billing numbers for each Medicaid consumer listed. Use this number when submitting claims.

Names of Medicaid consumers listed here.

Third Party Liability (TPL) information, such as private insurance listed here when applicable.

(Inside of Card)

Ohio Medicaid

Billing Number	Eligible Individual
999999999999	Jean D Doe
222222222222	Test Name-2
333333333333	Test Name-3
444444444444	Test Name-4
555555555555	Test Name-5
666666666666	Test Name-6
777777777777	Test Name-7

Fold

Date of Birth	Medicare Number	TPL Other Insurance Codes
09/09/99	999999999D	99991 99992 99993
09/24/65	999999999991	99991 99992 99993
09/09/49	999999999993	99991 99992 99993
04/04/94	999999999994	99991 99992 99993
05/05/95	999999999995	99991 99992 99993
06/06/96	999999999996	99991 99992 99993
07/07/97	9999999999n7	99991 99992 99993

Date of birth for each Medicaid Consumer listed here.

If applicable, Medicare number listed here.

- Depending on the type of Medicaid card, clients will need to reapply either every 6 months or every 12 months to keep Medicaid.
- Medicaid Cards are mailed out the first of every month
- Cards show the legal name and current Medicaid # of clients
- Bottom right shows third party liability [insurance]

Medicaid and Waivers

Redetermination/No significant change in condition

APPLICANT INFORMATION: Redetermination

Name County Resident#

Address City State Zip

Date of Birth (mm/dd/year) Social Security #

Guardian Address

City State Zip

Slot #

Current residence: (check one)
- ☐ With family
- ☐ In own place
- ☐ Group Home: facility number
- ☐ Other:

Waiver type: (check one)
- ☐ Individual Options
- ☐ Residential Facility
- ☐ Level I
- ☐ Community Access Model

ICF/MR WAIVER LEVEL OF CARE: Redetermination

Level of Care Effective Date (mm/dd/year):

Span date (mm/dd/year): Beginning date: Ending date:

I certify the following: There has been no substantial change in the individual's condition and the individual has three (3) qualifying functional limitations and continues to meet ICF/MRDD Level of Care.

Name: (please print) _____ Title: _____

Signature: Date:

(ODMRDD USE ONLY)

QMRP LOC Approval Signature/Date

ODMRDD LOC Redet No Change Revised 8-03

Waivers are good for one calendar year.

County Boards have up to 90 days before the end of the waiver span to send in redetermination letters

Freedom of choice documentation must be signed by client or legal guardian.

Failure to submit a redet in a timely manner can affect enrollment in PAWS, leading to problems with billing.

DODD Provider Billing Training

Session Overview

- **Payment Authorization for Waiver Services (PAWS)**

DODD Provider Billing Training

Payment Authorization for Waiver Services (PAWS)

The Payment Authorization for Waiver Services system, or PAWS, is the system by which County Boards of Developmental Disabilities authorize DODD to reimburse providers for services rendered to individuals on a waiver.

Any claim submitted by a provider must be matched to an approved PAWS record in order for the claim to be paid. **You can only submit claims for services you have performed.**

Providers should obtain 'read access' to the PAWS system, to verify the status of the PAWS for an individual on the waiver.

Providers with questions should contact the County Board Service and Support Administrator (SSA) for the individual.

DODD Provider Billing Training

Payment Authorization for Waiver Services (PAWS)

Ohio | Department of Developmental Disabilities

DODD Applications Portal

User Name

Password

Login Reset

Forgot your password?

Request a security affidavit

NEW! Internet Applications Status

Your IP address is 198.234.132.204

DODD will save the address upon your submission

Sign on from our main website:

http://dodd.ohio.gov/

Done Trusted sites 100%

DODD Provider Billing Training

Payment Authorization for Waiver Services (PAWS)

WARNING!

This system is for the use of authorized users only. Individuals using this computer system without authority, or in excess of their authority, are subject to having their activities on this system monitored and recorded by system personnel. This system may be monitored at any time to ensure the system is being used for permitted activities. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

Decline | Accept

Click on 'accept' to continue…

Done | Trusted sites | 100%

Ohio DODD

Division of Information Systems

LOGOUT

DODD Portal Applications for **Kevin M Bracken**

If you are not Kevin M Bracken, please logout and inform DODD.

Notes:

- It is now 12/8/2010 11:04:24 AM. Your last logon was 12/8/2010 7:50:58 AM. If not, please contact us, i.e., DODD immediately!
- By accessing our web site, you agree that we may monitor any of your activities including, but not limited to, updating and inserting records.
- Click here to see how to clear your cache.
- Please always log out and close the browser when you're done.

Production

Internet Applications Status

Go AAI - please access thru IDS.

GO **ADMNMBS** - ADMIN MBS TABLE UPDATE FOR CONTRACT NUMBERS

GO **CRN** - Cognos ReportNet

GO **DRA** - Daily Rate Application

GO **FINViews** - Financial Views (OAKS Interfacing)

GO **IDS** - Individual Data System

GO **MAC** - MAC - Medicaid Administration Claiming System

GO **MBS** - Medicaid Billing System

GO **MSS** - Medicaid Services System

GO **PAWS2** - Payment Authorization for Waiver Services2

GO **PCS_Web** - PCS Web

GO **REG** - Registration System

GO **SCSNew** - Security Control System (New)

GO **WMS2** - Waiver Management System

CONTACT US | PASSWORD CHANGE | LOGOUT

Done | Trusted sites | 100%

DODD

Ohio Department of Developmental Disabilities

Welcome To PAWS!

1. Search
2. Reports
3. Contacts

All Counties

- Enrolled
- Pending
- No-Acuity
- Wait for LOC
- County Review
- Blank
- DDP Up
- DDP New
- DDP Down

Trusted sites 100%

Home | Back | Edit | System | Exit PAWS

user: Kevin M Bracken

Text Search

DODD

Ohio Department of Developmental Disabilities

New Search

Search Field		Search Text	
Individual No.	Equals		AND
Last Name First Name SSN Medicaid No. CrisE No. Individual No. DB ID	Equals		AND
	Equals		Individual Search

If you are associated with a PAWS, you should be able to see it-even if it's in 'pending' status.

Done

Trusted sites

100%

Text Search

DODD
Ohio Department of Developmental Disabilities

New Search

1 through 1 of 1

	Individual No.	Last Name	First Name	Middle Name	SSN	DOB	Medicaid No.	Creation Date
128581								

Trusted sites
100%

WTS Individual

DODD
Ohio Department of Developmental Disabilities

Individual Name: [redacted]

Individual Name
Individual No. SSN
DHS Medicaid #

PAWS Comment

PAWS Plan Information

Waiver Type	County	Match Source	Plan Begin Date	Plan End Date	Approval	Approval Date	Version	Comment	NON-COMPARE
I/O	Hamilton County	COMM	11/15/2010	11/14/2011	Enrolled	11/11/2010	1	Comment	Non-Compare
I/O	Hamilton County	COMM	11/15/2009	11/14/2010	Enrolled	10/15/2010	3	Comment	Non-Compare
I/O	Hamilton County	COMM	11/15/2008	11/14/2009	Enrolled	02/23/2009	1	Comment	Non-Compare
LV1	Hamilton County	LONE	11/15/2007	11/14/2008	Enrolled	04/18/2008	1	Comment	Non-Compare
LV1	Hamilton County	LONE	03/29/2007	11/14/2007	Enrolled	11/14/2007	2	Comment	Non-Compare
LV1	Hamilton County	LONE	03/29/2006	03/28/2007	Enrolled	12/05/2006	1	Comment	Non-Compare

