The Medicaid Billing System

Ohio | Department of Developmental Disabilities

Search this site...

Ohio.gov | DODD

Home | Contact Us | Health & Safety | Medicaid | Residential | Rules | Training | Director's Corner

Welcome to the Ohio Department of Developmental Disabilities

Ohio | Department of Developmental Disabilities

Provider Search | Abuser Registry | Report Fraud | Report Abuse

Welcome to the DODD GATEWAY Services & Support

OHIO'S JOBS BUDGET 2.0
JOBS. MOMENTUM. TRANSFORMATION.

NEW!

To log in to the Medicaid Billing System [eMBS], go to our main webpage @ dodd.ohio.gov, and click on the gold key.

Trusted sites | Protected Mode: Off

100%

DODD-Home - Windows Internet Explorer

https://doddportal.dodd.ohio.gov/Pages/default.aspx

Bing

Favorites | Kronos | Footprints | CRIS-E | Applications | ODJFS | MITS | OAKS | Warrant Check | UAT

DODD-Home

Page | Safety | Tools

Login

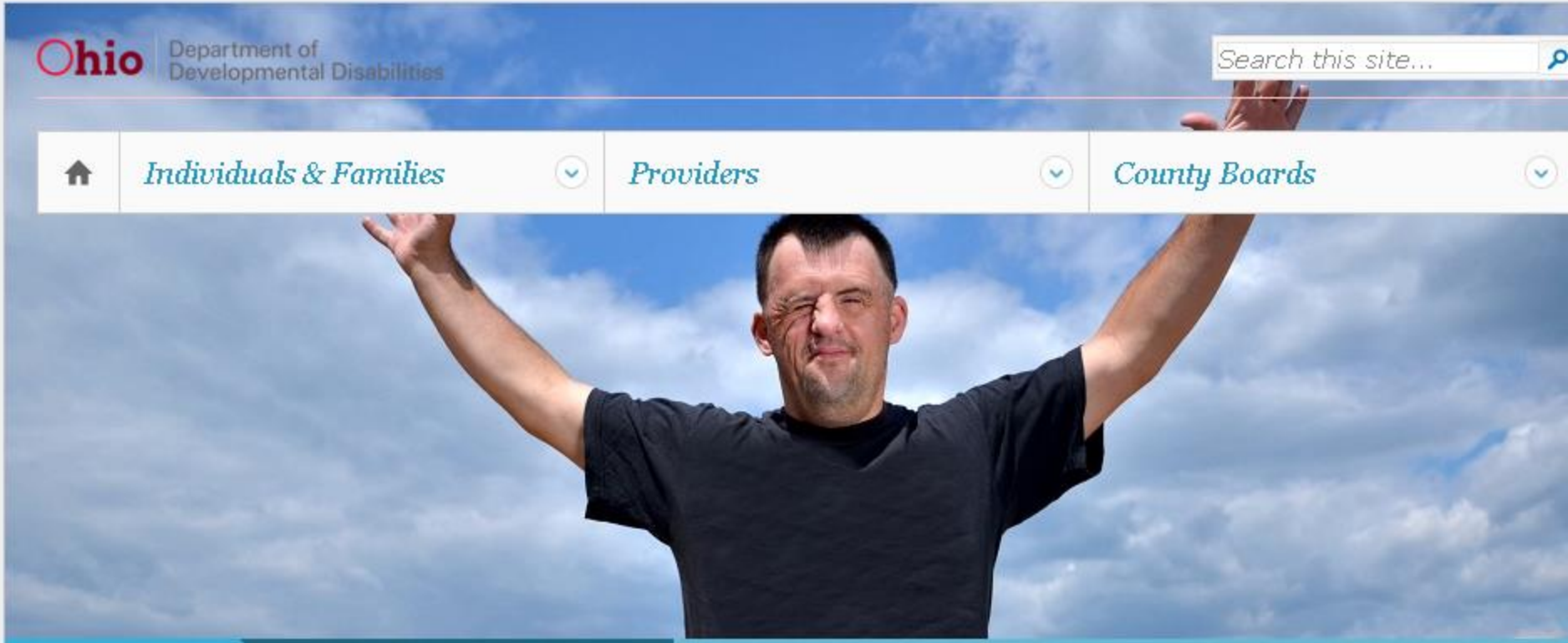
DODD.Ohio.gov

Service Definitions | Rules + Laws | Forms | FAQs | Support Center | Contact

Ohio Department of Developmental Disabilities

Search this site...

