



Figure 1

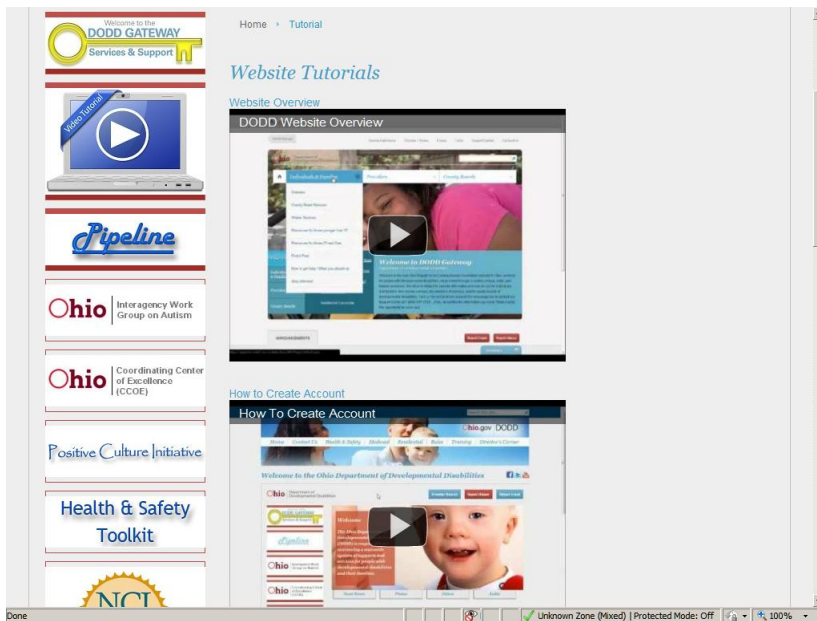


Figure 2

To enter a claim into the enhanced Medicaid Billing System [eMBS], go to dodd.ohio.gov [Fig.1]

You can click on the 'Video Tutorial' link to view videos on how to set up an account, access applications, and more useful information. Click on the gold key marked 'DODD GATEWAY' to continue. [Fig.2]

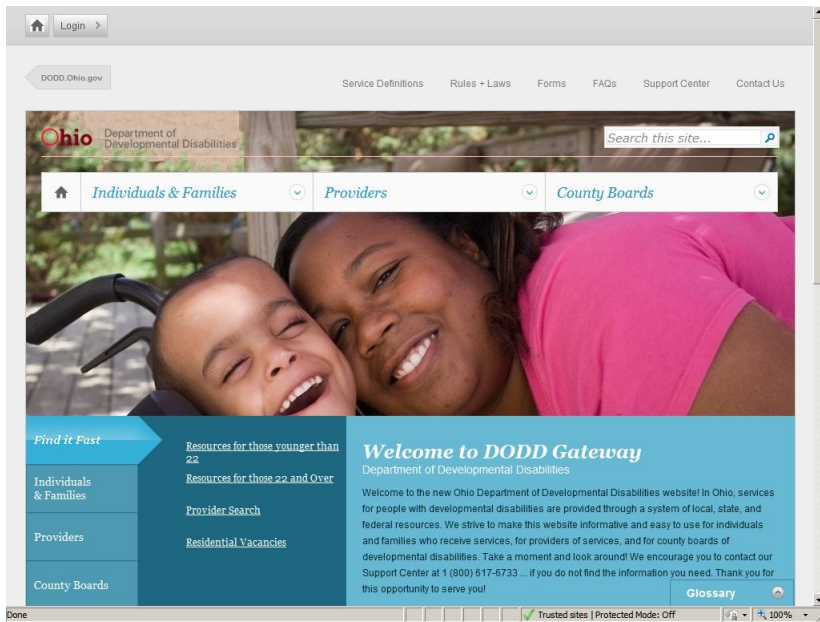


Figure 3

From this screen, you will click on 'Login' to continue. [Fig. 3]

If you already have a username and password, you will enter it here. Otherwise, please see the online tutorial for information about setting up an account.[Fig. 4]