Suspension and Disenrollment Information

Last Date of Service	Service Restart Date	Reason	Notes

Waiver Tracking Information

PAWS Plan

DODD
Ohio Department of Developmental Disabilities

Individual Information

Individual Name		Individual No.	
Waiver Type	Individual Options Waiver	Res. County	Hamilton County
Medicaid Number		DDP Funding Range	$19,978.00 - $34,779.00
CrisENumber		Prior Auth. Max	

PAWS Plan Information

First | Prev | Next | Last

PAWS Plan Type	Initial	Plan Revision Number	0
Match Source	COMM	This Plan Version No.	1 of 1
Paws Status	Enrolled	PAWS Plan Begin Date	11/15/2010
Reason For Revision	B - PAWS Reactivated	PAWS Plan End Date	11/14/2011
PAWS Approval Sign On	Auto Enrolled	PAWS Enrolled Date	11/11/2010

Fiscal Planning

2011 Waiver Costs	21,495.20	2011 Match Funds Needed	7,804.91
2012 Waiver Costs	12,915.55	2012 Match Funds Needed	4,689.64
Total Plan Costs	34,410.75	Total Plan Costs - DayHab/Sup Emp.	34,410.75
Total DDP Associated Costs	34,410.75	Total DayHab/SupEmp Costs	0.00
2011 Match Needed Costs	21,495.20	Total No Match Needed Costs	0.00
2012 Match Needed Costs	12,915.55	Total Adult Day Costs	0.00

PAWS Plan

DODD
Ohio Department of Developmental Disabilities

Individual Name: [redacted]

Reason For Revision	B - PAWS Reactivated	PAWS Plan End Date	11/14/2011
PAWS Approval Sign On	Auto Enrolled	PAWS Enrolled Date	11/11/2010

Fiscal Planning

2011 Waiver Costs	21,495.20	2011 Match Funds Needed	7,804.91
2012 Waiver Costs	12,915.55	2012 Match Funds Needed	4,689.64
Total Plan Costs	34,410.75	Total Plan Costs - DayHab/Sup Emp.	34,410.75
Total DDP Associated Costs	34,410.75	Total DayHab/SupEmp Costs	0.00
2011 Match Needed Costs	21,495.20	Total No Match Needed Costs	0.00
2012 Match Needed Costs	12,915.55	Total Adult Day Costs	0.00
Adult Foster Care Agency	0.00	Non-Medical Tranport Costs	0.00
Adult Foster Care Individual	0.00		

County Review Comments

View Comments

Service Items

Details	MBS Claims	Code	Begin Date	End Date	Units	FP	Rate	Adds	Contract #	Contractor	Service Title	2011 Total Units	2011 Total Cost	2012 Total U
Details		A22	11/15/2010	12/31/2010	914	S	0.00				+ HOMEMAKER/PERSC I/O	914	4,432.90	
Details		A22	01/01/2011	03/31/2011	1749	S	0.00				+ HOMEMAKER/PERSC I/O	1,749	8,482.65	
Details		A22	04/01/2011	06/30/2011	1769	S	0.00				+ HOMEMAKER/PERSC I/O	1,769	8,579.65	
Details		A22	07/01/2011	09/30/2011	1788	S	0.00				+ HOMEMAKER/PERSC I/O	0	0.00	1,
Details		A22	10/01/2011	11/14/2011	875	S	0.00				+ HOMEMAKER/PERSC I/O	0	0.00	

Trusted sites
100%

DODD Provider Billing Training

Payment Authorization for Waiver Services (PAWS)

Code	Begin Date	End Date	Units	FP	Rate	Adds	Contract #	Contractor	Service Title	2011 Total Units	2011 Total Cost
A22	11/15/2010	12/31/2010	914	S	0.00				+ HOMEMAK	914	4,432.90
A22	01/01/2011	03/31/2011	1749	S	0.00				+ HOMEMAK	1,749	8,482.65
A22	04/01/2011	06/30/2011	1769	S	0.00				+ HOMEMAK	1,769	8,579.65
A22	07/01/2011	09/30/2011	1788	S	0.00				+ HOMEMAK	0	0.00
A22	10/01/2011	11/14/2011	875	S	0.00				+ HOMEMAK	0	0.00

Code: Authorizes the *type* of service

This is an authorization code and is not necessarily what you will submit for billing

Begin/End date: The *date span* services are authorized

Units: Indicates the *number of units* authorized for the date span

Units can be 15 minute or daily units for Homemaker/Personal Care services, or it can indicate mileage or number of trips for transportation

FP: The *frequency period*. This can be 'S' for span, 'M' for monthly, 'W' for weekly, or 'D' for daily

The above example indicates that for the span (S) 11/15/2010-12/31/2010, 914 units of homemaker/personal care have been authorized

Rate: This is no longer used

Adds: Indicates whether the county board has authorized a behavioral or medical add-on

Contract #, Contractor: Individual or agency authorized to provide service

Service Title: Title of *service* being authorized

Total Units: Total *number of units* authorized for the span

Total Cost: Total *dollars* authorized for the span

Payment Authorization For Services (PAS) Original Faxed: XML 9-3-10 .001 Page 1 of 1

Changes Only

County	Resident Number	Name (Last, First, Middle)	Medicaid Recipient Billing Number (if applicable)	Completion Date
				09/03/2010

Funding Source	Plan Type	Social Security Number	Plan Year Period
I/O	☐ Initial ☐ Redetermination ☒ Revision (#2)		5/1/2010 to 4/30/2011

A	#	Service Title	Service Code	Beh Mod	Med Mod	Begin	End	Max Units	Freq	Rate	Vendor #	Vendor Name	FY 1 Amount	FY 2 Amount
X	1	Homemaker/Personal Ca	ADL			07/01/10	04/30/11	177	S		9801110	AWS	$0.00	$0.00
A	2	Specialized Medical Equip	AAE			07/01/10	04/30/11	1	S	$1,650.00	0900261	Partn. Housing	$0.00	$1,650.00
A	3	Homemaker/Personal Ca	ADL			07/01/10	04/30/11	[illegible]	D		9801110	AWS	$0.00	$89,515.84

Some county boards give providers a copy of a Payment Authorization for Services (PAS), which is form that is generated by their own internal software systems. This is not the same thing as a Payment Authorization for Waiver Services (PAWS), and does not mean that the service authorization is in place and billing can begin. Providers should check the actual PAWS system that can be accessed through DODD's application portal to view their PAWS plans and ensure that services have been properly authorized before submitting claims for services delivered.

Cost Summary		
Current FY Cost	Next FY Cost	Projections
$0.00	$91,165.84	$14,960.18

Vendor Designated for Patient Liability		
Patient Liability? ☐ Yes ☐ No	Vendor Number	Vendor Name

* By Signing, I am verifying that there is an ISP in place to support the services authorized on this PAS form.