Individuals & Families | Providers | County Boards



Find it Fast

Resources for those younger than 22

Resources for those 22 and Over

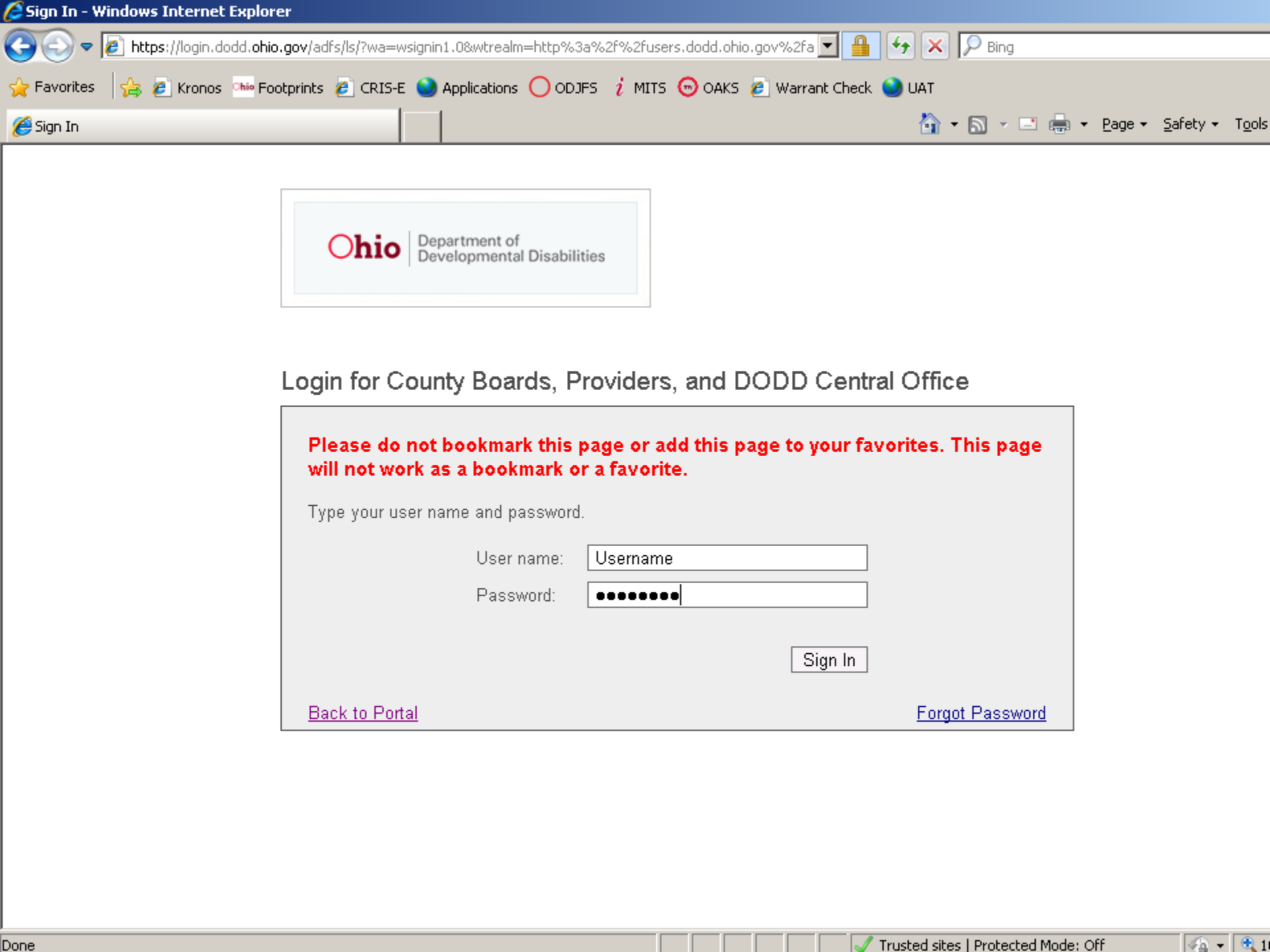
Welcome to DODD Gateway

Department of Developmental Disabilities

Glossary

Done

Trusted sites | Protected Mode: Off


Sign In - Windows Internet Explorer
https://login.dodd.ohio.gov/adfs/ls/?wa=wsignin1.0&wtrealm=http%3a%2f%2fusers.dodd.ohio.gov%2fa
Bing
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Ohio
Department of Developmental Disabilities
Login for County Boards, Providers, and DODD Central Office
Please do not bookmark this page or add this page to your favorites. This page will not work as a bookmark or a favorite.
Type your user name and password.
User name:
Username
Password:
Sign In
Back to Portal
Forgot Password
Done
Trusted sites | Protected Mode: Off

App - Windows Internet Explorer

https://doddportal.dodd.ohio.gov/apps/Pages/default.aspx

Bing

Favorites | Kronos | Footprints | CRIS-E | Applications | ODJFS | MITS | OAKS | Warrant Check | UAT

App

Page | Safety | Tools

Logout

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

View All

Select Application

Load Applica

BIReports
CRN
DRA
eMBS
IDS
MAC
MSS
PAWS2
PCS_Web
PCW
REG
UDS
WMS2

Glossary

Done

Trusted sites | Protected Mode: Off

App-eMBS - Windows Internet Explorer

https://doddportal.dodd.ohio.gov/apps/Pages/default.aspx

Favorites | Kronos | Footprints | CRIS-E | Applications | ODJFS | MITS | OAKS | Warrant Check | UAT