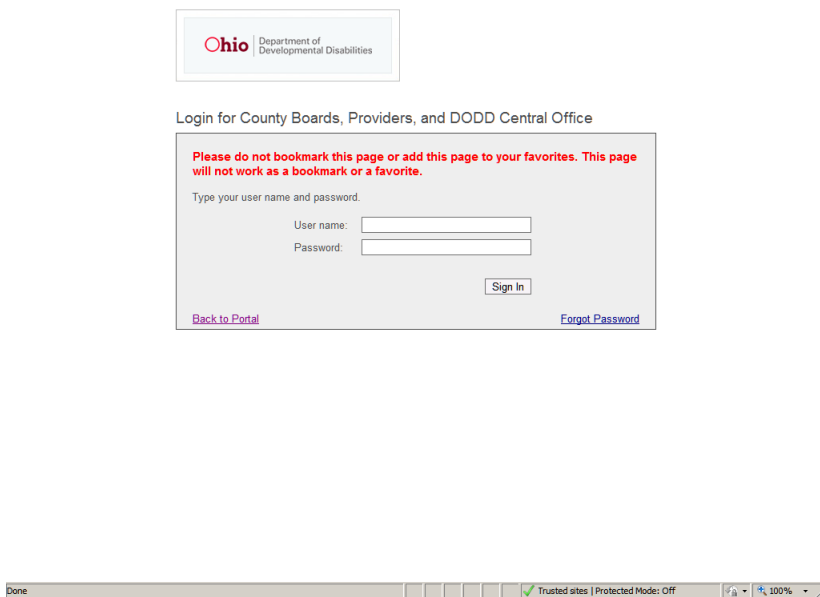


Figure 4

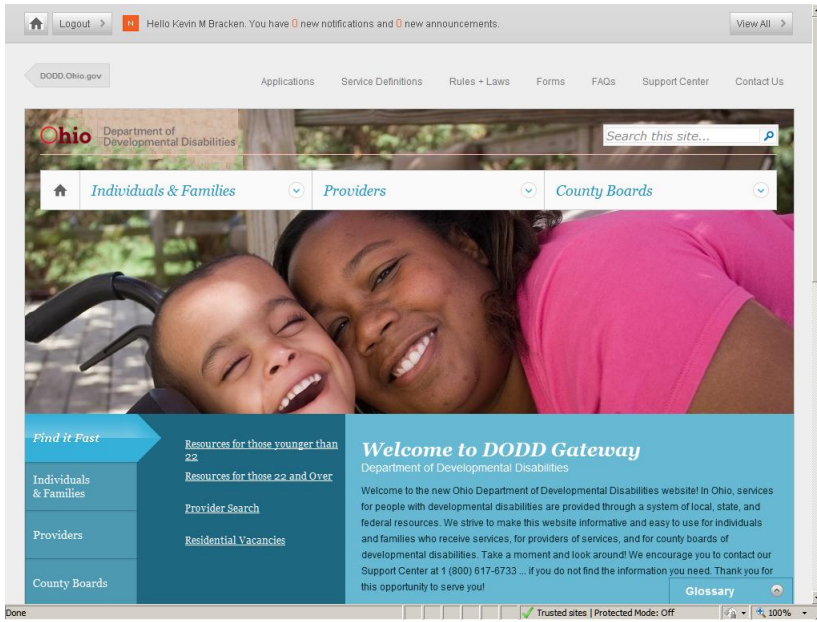


Figure 5

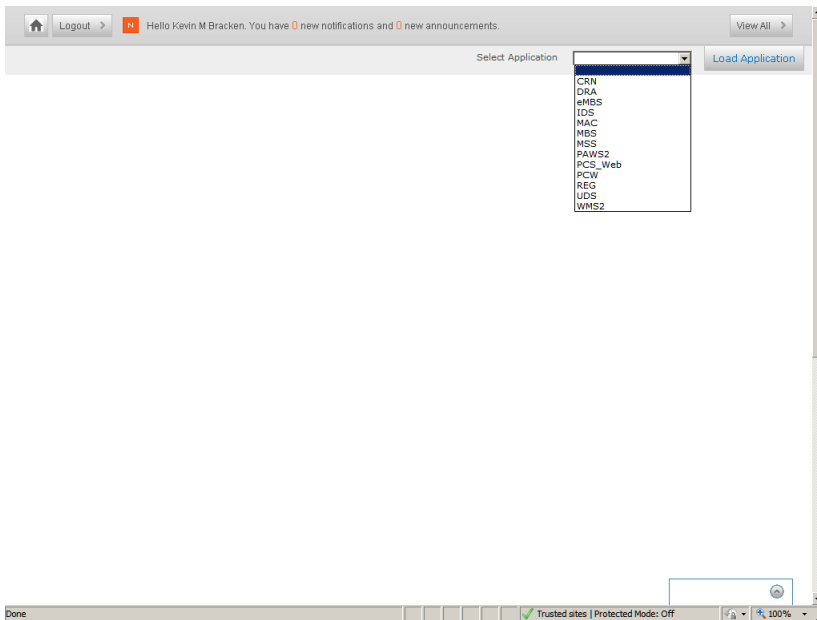


Figure 6

You should now be seeing a 'welcome' message at the top of your screen, as well as a new link marked 'Applications'.