Contact Information			
Contact Name (Last, First, Middle)	Street Address		
City	State	Zip Code	Telephone Number
Fax Number	Contact Signature		Date 9/3/2010
Email Address mchamberlin@butlerdd.org			

ODMR/DD Use Only		
Match Source COMM	ODMR/DD Authorized Signature	Date

DODD Provider Billing Training

Session Overview

- General information

DODD Provider Billing Training

General information-billing agents

As an independent business owner, you can choose to contract with a billing agent rather than do your own billing.

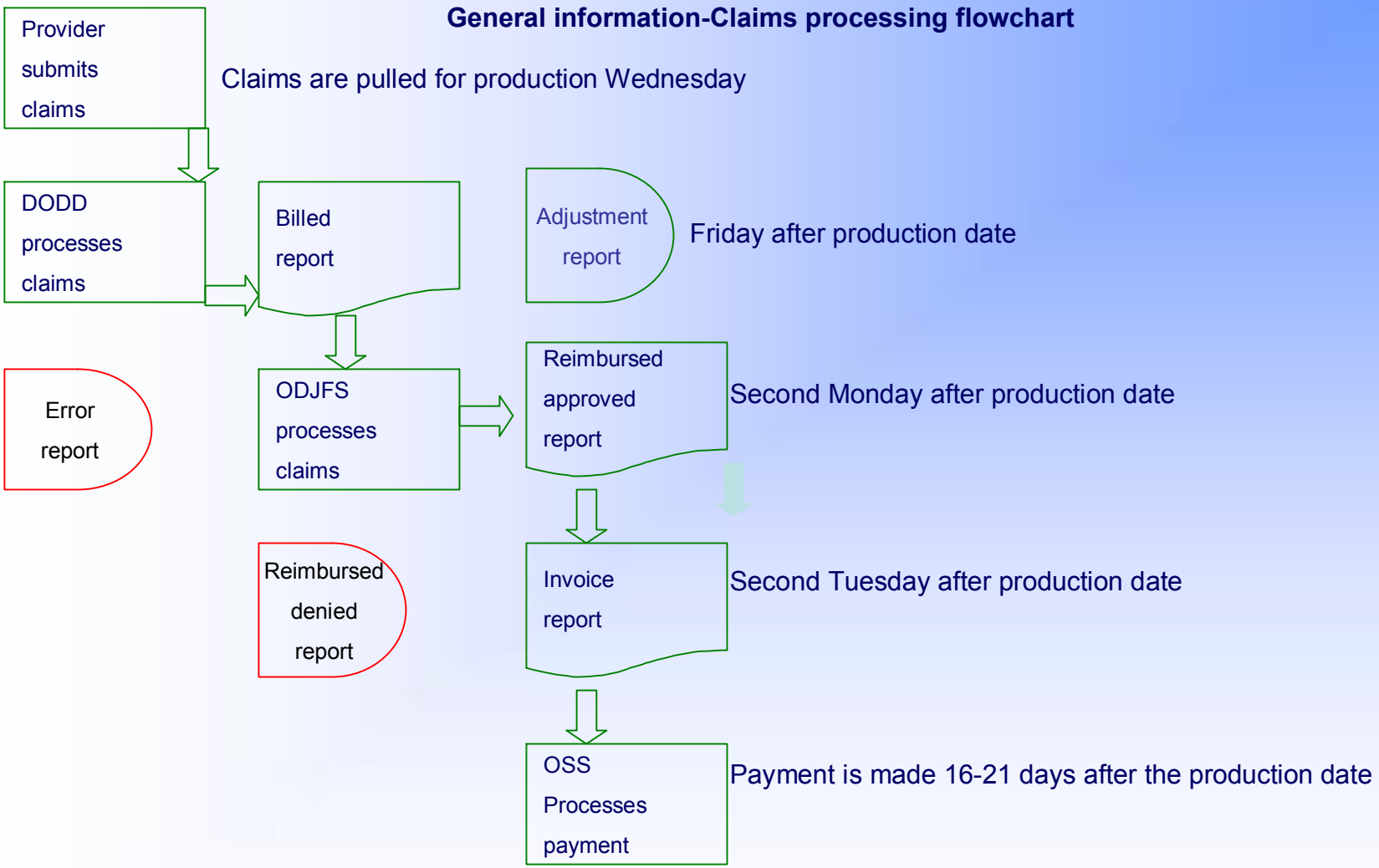
The Department of DD does maintain a list of agents; *however,* this is for your convenience only and does not constitute an endorsement of any kind.

Neither the State of Ohio nor the Department of DD accepts any liability should you, as an independent business owner, choose to contract with a billing agent. The State will not be party to any disputes between providers and billing agents.

You remain complete responsibility for the accuracy and completeness of all claims, including those submitted by billing agents.

DODD Provider Billing Training

General information-Claims processing flowchart



DODD Provider Billing Training

General information

Pursuant to Federal Medicaid rules, new claims must be adjudicated (approved by ODJFS) within 365 days of the date of service.

New claims processed by DODD that are over 355 days old will be rejected.

Adjustments to previously paid claims must be received by ODJFS within 365 days of the date of service, and within 180 days of the original adjudication date.

- **Medicaid Billing System**

DODD Provider Billing Training

Medicaid Billing System

Ohio | Department of Developmental Disabilities

DODD Applications Portal

User Name
Password
Login Reset

Forgot your password?
Request a security affidavit
NEW! Internet Applications Status

Your IP address is 198.234.132.204

DODD will save the address upon your submission

Done Trusted sites 100%

Sign on from our main website:

http://dodd.ohio.gov/

DODD Provider Billing Training

Medicaid Billing System

WARNING!

This system is for the use of authorized users only. Individuals using this computer system without authority, or in excess of their authority, are subject to having their activities on this system monitored and recorded by system personnel. This system may be monitored at any time to ensure the system is being used for permitted activities. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.

Decline | Accept

Click on 'accept' to continue…

Done | Trusted sites | 100%

Ohio | DODD

Division of Information Systems

LOGOUT

DODD Portal Applications for

If you are not please logout and inform DODD.

Notes:

- It is now 1/11/2010 11:23:08 AM. Your last logon was 1/11/2010 7:42:28 AM. If not, please contact us, i.e., DODD immediately!
- By accessing our web site, you agree that we may monitor any of your activities including, but not limited to, updating and inserting records.
- Click here to see how to clear your cache.
- Please always log out and close the browser when you're done.

Production

Internet Applications Status

GO **CRN** - Cognos ReportNet

GO **DRA** - Daily Rate Application

GO **eMBS** - Electronic Medicaid Billing System (New & Improved

GO **MBS** - Medicaid Billing System

GO **PAWS2** - Payment Authorization for Waiver Services2

GO **PCS_Web** - PCS Web

GO **REG** - Registration System

CONTACT US | PASSWORD CHANGE | LOGOUT

Trusted sites 100%

USER DOCUMENTATION GUIDES
BILLING SUBMISSIONS
- File Status
- Single Claim Entry
- Submit 837
- Submit Flat File
- Submit Recipient File
- Attest Files

REPORTS
CONVERSION RESULT FILES
ADMINISTRATION

Print Screen

Payment Payments will be on time.