App-eMBS

Page | Safety | Tools

Logout

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

View All

eMBS

Select Application: eMBS

Load Applica

- HOME
  - Home
- USER GUIDES
- BILLING SUBMISSIONS
- REPORTS
- ADMINISTRATION

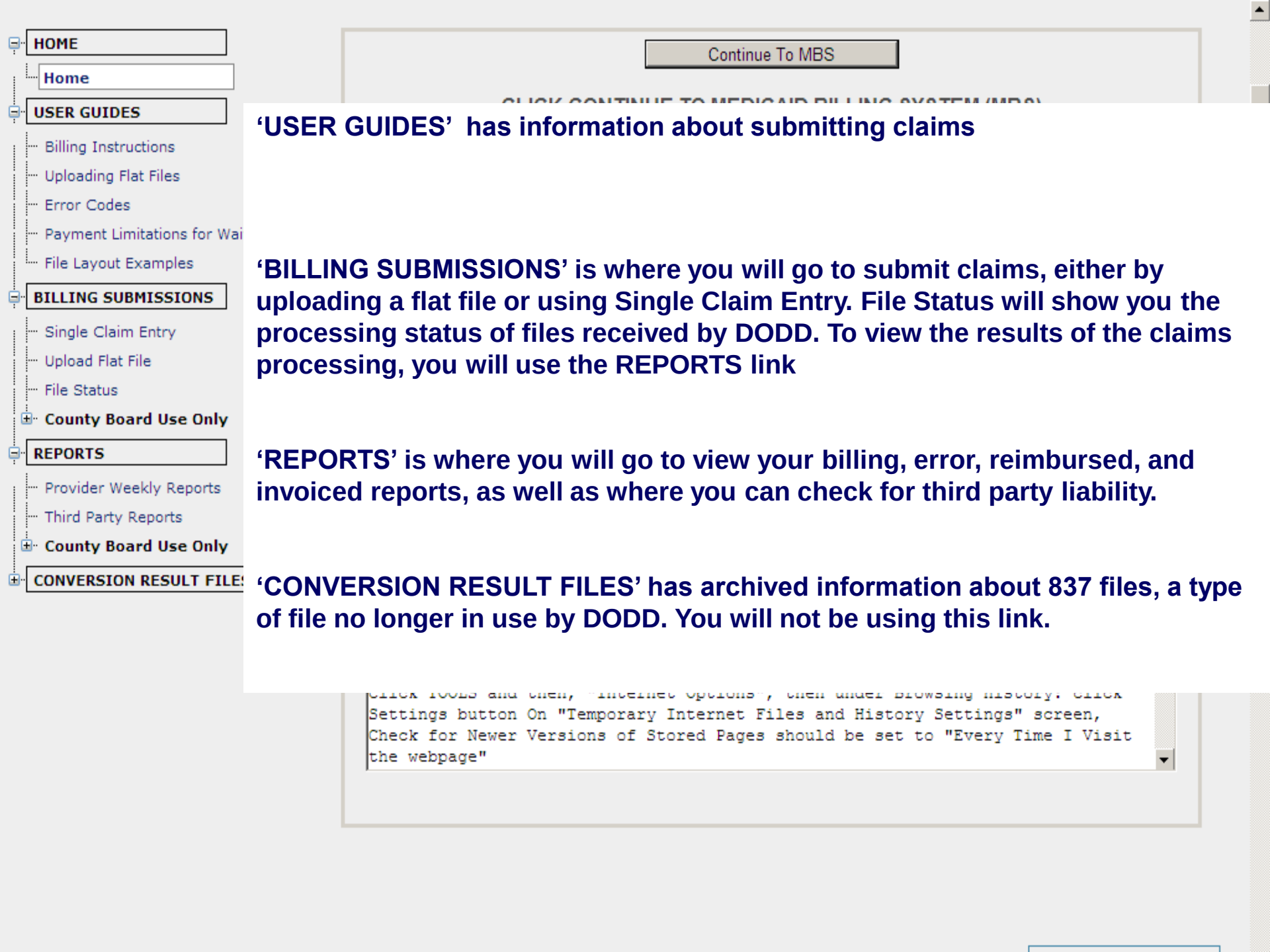
Continue To MBS

CLICK CONTINUE TO MEDICAID BILLING SYSTEM (MBS)

Glossary

Done

Trusted sites | Protected Mode: Off



'USER GUIDES' has information about submitting claims

'BILLING SUBMISSIONS' is where you will go to submit claims, either by uploading a flat file or using Single Claim Entry. File Status will show you the processing status of files received by DODD. To view the results of the claims processing, you will use the REPORTS link

'REPORTS' is where you will go to view your billing, error, reimbursed, and invoiced reports, as well as where you can check for third party liability.

'CONVERSION RESULT FILES' has archived information about 837 files, a type of file no longer in use by DODD. You will not be using this link.