Click on the 'Applications' link to continue. [Fig. 5]

Choose eMBS from the drop-down list on the upper right hand corner of your screen, and click 'Load Application'. [Fig. 6]

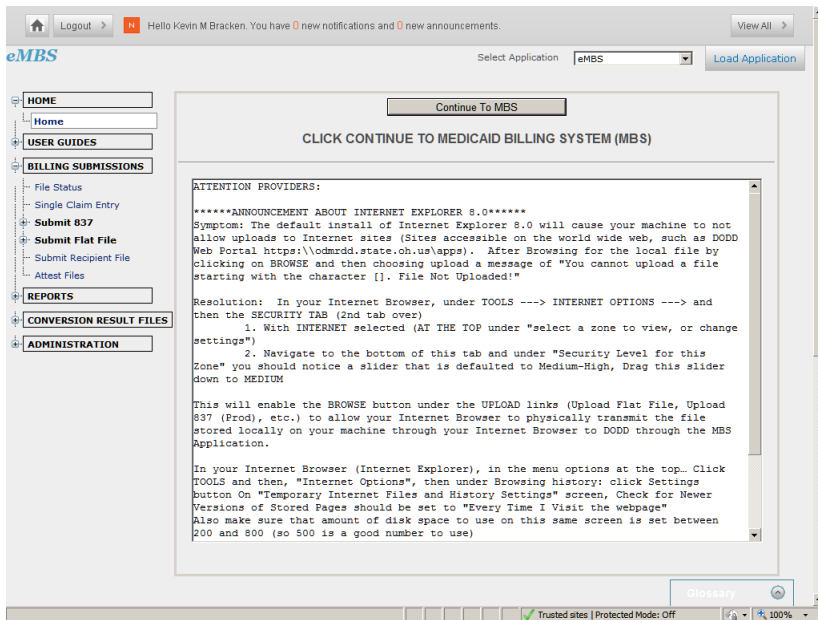


Figure 7

Select 'BILLING SUBMISSIONS' and 'Single Claim Entry'. [Fig. 7]

This is the screen you will use to submit claims. [Fig. 8] 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. See service-specific rules on our website for a complete list.

[Rules in effect](#)

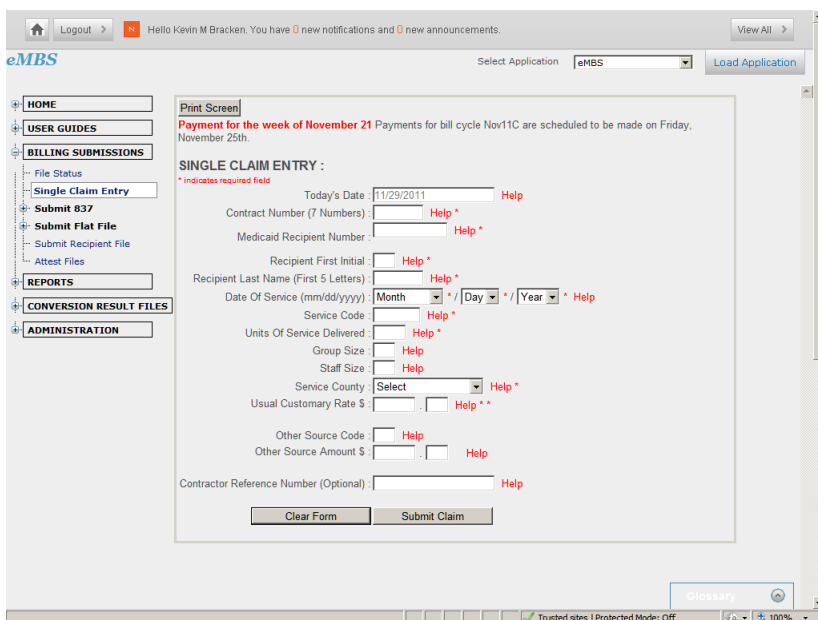


Figure 8

Logout Hello Kevin M Bracken. You have 0 new notifications and 0 new announcements. View All

Select Application eMBS Load Application

HOME

USER 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 for the week of November 21 Payments for bill cycle Nov11C are scheduled to be made on Friday, November 25th.

SINGLE CLAIM ENTRY :

* indicates required field

Today's Date: 11/29/2011 Help

Contract Number (7 Numbers): Help *

Medicaid Recipient Number: Help *

Recipient First Initial: Help *

Recipient Last Name (First 5 Letters): Help *

Date Of Service (mm/dd/yyyy): Month */ Day */ Year * Help

Service Code: 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

Glossary

Trusted sites | Protected Mode: Off 100%

[Fig. 8 continued]

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 under service specific rules for maximum rates.

[Rules in effect](#)

Other Source

ONLY used when reporting patient liability or third party liability.

Other Source Amount

ONLY used when reporting patient liability.

Contractor Reference Number

Leave this field blank.