Test6 asdf

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 : j 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

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?
A22	**Homemaker/ personal care Routine**	**APC**	**1**	**15 minutes**	**YES**	**YES**	**YES**	**YES**
	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
A44	**Homemaker/ personal care On-site/On-call**	**AOC**	**1**	**15 minutes**	**YES**	**YES**	**YES**	**YES**
	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
ADP	**Homemaker/ personal care independent provider**	**ADP**		**day**	only used for sites where individuals share services. DRA must be used to generate costs			
ADL	Homemaker/ personal care agency provider	ADL		day	only used for sites where individuals share services. DRA must be used to generate costs			
ATN	Transportation	ATN	N/A	mile	NO	YES	NO	YES
AAE	Adaptive/assistive equipment	AAE	N/A		NO	NO	NO	YES
AVN	Environmental modifications	AVN	N/A		NO	NO	NO	YES
AFA	**Adult foster care independent provider**	**AFA**	**N/A**	**day**	**NO**	**YES**	**YES**	**YES**
AFO	Adult foster care agency provider	AFO	N/A	day	NO	YES	YES	YES

This list is illustrative only, and is not meant to 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?
F22	**Homemaker/ personal care Routine**	**FPC**	**1**	**15 minutes**	**YES**	**YES**	**YES**	**YES**
	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
F44	**Homemaker/ personal care On-site/On-call**	**FOC**	**1**	**15 minutes**	**YES**	**YES**	**YES**	**YES**
	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
FAE	Adaptive/assistive equipment	FAE	N/A		NO	NO	NO	YES
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?
E22	**Homemaker/ personal care Routine**	**EPC**	**1**	**15 minutes**	**YES**	**YES**	**YES**	**YES**
	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
E44	**Homemaker/ personal care On-site/On-call**	**EOC**	**1**	**15 minutes**	**YES**	**YES**	**YES**	**YES**
	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

USER DOCUMENTATION GUIDES
BILLING SUBMISSIONS
File Status
Single Claim Entry
Submit 837
Submit Flat File
Submit Recipient File
Attest Files
REPORTS
CONVERSION RESULT FILES
ADMINISTRATION

Print Screen

Payment Payments will be on time.

Test6 asdf

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 : j 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 : 28 Help
Group Size : 1 Help
Staff Size : 1 Help
Service County : FRANKLIN 25 Help
Usual Customary Rate $: 4 . 11 Help *
Other Source Code : Help
Other Source Amount $: . Help
Contractor Reference Number (Optional) : Help

Clear Form | Submit Claim

Usual Customary Rates

The maximum rates are set by Federal guidelines, which can be found by going on the web site under rules & Laws. http://dodd.ohio.gov/rules/odmrdd.htm

The State of Ohio is divided into 8 Cost of Doing Business categories. The maximum rate is based on the county of service. You will need to find the CoDB category for each county in which you are providing services.

Cost of Doing Business categories

Having found your CoDB category for your county, you will next check to see the rate of the service(s) your are providing. This is the maximum rate. What you choose to charge is a business decision that only you can make.

Payment rates for waiver services are set forth in rule 5123:2-9-06 of the Ohio Administrative Code or in other service-specific rules, which are available at the DODD *Rules in Effect* webpage (http://mrdd.ohio.gov/rules/).

If you enter a UCR into the Medicaid Billing System that is *lower* than the maximum rate, the lower rate is what you will be paid. MBS will not automatically give you the maximum rate. If you enter a UCR that is *higher* than the maximum allowed rate, you will be paid the maximum. If you enter a UCR into the Medicaid Billing System that is *lower* than the maximum rate, the lower rate is what you will be paid. MBS will not automatically give you the maximum rate. If you enter a UCR that is *higher* than the maximum allowed rate, you will be paid the maximum.

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Billing System (MBS)

Welcome

HIDE/UNHIDE MENU | TECH SUPPORT | BILLING & PAYMENT SUPPORT | APPS LIST | LOGOUT

- USER DOCUMENTATION GUIDES
- BILLING SUBMISSIONS
  - File Status
  - Single Claim Entry
  - Submit 837
  - Submit Flat File
  - Submit Recipient File
  - Attest Files
- REPORTS
- CONVERSION RESULT FILES
- ADMINISTRATION

Print Screen

Payment Payments will be on time.

Test6 asdf

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 : j 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 : 28 Help

Group Size : 1 Help

Staff Size : 1 Help

Service County : FRANKLIN 25 Help

Usual Customary Rate $: 4 . 11 Help

Other Source Code : 1 Help

Other Source Amount $: 72 . 00 * Help

Contractor Reference Number (Optional) : Help

'1' in Other Source Code indicates you are reporting patient liability.

Clear Form | Submit Claim

Trusted sites 100%

DODD Provider Billing Training

Patient Liability

Ohio Administrative Code 5101:1-39-24 :

defines Patient Liability as "the individuals obligation toward the Medicaid cost of care".

As a Provider, you are responsible for checking with the County Board to see if the individual you are serving has a PL.

A PL is the amount the individual has to pay for services each month, as determined by the county Job and Family Services.

If the individual has a PL, you must identify the amount on your billing. Bill as you normally would; however, enter "1" in the **Other Source** field. In the **Other Source Amount** field, enter the amount claimed for PL until the amount of the PL is satisfied. The County Board will advise you as to how to collect the PL.

DODD Provider Billing Training

Patient Liability

EXAMPLE - The client has a $96.00 per month PL. You start providing services on the 11th. You would normally bill for 32 units of Homemaker/Personal Care-1 staff (APC) at $2.25 per unit for every day you worked. You would submit your billing as follows:

Day of Service	Service Code	Units of Service	UCR	Other Source Code	Other Source Amount
11	APC	32	225	1	72.00
12	APC	32	225	1	24.00
13	APC	32	225		

The MBS system will automatically pay you the difference. In this case, on the second day [the 12th] you will be paid $48.00, which is what you billed for minus the $24.00 that you entered as PL. The $96.00 PL has been satisfied for the month.

- USER DOCUMENTATION GUIDES
- BILLING SUBMISSIONS
  - File Status
  - Single Claim Entry
  - Submit 837
  - Submit Flat File
  - Submit Recipient File
  - Attest Files
- REPORTS
- CONVERSION RESULT FILES
- ADMINISTRATION

Print Screen

Payment Payments will be on time.

Test6 asdf

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 : j Help
Recipient Last Name (First 5 Letters) : case Help
Date Of Service (mm/dd/yyyy) : April / 25 / 2010 Help
Service Code : apc Help
Units Of Service Delivered : 28 Help
Group Size : 1 Help
Staff Size : 1 Help
Service County : FAIRFIELD 23 Help
Usual Customary Rate $: 4 . 11 Help
Other Source Code : s Help
Other Source Amount $: . Help
Contractor Reference Number (Optional) : Help

Clear Form | Submit Claim

'S' in Other Source Code indicates third party liability

General information- Third Party Liability

Your client's Medicaid card will show if there is TPL [insurance].

Bill as you normally would, but put an "S" in Other Source Code.

Once a year, send an invoice billing the insurance carrier for services rendered to your client. You should get a response from the company stating that the policy does not cover your services. Keep this for your records. This is to prove to the Auditor's that you attempted to bill all other sources before billing Medicaid. Remember, Medicaid is the "payer of last resort."

Do not wait to hear back from the insurance company before billing Medicaid. Billing the insurance company is done for your records. *Bill as you normally would.*

ODJFS does run a random edit, so if your client has TPL, be certain you bill accordingly; otherwise, you could have errors where you previously didn't. Also, do *not* automatically put "S" in Other Source Code, because if your client does not have TPL, your claims could error.