- HOME
  - Home
- USER GUIDES
  - Billing Instructions
  - Uploading Flat Files
  - Error Codes
  - Payment Limitations for Waiver Services
  - File Layout Examples
- BILLING SUBMISSIONS
  - Single Claim Entry
  - Upload Flat File
  - File Status
  - County Board Use Only
- REPORTS
  - Provider Weekly Reports
  - Third Party Reports
  - County Board Use Only
- CONVERSION RESULT FILES

Continue To MBS

CLICK CONTINUE TO MEDICAID BILLING SYSTEM (MBS)

ATTENTION PROVIDERS:

******ANNOUNCEMENT ABOUT INTERNET EXPLORER 8.0******
Symptom: The default install of Internet Explorer 8.0 will cause your machine to not allow uploads to Internet sites (Sites accessible on the world wide web, such as DODD Web Portal https:\\odmrdd.state.oh.us\apps). After Browsing for the local file by clicking on BROWSE and then choosing upload a message of "You cannot upload a file starting with the character []. File Not Uploaded!"

Resolution: In your Internet Browser, under TOOLS ---> INTERNET OPTIONS ---> and then the SECURITY TAB (2nd tab over)

1. With INTERNET selected (AT THE TOP under "select a zone to view, or change settings")
2. Navigate to the bottom of this tab and under "Security Level for this Zone" you should notice a slider that is defaulted to Medium-High, Drag this slider down to MEDIUM

This will enable the BROWSE button under the UPLOAD links (Upload Flat File, Upload 837 (Prod), etc.) to allow your Internet Browser to physically transmit the file stored locally on your machine through your Internet Browser to DODD through the MBS Application.

In your Internet Browser (Internet Explorer), in the menu options at the top… Click TOOLS and then, "Internet Options", then under Browsing history: click Settings button On "Temporary Internet Files and History Settings" screen, Check for Newer Versions of Stored Pages should be set to "Every Time I Visit the webpage"

eMBS

Select Application eMBS Load Application

- HOME
- USER GUIDES
- BILLING SUBMISSIONS
  - Single Claim Entry
  - Upload Flat File
  - File Status
  - County Board Use Only
- REPORTS
- CONVERSION RESULT FILES

Print Screen

SINGLE CLAIM ENTRY :

* indicates required field

Today's Date : 8/15/2012 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 * *