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Billing System (MBS)

Welcome

HIDE/UNHIDE MENU | TECH SUPPORT | BILLING & PAYMENT SUPPORT | APPS LIST | LOGOUT

- USER DOCUMENTATION GUIDES
- BILLING SUBMISSIONS
  - File Status
  - Single Claim Entry
  - Submit 837
  - Submit Flat File
  - Submit Recipient File
  - Attest Files
- REPORTS
- CONVERSION RESULT FILES
- ADMINISTRATION

Claim Successfully Submitted. Please note the File Reference Number : 1012220001. Print Screen

Payment Payments will be on time.

Test6 asdf

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 : j Help

Recipient Last Name (First 5 Letters) : case Help

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

Service Code : apc Help

Units Of Service Delivered : Help *

Group Size : Help

Staff Size : Help

Service County : FRANKLIN 25 Help

Usual Customary Rate $: . Help * *

Other Source Code : Help

Other Source Amount $: . Help

Contractor Reference Number (Optional) : Help

Clear Form | Submit Claim

After you hit 'submit claim', much of the information you entered remains.

Trusted sites 100%

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Billing System (MBS)

Welcome Venu G Edupuganti

HIDE/UNHIDE MENU | TECH SUPPORT | BILLING & PAYMENT SUPPORT | APPS LIST | LOGOUT

- USER DOCUMENTATION GUIDES
- BILLING SUBMISSIONS
  - File Status
  - Single Claim Entry
  - Submit 837
  - Submit Flat File
    - Upload Flat File
    - Upload TCM(Non-837)
  - Submit Recipient File
  - Attest Files
- REPORTS
- CONVERSION RESULT FILES
- ADMINISTRATION

MBS CLAIM FILE SUBMITTAL

Maximum size of each file: **30,000 KB or 30 MB**
Files must begin with the letter... **M**
File types which cannot be uploaded = **.xls .doc .pdf .zip .rtf .done .attest .cfo .binary .dat**

Select the File to Upload: [ ] Browse... Upload

File Name : [ ] Search

LIST OF THE FILES ON THE WEB
(Please refrain from viewing/downloading files between 11:55 am and 12:15 pm on production days as this may prohibit files from being processed for that week.)

File Name	Date Modified	Delete	View	Download
m250000012_22_201011-26_5.txt	12/22/2010 11:26:06 AM	Delete	View	Download

You only have the option of 'Delete' or 'View'. Once a claim has been submitted, it cannot be edited.

Trusted sites 100%

0807**121507**2**123456789101**KELLY**J**123456**709**APC**32**01**25**490**01** 1234567890

0807**121507**2**123456789101**KELLY**J**123456**710**APC**28**01**25**490**01** 1234567890

0807**121507**2**123456789101**KELLY**J**123456**711**APC**36**01**25**490**01** 1234567890

0807**121507**2**123456789101**KELLY**J**123456**709**ATN**14**01**25**040**01** 1234567890

0807**121507**2**123456789101**KELLY**J**123456**710**ATN**26**01**25**040**01** 1234567890

0807**121507**2**123456789101**KELLY**J**123456**711**ATN**30**01**25**040**01** 1234567890

0807	Month and year of service delivered
121507	**Invoice date**
2	Form number assigned by MBS
123456789101	**Medicaid number**
KELLY	Last name [first 5 letters]
J	**First initial**
1234567	Contract number
09	**Date of service**
APC	Service code
32	**Units of service**
01	Group size
25	**County of service**
490	Usual customary rate
01	**Staff size**

1234567890	File reference number assigned by MBS

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Billing System (MBS)

Welcome

HIDE/UNHIDE MENU | TECH SUPPORT | BILLING & PAYMENT SUPPORT | APPS LIST | LOGOUT

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  - File Status
  - Single Claim Entry
  - Submit 837
  - Submit Flat File
    - Upload Flat File
    - Upload TCM(Non-837)
  - Submit Recipient File
  - Attest Files
- REPORTS
- CONVERSION RESULT FILES
- ADMINISTRATION

MBS CLAIM FILE SUBMITTAL

Maximum size of each file: **30,000 KB or 30 MB**

Files must begin with the letter... **M**

inary .dat

e... Upload

Provider File Reference Number

Are you sure you wish to delete the selected file : m250000012_22_201011-26_5.txt

If Yes then please enter the File Reference Number and Click on Yes else click on No.

Enter File Reference Number:

Yes No

production days as

File Name	Date Modified	Delete	View	Download
m250000012_22_201011-26_5.txt	12/22/2010 11:26:06 AM	Delete	View	Download
m180000112_21_201015-59_35.txt	12/21/2010 3:59:36 PM	Delete	View	Download
m123123412_21_201014-49_30.txt	12/21/2010 3:00:13 PM	Delete	View	Download

You have the choice to 'view' or 'delete' a file. There is no way to edit a claim once it has been submitted.

m765432112_17_201015-19_50.txt	12/17/2010 3:30:16 PM	Delete	View	Download
m123456712_16_201013-28_55.txt	12/16/2010 1:29:38 PM	Delete	View	Download
m180031912_14_201015-33_52.txt	12/14/2010 3:34:01 PM	Delete	View	Download
m180031812_14_201015-33_48.txt	12/14/2010 3:33:58 PM	Delete	View	Download
m180031312_14_201015-33_43.txt	12/14/2010 3:33:55 PM	Delete	View	Download
m180031212_14_201015-33_42.txt	12/14/2010 3:33:54 PM	Delete	View	Download
m180031712_14_201015-33_44.txt	12/14/2010 3:33:53 PM	Delete	View	Download

Trusted sites 100%

USER DOCUMENTATION GUIDES
BILLING SUBMISSIONS
REPORTS
Provider Weekly Reports
Miscellaneous Reports
Recipient Verification Reports
Third Party Reports
CONVERSION RESULT FILES
ADMINISTRATION

Folder Name	Display Files
File_Layout_Formats	View
JUN10A_06-19-10	View
MAY10A_04-28-10	View

File Name : Search

BILLED_CLAIM_AUG10C_Mockup - Notepad

File Edit Format View Help

DEPARTMENT OF DEVELOPMENTAL DISABILITIES 09:21 Friday, August 13, 2010 8405
DIVISION OF INFORMATION SYSTEMS
(MBSDHSTP)

MEDICAID BILLING SYSTEM
TOTAL NET AMOUNT BILLED TO THE DEPARTMENT OF JOB AND FAMILY SERVICES
DURING THE CURRENT BILLING CYCLE OF AUG10C
BY CONTRACTOR, PROGRAM, AND MONTH/YEAR BILLED

---------- CONTRACT NUMBER=2500000 NAME= TAMMY PROVIDER PROGRAM=INDIV OPTION WAIVER MONTH/YEAR BILLED=2010/08 ----------

RECIPIENT NAME	RECIPIENT BILLING NUMBER	SERV CODE	UNITS OF SERV	GROUP SIZE	STAFF SIZE	CNTY OF SERVICE DELIVERY	DATE OF SERVICE	AMOUNT BILLED	OTHER SOURCE AMOUNT	INPUT RATE	BILLED RATE	NET AMOUNT BILLED	CLAIM REFERENCE NUMBER
CASE, JUSTIN	102200000000	AOC	24	1	1	FRANKLIN	02AUG2010	$44.40		$1.85	$1.85	$44.40	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	02AUG2010	$147.96		$4.11	$4.11	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	3	1	1	FRANKLIN	02AUG2010	$1.20		$0.40	$0.40	$1.20	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	03AUG2010	$147.96		$4.11	$4.11	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	3	1	1	FRANKLIN	03AUG2010	$1.20		$0.40	$0.40	$1.20	000000000
CASE, JUSTIN	102200000000	AOC	24	1	1	FRANKLIN	04AUG2010	$44.40		$1.85	$1.85	$44.40	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	04AUG2010	$147.96		$4.11	$4.11	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	4	1	1	FRANKLIN	04AUG2010	$1.60		$0.40	$0.40	$1.60	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	05AUG2010	$147.96		$4.11	$4.11	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	3	1	1	FRANKLIN	05AUG2010	$1.20		$0.40	$0.40	$1.20	000000000
CASE, JUSTIN	102200000000	AOC	24	1	1	FRANKLIN	06AUG2010	$44.40		$1.85	$1.85	$44.40	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	06AUG2010	$147.96		$4.11	$4.11	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	4	1	1	FRANKLIN	06AUG2010	$1.60		$0.40	$0.40	$1.60	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	07AUG2010	$147.96		$4.11	$4.11	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	3	1	1	FRANKLIN	07AUG2010	$1.20		$0.40	$0.40	$1.20	000000000
CASE, JUSTIN	102200000000	AOC	24	1	1	FRANKLIN	08AUG2010	$44.40		$1.85	$1.85	$44.40	000000000
CASE, JUSTIN	102200000000	APC	72	1	1	FRANKLIN	08AUG2010	$295.92		$4.11	$4.11	$295.92	000000000
CASE, JUSTIN	102200000000	ATN	3	1	1	FRANKLIN	08AUG2010	$1.20		$0.40	$0.40	$1.20	000000000
PROGRAM								$1,370.48	$0.00			$1,370.48	
CNTRNAME								$1,370.48	$0.00			$1,370.48	
CNTRNUM								$1,370.48	$0.00			$1,370.48	
								$1,370.48	$0.00			$1,370.48	

N = 18
Total N = 18

The billed report shows what claims were successfully processed by DODD, and will be sent to ODJFS. Available Friday following the production date.

ADJUSTMENTS_AUG10C_MOCKUP - Notepad

File Edit Format View Help

```
                                                DEPARTMENT OF DEVELOPMENTAL DISABILITIES                          09:21 Friday, August 13, 2010 13660
                                                    DIVISION OF INFORMATION SYSTEMS
     (MBSEDIT3)
                                                        MEDICAID BILLING SYSTEM
                                          LISTING OF ADJUSTMENT TRANSACTIONS FOR BILLING CYCLE AUG10C
                                           THESE ARE VALID CLAIMS FOR SERVICES PREVIOUSLY BILLED AND
                                               WILL BE HELD AS ADJUSTMENTS TO THE PREVIOUS CLAIMS

------------------------------------------------- CONTRACT NUMBER=2500000   CONTRACTOR NAME=TAMMY PROVIDER -------------------------------------------------

          RECIPIENT                          DATE OF                                  CNTY OF      UNITS OF                  OTHER          OTHER
          BILLING                            SERVICE    SERVICE    GROUP    STAFF     SERVICE      SERVICE         INPUT    PAYMENT        SOURCE
          NUMBER          INDIVIDUAL NAME    DELIVERY    CODE      SIZE     SIZE      DELIVERY    DELIVERED         RATE    SOURCE         AMOUNT

          102200000000    CASE, JUSTIN    06/03/2010     APC        1        1      FRANKLIN            24       $4.07
          102200000000    CASE, JUSTIN    06/15/2010     ATN        1        1      FRANKLIN            10       $0.40
          102200000000    CASE, JUSTIN    06/26/2010     ATN        1        1      FRANKLIN            10       $0.40
1                                                DEPARTMENT OF DEVELOPMENTAL DISABILITIES                          09:21 Friday, August 13, 2010 13661
                                                    DIVISION OF INFORMATION SYSTEMS
     (MBSEDIT3)
                                                        MEDICAID BILLING SYSTEM
                                          SUMMARY OF ADJUSTMENT TRANSACTIONS FOR BILLING CYCLE AUG10C
                                           THESE ARE VALID CLAIMS FOR SERVICES PREVIOUSLY BILLED AND
                                               WILL BE HELD AS ADJUSTMENTS TO THE PREVIOUS CLAIMS
                                                BY CONTRACTOR AND YEAR/MONTH OF SERVICE DELIVERY

------------------------------------------------- CONTRACT NUMBER=2500000     CONTRACTOR NAME=TAMMY PROVIDER -------------------------------------------------

                                                   YEAR/MONTH                UNITS OF
                                                   OF SERVICE    SERVICE     SERVICE
                                                    DELIVERY      CODE      DELIVERED

                                                    2010/06        APC            24

                                                    2010/06        ATN            20

                                                   ----------              ---------

                                                    CNTRNUM                      44

                                                                           =========

                                                                                 44
```

The adjustment report shows what claims were entered as adjustments, and will be processed in a future cycle. Available Friday following the production date.

ERROR_DETAIL_AUG10C_2509619[1] - Notepad

File Edit Format View Help

```
                                        OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
    (MBSERROR)                                                                                                  August 13, 2010
0                                                   MEDICAID BILLING SYSTEM                                          PAGE:   1
    TOTAL UNITS:      4            WEEKLY SERVICE DELIVERY INPUT ERRORS FOR BILLING CYCLE AUG10C
0*****************************************************************************************************************************
0                          CONTRACT NUMBER: 2500000          CONTRACTOR NAME: TAMMY PROVIDER
0*****************************************************************************************************************************
0  MONTH  INVOICE  FORM   RECIPIENT    LAST   INIT-  CONTRACT   INPUT   DAY  GROUP/  CNTY  SERVICE   # OF      OTHER  OTHER SOURCE
  BILLED    DATE           BILLING     NAME    IAL    NUMBER    UNIT     OF  STAFF    OF     CODE    UNITS    SOURCE     AMOUNT
                           NUMBER                               RATE    SVC   SIZE   SVC           DELIVERED
 ---------------------------------------------------------------------------------------------------------------------------------

0  0210   081010     2   102200000000  CASE    J    2500000    500.00   15   0/ 0    25     AVN        1
0                                          (22) PAWS TOTAL UNIT LIMIT IS EXCEEDED
0                                          (25) PAWS TOTAL COST LIMIT IS EXCEEDED
1                                          OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
    (MBSERROR)                                                                                                  August 13, 2010
0                                                   MEDICAID BILLING SYSTEM                                          PAGE:   2
    TOTAL UNITS:      4            WEEKLY SERVICE DELIVERY INPUT ERRORS FOR BILLING CYCLE AUG10C
0*****************************************************************************************************************************
0                          CONTRACT NUMBER: 2500000          CONTRACTOR NAME: CREATIVE HOUSING INC
0*****************************************************************************************************************************
0  MONTH  INVOICE  FORM   RECIPIENT    LAST   INIT-  CONTRACT   INPUT   DAY  GROUP/  CNTY  SERVICE   # OF      OTHER  OTHER SOURCE
  BILLED    DATE           BILLING     NAME    IAL    NUMBER    UNIT     OF  STAFF    OF     CODE    UNITS    SOURCE     AMOUNT
                           NUMBER                               RATE    SVC   SIZE   SVC           DELIVERED
 ---------------------------------------------------------------------------------------------------------------------------------

0  0310   081010     2   102200000000  CASE    J    2500000   2067.00   08   0/ 0    25     FVN        1
0                                          (40) LEVEL 1 SVC EXCEEDS WAIVER SPAN LIMIT
 ---------------------------------------------------------------------------------------------------------------------------------

0  0410   081010     2   102200000000  CASE    J    2500000   1961.00   14   0/ 0    25     FVN        1
0                                          (22) PAWS TOTAL UNIT LIMIT IS EXCEEDED
0                                          (25) PAWS TOTAL COST LIMIT IS EXCEEDED
 ---------------------------------------------------------------------------------------------------------------------------------

0  0610   081010     2   102200000000  CASE    J    2500000   5995.00   10   0/ 0    25     FVN        1
0                                          (40) LEVEL 1 SVC EXCEEDS WAIVER SPAN LIMIT
```