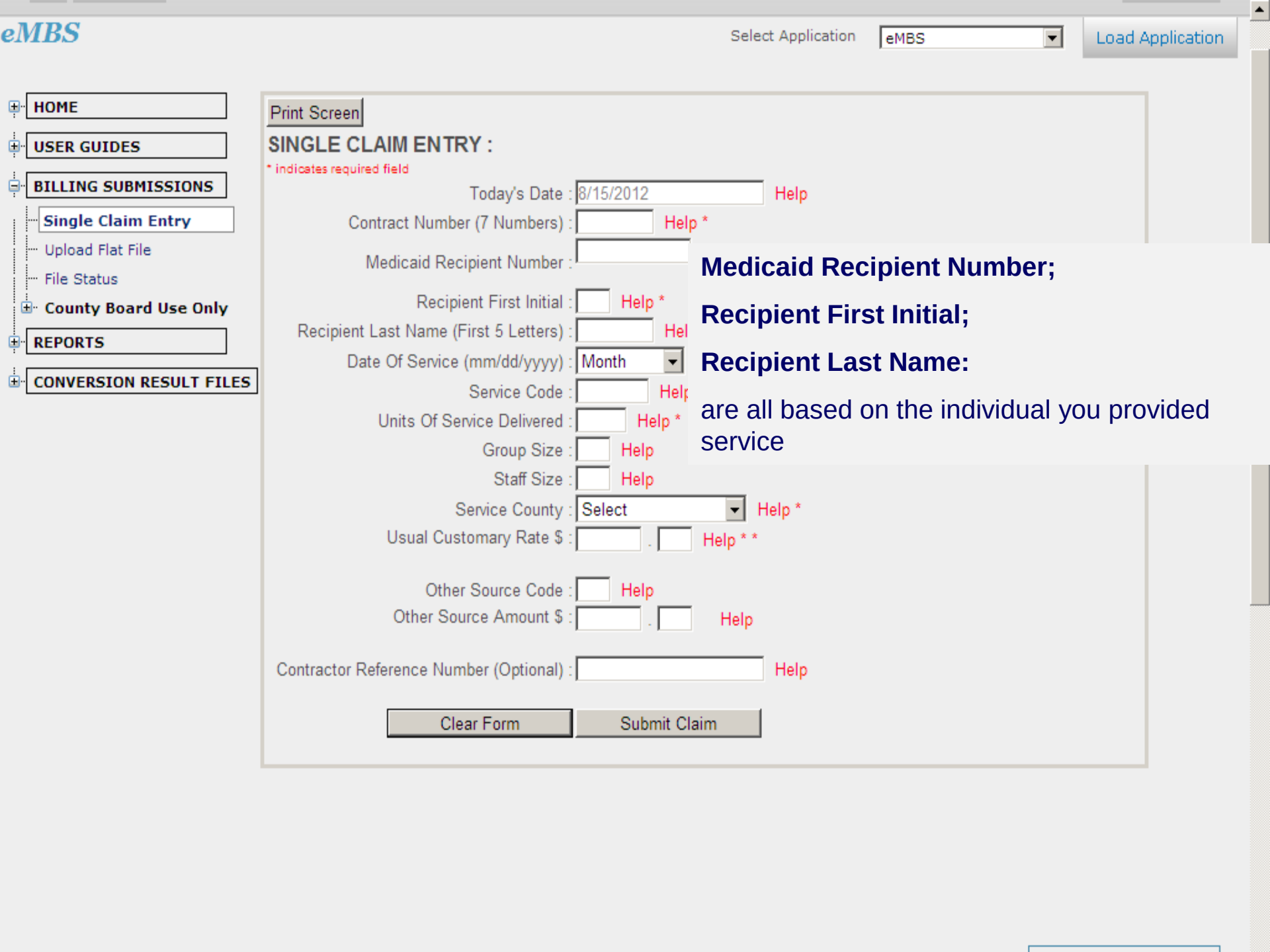
Other Source Code : Help

Other Source Amount $: . Help

Contractor Reference Number (Optional) : Help

Clear Form Submit Claim

Contract number: Your 7 digit contract number


eMBS
Select Application
eMBS
Load Application
HOME
USER GUIDES
BILLING SUBMISSIONS
Single Claim Entry
Upload Flat File
File Status
County Board Use Only
REPORTS
CONVERSION RESULT FILES
Print Screen
SINGLE CLAIM ENTRY :
* indicates required field
Today's Date : 8/15/2012 Help
Contract Number (7 Numbers) : Help *
Medicaid Recipient Number :
Recipient First Initial : Help *
Recipient Last Name (First 5 Letters) : Hel
Date Of Service (mm/dd/yyyy) : Month
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
Medicaid Recipient Number;
Recipient First Initial;
Recipient Last Name:
are all based on the individual you provided service

eMBS

Select Application eMBS Load Application

- HOME
- USER GUIDES
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Print Screen

SINGLE CLAIM ENTRY :

* indicates required field

Today's Date : 8/15/2012 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 :

Units Of Service Delivered : He

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

Date of Service is the Month, Day, and Year that the service you're billing was provided

eMBS

Select Application eMBS Load Application

- HOME
- USER GUIDES
- BILLING SUBMISSIONS
  - Single Claim Entry
  - Upload Flat File
  - File Status
  - County Board Use Only
- REPORTS
- CONVERSION RESULT FILES

Print Screen

SINGLE CLAIM ENTRY :

* indicates required field

Today's Date : 8/15/2012 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 :

Units Of Service Delivered : He

Group Size : Help

Staff Size : Help

Service County : Select

Usual Customary Rate $: . Help * *

Other Source Code : Help

Other Source Amount $: . Help

Contractor Reference Number (Optional) : Help

Clear Form Submit Claim

Service Codes are found in service- specific rules available on our website

Service	PAWS Authorization Code I/O	Billing Code I/O	PAWS Authorization Code LV1	Billing Code LV1	PAWS Authorization Code Emergency LV1	Billing Code Emergency LV1
homemaker/personal care (routine) 15 minute unit	A22	**APC**	F22	**FPC**	E22	**EPC**
homemaker/personal care (on-site/on-call) 15 minute unit	A44	**AOC**	F44	**FOC**	E44	**EOC**
homemaker/personal care daily billing unit (I/O only)	ADP	**ADP**	N/A	N/A	N/A	N/A
transportation/mileage	ATN	**ATN**	FTN	**FTN**	ETN	**ETN**
adult foster care (I/O only) Daily unit	AFO	**AFO**	N/A	N/A	N/A	N/A
adult family living (I/O only) Daily unit	AFL	**AFL**	N/A	N/A	N/A	N/A
adult family living (I/O only) 15 minute unit	AFF	**AFF**	N/A	N/A	N/A	N/A
supported employment-community 15 minute unit	ACO	**ACO**	FCO	**FCO**	N/A	N/A
non-medical transportation mileage	A35	**ATW**	F35	**FTW**	N/A	N/A
non-medical transportation per-trip	A35	**ATB**	F35	**FTB**	N/A	N/A
non-medical transportation taxi/livery	A35	**ATT**	F35	**FTT**	N/A	N/A
informal respite (LV1 only)	N/A	N/A	FIN	**FIN**	N/A	N/A
environmental accessibility adaptations	AVN	**AVN**	FVN	**FVN**	EVN	**EVN**
specialized medical equipment and supplies	AAE	**AAE**	FAE	**FAE**	EAE	**EAE**
nutrition services (I/O only)	ANN	**ANN**	N/A	N/A	N/A	N/A
home-delivered meals (I/O only)	AMN	**AMN**	N/A	N/A	N/A	N/A
interpreter services (I/O only)	AIN	**AIN**	N/A	N/A	N/A	N/A