The error report lists claims that will not be processed. These claims will need to be resubmitted. A complete list of error codes is available on the website: Error codes

Available Friday following the production date.

REIMB_DENIED_AUG10D_5900752[1] - Notepad

File Edit Format View Help

```
                                        DEPARTMENT OF DEVELOPMENTAL DISABILITIES          10:44 Monday, August 30, 2010 7214
                                            DIVISION OF INFORMATION SYSTEMS
(MBSREIMB)
                                                MEDICAID BILLING SYSTEM
                                            REMITTANCE ADVICE - DENIED CLAIMS
                                FROM THE PAY/REJECT TAPE FOR ORIGINAL CLAIMS FROM BILLING CYCLE AUG10D

----- ADJUD DATE=100901   CONTRACT NO=2500000   NAME=TAMMY PROVIDER   PROGRAM=INDIV OPTION WAIVER   MONTH BILLED=2009/08 -----

                    RECIPIENT                                CNTY OF                                                CLAIM
                    BILLING      SERVICE UNITS OF GROUP STAFF SERVICE    DATE OF        AMOUNT AMOUNT  DENIAL DENIAL REFERENCE
    RECIPIENT NAME NUMBER         CODE   SERVICE  SIZE  SIZE  DELIVERY   SERVICE       CLAIMED ALLOWED  CODE   CODE   NUMBER

    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  29AUG2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  30AUG2009       $108.56   $0.00  763

                                                                N = 2

----- ADJUD DATE=100901   CONTRACT NO=2500000   NAME=TAMMY PROVIDER   PROGRAM=INDIV OPTION WAIVER   MONTH BILLED=2009/09 -----

                    RECIPIENT                                CNTY OF                                                CLAIM
                    BILLING      SERVICE UNITS OF GROUP STAFF SERVICE    DATE OF        AMOUNT AMOUNT  DENIAL DENIAL REFERENCE
    RECIPIENT NAME NUMBER         CODE   SERVICE  SIZE  SIZE  DELIVERY   SERVICE       CLAIMED ALLOWED  CODE   CODE   NUMBER

    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  01SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  02SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  03SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  04SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  05SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  06SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  07SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  08SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  09SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  10SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  11SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  12SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  13SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  14SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  15SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  16SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  17SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  18SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  19SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  20SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  21SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  23SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  24SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  25SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  26SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  27SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  28SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  29SEP2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  30SEP2009       $108.56   $0.00  763

                                                                N = 29

----- ADJUD DATE=100901   CONTRACT NO=2500000   NAME=TAMMY PROVIDER   PROGRAM=INDIV OPTION WAIVER   MONTH BILLED=2009/10 -----

                    RECIPIENT                                CNTY OF                                                CLAIM
                    BILLING      SERVICE UNITS OF GROUP STAFF SERVICE    DATE OF        AMOUNT AMOUNT  DENIAL DENIAL REFERENCE
    RECIPIENT NAME NUMBER         CODE   SERVICE  SIZE  SIZE  DELIVERY   SERVICE       CLAIMED ALLOWED  CODE   CODE   NUMBER

    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  01OCT2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  02OCT2009       $108.56   $0.00  763
    CASE, JUSTIN 102200000000   AFA         1    1     1    MORROW  03OCT2009       $108.56   $0.00  763

                                            **** DENIAL CODE VALUES ****
                                 218 - TPL CASE MASTER RECORD INDICATES 3RD PARTY COVERAGE
                                  244 - RECIPIENT WAS NOT ELIGIBLE ON THE DATE OF SERVICE
                                    271 - SERVICE DATES FALL OUTSIDE OF ELIGIBILITY SPAN
                                          278 - RECIPIENT IS QMB COVERED BY PART B
                                 289 - TAPE SUBMITTER NOT AUTHORIZED TO SUBMIT CLAIMS FOR PROVIDER
                        914 - PROVIDER AGREEMENT TERMINATED BY ODJFS-CONTACT PROVIDER CERTIFICATION AT 1-877-289-3636
1
```

The denied report list claim that ODJFS will not pay, usually due to Medicaid eligibility issues. Available the second Monday after the production date.

REIMB_APPROVED_AUG10C_mOCKUP - Notepad

File Edit Format View Help

DEPARTMENT OF DEVELOPMENTAL DISABILITIES 09:59 Monday, August 23, 2010 2900
DIVISION OF INFORMATION SYSTEMS

(MBSREIMB)

MEDICAID BILLING SYSTEM
REMITTANCE ADVICE - PAID CLAIMS
FROM THE PAY/REJECT TAPE FOR ORIGINAL CLAIMS FROM BILLING CYCLE AUG10C

----- ADJUD DATE=100825 CONTRACT NO=2500000 NAME=TAMMY PROVIDER PROGRAM=INDIV OPTION WAIVER MONTH BILLED=2010/08 -----

RECIPIENT NAME	RECIPIENT BILLING NUMBER	SERVICE CODE	UNITS OF SERVICE	GROUP SIZE	STAFF SIZE	CNTY OF SERVICE DELIVERY	DATE OF SERVICE	NET AMOUNT CLAIMED	NET AMOUNT ALLOWED	CLAIM REFERENCE NUMBER
CASE, JUSTIN	102200000000	AOC	24	1	1	FRANKLIN	02AUG2010	$44.40	$44.40	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	02AUG2010	$147.96	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	3	1	1	FRANKLIN	02AUG2010	$1.20	$1.20	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	03AUG2010	$147.96	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	3	1	1	FRANKLIN	03AUG2010	$1.20	$1.20	000000000
CASE, JUSTIN	102200000000	AOC	24	1	1	FRANKLIN	04AUG2010	$44.40	$44.40	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	04AUG2010	$147.96	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	4	1	1	FRANKLIN	04AUG2010	$1.60	$1.60	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	05AUG2010	$147.96	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	3	1	1	FRANKLIN	05AUG2010	$1.20	$1.20	000000000
CASE, JUSTIN	102200000000	AOC	24	1	1	FRANKLIN	06AUG2010	$44.40	$44.40	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	06AUG2010	$147.96	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	4	1	1	FRANKLIN	06AUG2010	$1.60	$1.60	000000000
CASE, JUSTIN	102200000000	APC	36	1	1	FRANKLIN	07AUG2010	$147.96	$147.96	000000000
CASE, JUSTIN	102200000000	ATN	3	1	1	FRANKLIN	07AUG2010	$1.20	$1.20	000000000
CASE, JUSTIN	102200000000	AOC	24	1	1	FRANKLIN	08AUG2010	$44.40	$44.40	000000000
CASE, JUSTIN	102200000000	APC	72	1	1	FRANKLIN	08AUG2010	$295.92	$295.92	000000000
CASE, JUSTIN	102200000000	ATN	3	1	1	FRANKLIN	08AUG2010	$1.20	$1.20	000000000
PROGRAM			407					$1,370.48	$1,370.48	
CNTRNAME			407					$1,370.48	$1,370.48	
CNTRNUM			407					$1,370.48	$1,370.48	
ADJUDDT			407					$1,370.48	$1,370.48	
			407					$1,370.48	$1,370.48	

N = 18
Total N = 18

The remittance advice-paid claims report lists what claims were successfully processed by ODJFS. This report does not show what will be paid. Available the second Monday after the production date.

INVOICE_AUG10C_MOCKUP - Notepad

File Edit Format View Help

DEPARTMENT OF DEVELOPMENTAL DISABILITIES
DIVISION OF INFORMATION SYSTEMS

06:56 Tuesday, August 24, 2010 3413

(MBSINVC)

MEDICAID BILLING SYSTEM
DETAILED INVOICE FOR VOUCHERS PAID FOR SERVICES
CLAIMED DURING VOUCHER CYCLE AUG10C

---------- INVOICE NUM=00735118 PROG=I/O WAIVER SCHIP ?=NO CONTRACT NUM=2500000 NAME=TAMMY PROVIDER FY=2011 MON BILLED=2010/08 ----------

RECIPIENT NAME	RECIPIENT BILLING NUMBER	BILLING DATE	DATE OF SERVICE	SERVICE CODE BILLED	GROUP SIZE	STAFF SIZE	CNTY OF SVC	SERVICE CODE RATE	UNITS DELIV-ERED	CLAIM TYPE *	AMOUNT OF VOUCHER	NUMBER OF CLAIMS	CLAIM REFERENCE NUMBER
CASE, JUSTIN	102200000000	12AUG2010	02AUG2010	AOC	1	1	25	1.85	24	C	44.40		000000000
CASE, JUSTIN	102200000000	12AUG2010	02AUG2010	APC	1	1	25	4.11	36	C	147.96		000000000
CASE, JUSTIN	102200000000	12AUG2010	02AUG2010	ATN	1	1	25	0.40	3	C	1.20		000000000
CASE, JUSTIN	102200000000	12AUG2010	03AUG2010	APC	1	1	25	4.11	36	C	147.96		000000000
CASE, JUSTIN	102200000000	12AUG2010	03AUG2010	ATN	1	1	25	0.40	3	C	1.20		000000000
CASE, JUSTIN	102200000000	12AUG2010	04AUG2010	AOC	1	1	25	1.85	24	C	44.40		000000000
CASE, JUSTIN	102200000000	12AUG2010	04AUG2010	APC	1	1	25	4.11	36	C	147.96		000000000
CASE, JUSTIN	102200000000	12AUG2010	04AUG2010	ATN	1	1	25	0.40	4	C	1.60		000000000
CASE, JUSTIN	102200000000	12AUG2010	05AUG2010	APC	1	1	25	4.11	36	C	147.96		000000000
CASE, JUSTIN	102200000000	12AUG2010	05AUG2010	ATN	1	1	25	0.40	3	C	1.20		000000000
CASE, JUSTIN	102200000000	12AUG2010	06AUG2010	AOC	1	1	25	1.85	24	C	44.40		000000000
CASE, JUSTIN	102200000000	12AUG2010	06AUG2010	APC	1	1	25	4.11	36	C	147.96		000000000
CASE, JUSTIN	102200000000	12AUG2010	06AUG2010	ATN	1	1	25	0.40	4	C	1.60		000000000
CASE, JUSTIN	102200000000	12AUG2010	07AUG2010	APC	1	1	25	4.11	36	C	147.96		000000000
CASE, JUSTIN	102200000000	12AUG2010	07AUG2010	ATN	1	1	25	0.40	3	C	1.20		000000000
CASE, JUSTIN	102200000000	12AUG2010	08AUG2010	AOC	1	1	25	1.85	24	C	44.40		000000000
CASE, JUSTIN	102200000000	12AUG2010	08AUG2010	APC	1	1	25	4.11	72	C	295.92		000000000
CASE, JUSTIN	102200000000	12AUG2010	08AUG2010	ATN	1	1	25	0.40	3	C	1.20		000000000
BILLPERD											1,370.48	18	
VFY											1,370.48	18	
CNTRNAME											1,370.48	18	
CNTRNUM											1,370.48	18	
MEDIND											1,370.48	18	
PROGRAM											1,370.48	18	
INVCNUM											1,370.48	18	
											1,370.48	18	

The invoice report shows what will be paid. It is what you will use to balance your books. Available the second Tuesday after the production date.

NOTE: CURRENT C A F S OPERATING FEE IS 4 % OF PAID ORIGINAL CLAIM.
THIS OPERATING FEE DOES NOT APPLY TO WAIVER OR T C M CLAIMS.
* CLAIM TYPE: C=REGULAR A=ADJUSTMENT R=REVERSAL
NOTE: SCHIP CLAIMS ARE SUBJECT TO A HIGHER FFP % THAN OTHER CLAIMS

DODD Provider Billing Training

Session Overview

- **Adjustments**

DODD Provider Billing Training

Adjustments

Due to the number of variables involved with adjustments, it is always advisable to contact provider support [mailto:provider.support@list.dodd.ohio.gov or (800) 6176733] ***before*** entering an adjustment.

Adjustments are ran 'off-cycle'; adjustments will not typically be processed on the same cycle they are entered.

There are too many variables to predict exactly when an adjustment will process. Always keep a copy of your adjustment report.

It is **not** always necessary to back out claims before making an adjustment. **Always** contact provider support before backing out claims.

DODD Provider Billing Training

Adjustments

If you have made an error in billing, you will need to resubmit the claim with the correct information.

For example:

You provide 2 1/2 hours [10 units] of Homemaker/personal care 5 days/week for a total of 50 units per week. You bill:

Day of Service	Service Code	Units of Service
11	APC	10
12	APC	10
13	APC	10
14	APC	10
15	**APC**	**01**

You would resubmit the claim for the 15th for **10 units of service.** MBS will automatically deduct the 1 unit you have already been paid. **DO NOT** rebill for 9 units.

If you have any questions, contact **Provider.support@list.ohio.gov** or 1 (800)617-6733 to have them talk you through it **before** you attempt to enter an adjustment for the first time!

DODD Provider Billing Training

Contacting DODD

CLAIMS SERVICES

Ohio Department of Developmental Disabilities

Phone: (800)617-6733

Fax: (614)466-7359

Email: provider.support@list.dodd.ohio.gov

Please include your name, agency name (if applicable), contract number, and a thorough description of the problem. If you wish a return call, please leave a valid phone number including area code.