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Select Application eMBS Load Application

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SINGLE CLAIM ENTRY :

* indicates required field

Today's Date : 8/15/2012 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 :

Group Size : H

Staff Size : H

Service County : Select

Usual Customary Rate $: . Help * *

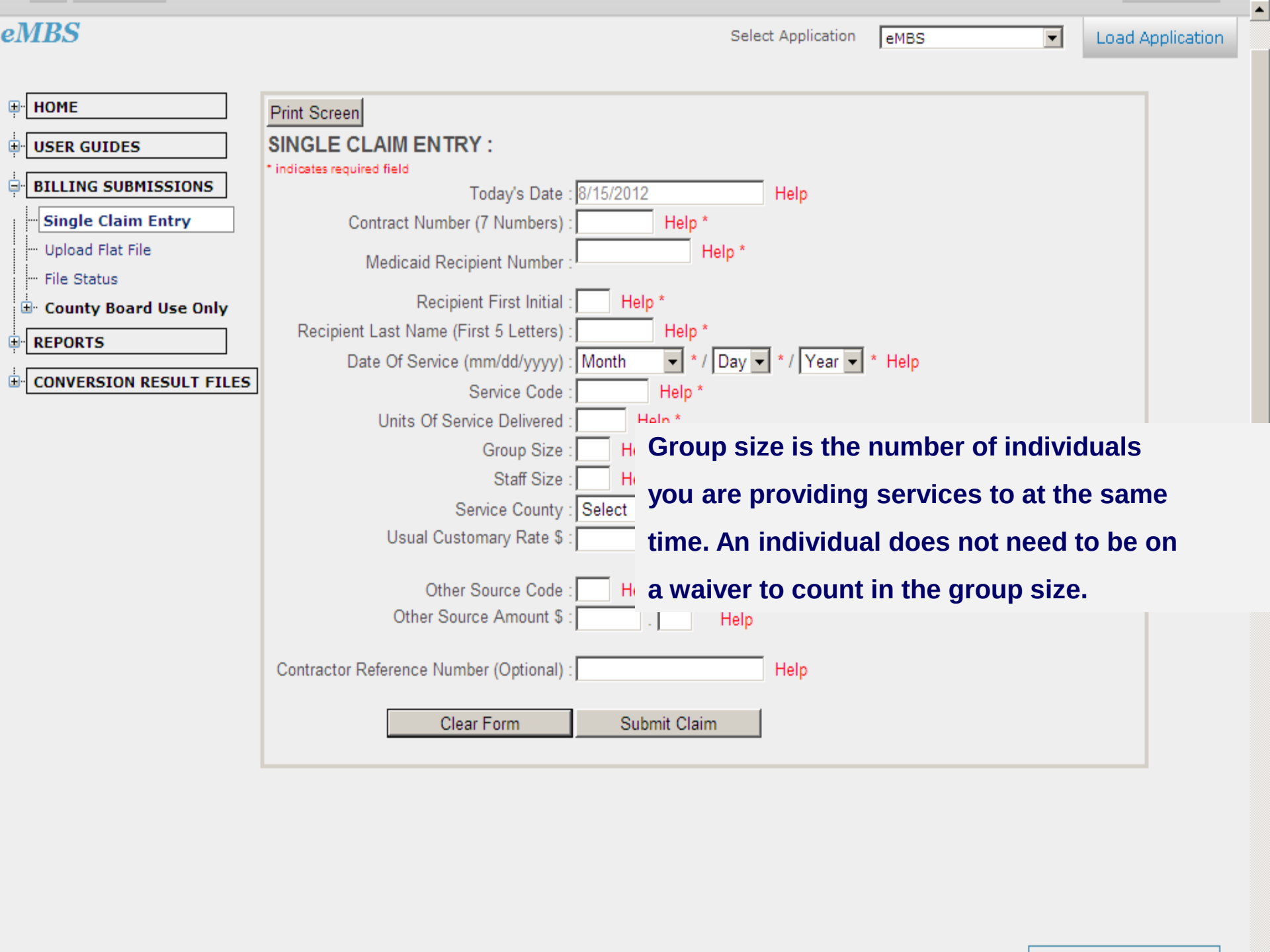
Other Source Code : Help

Other Source Amount $: . Help

Contractor Reference Number (Optional) : Help

Clear Form Submit Claim

Units of Service Delivered may refer to 15- minute units, daily units, or miles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SINGLE CLAIM ENTRY :
* indicates required field
Today's Date : 8/15/2012 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 :
Group Size :
Staff Size :
Service County : Select
Usual Customary Rate $:
Other Source Code :
Other Source Amount $: Help
Contractor Reference Number (Optional) : Help
Clear Form
Submit Claim
Group size is the number of individuals you are providing services to at the same time. An individual does not need to be on a waiver to count in the group size.

eMBS

Select Application eMBS Load Application

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SINGLE CLAIM ENTRY :

* indicates required field

Today's Date : 8/15/2012 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 :

Service County : Sele

Usual Customary Rate $:

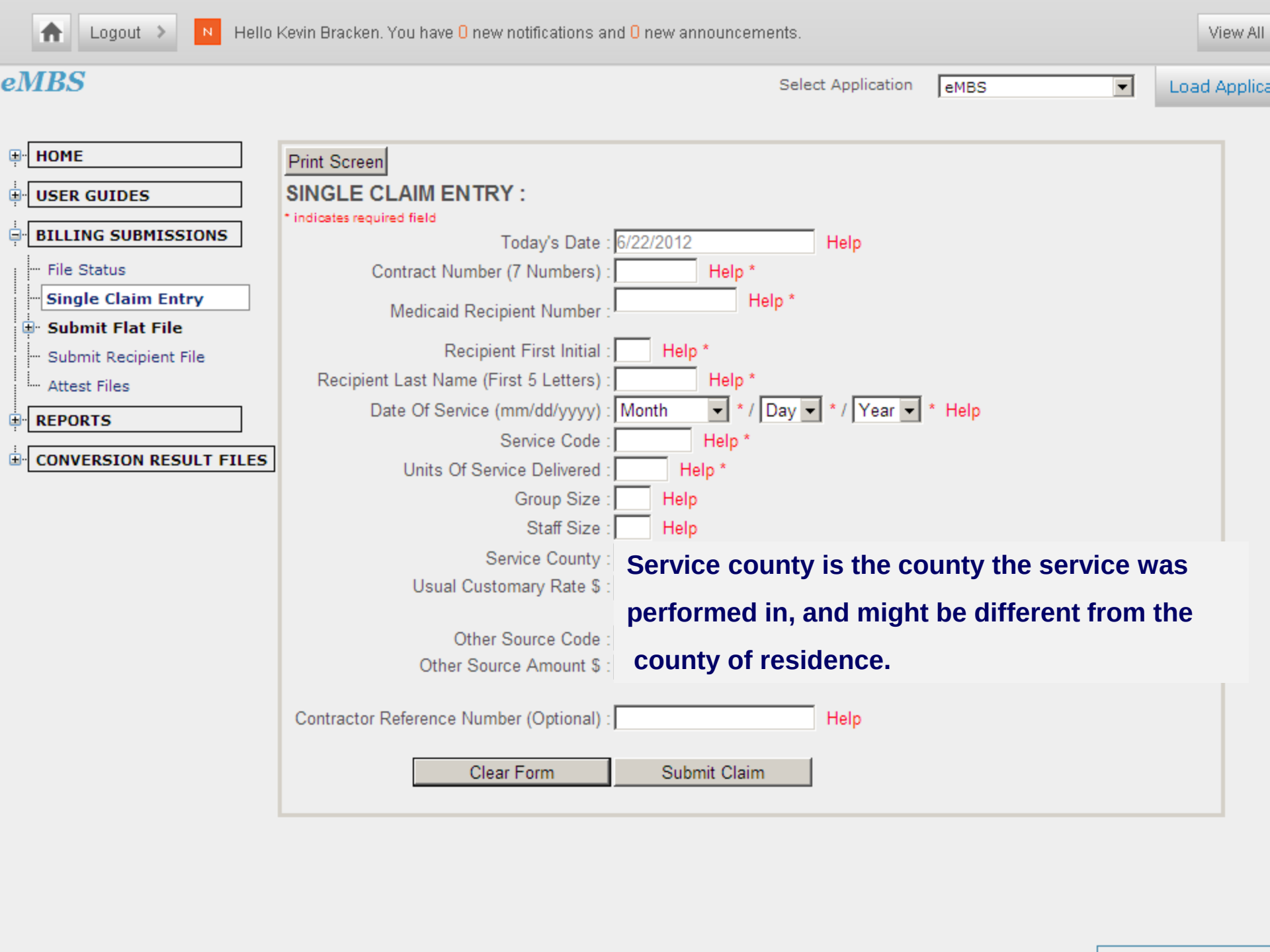
Staff size for an independent provider is always '1'.

Other Source Code : Help

Other Source Amount $: . Help

Contractor Reference Number (Optional) : Help

Clear Form Submit Claim


Logout
Hello Kevin Bracken. You have 0 new notifications and 0 new announcements.
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Select Application
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BILLING SUBMISSIONS
File Status
Single Claim Entry
Submit Flat File
Submit Recipient File
Attest Files
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CONVERSION RESULT FILES
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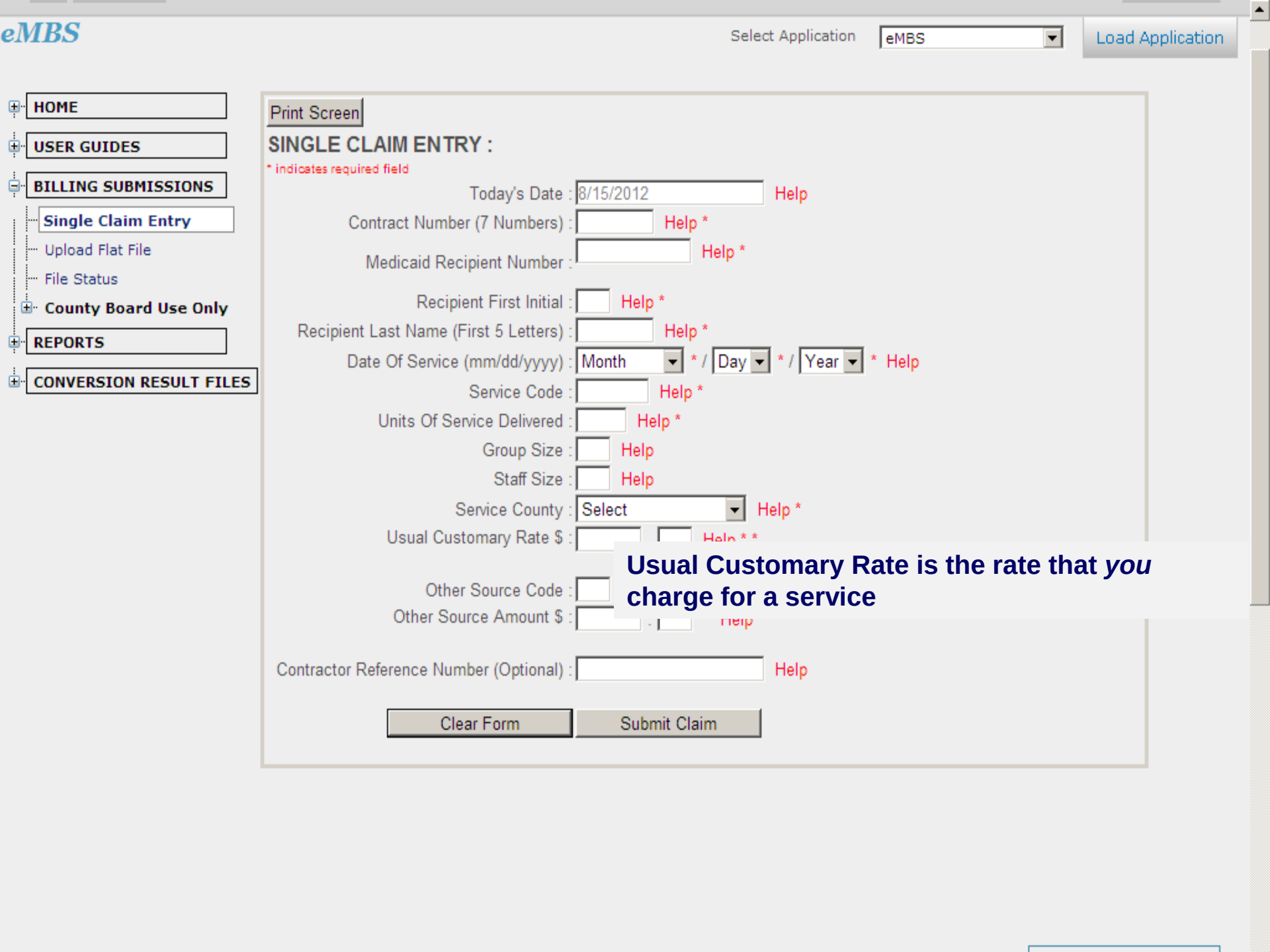
SINGLE CLAIM ENTRY :
* indicates required field
Today's Date : 6/22/2012 Help
Contract Number (7 Numbers) : Help *
Medicaid Recipient Number : Help *
Recipient First Initial : Help *
Recipient Last Name (First 5 Letters) : Help *
Date Of Service (mm/dd/yyyy) : Month * / Day * / Year * Help
Service Code : Help *
Units Of Service Delivered : Help *
Group Size : Help
Staff Size : Help
Service County :
Usual Customary Rate $:
Other Source Code :
Other Source Amount $:
Service county is the county the service was performed in, and might be different from the county of residence.
Contractor Reference Number (Optional) : Help
Clear Form
Submit Claim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SINGLE CLAIM ENTRY :
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Today's Date : 8/15/2012 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 $:
Usual Customary Rate is the rate that you charge for a service
Other Source Code :
Other Source Amount $:
Contractor Reference Number (Optional) : Help
Clear Form
Submit Claim

Usual Customary Rate

- DODD is required by law to have a mechanism through which providers report their usual and customary rate. This is the purpose of the UCR field in eMBS.

- Your usual customary rate is the rate that you would charge a private-pay individual for the same service you are providing to a Medicaid waiver recipient. You will need to decide what you will charge.

- You will be paid either the maximum rate allowed by Medicaid, or your usual customary rate, depending on which is lower. If you enter a UCR that is lower than the maximum rate, that is what you will be paid.

- The Medicaid maximum rates can be found in service-specific rules available on our website, and may vary according to service county, staff size, and group size.

Medicaid Maximum Rates

- The maximum rates paid for waiver services are set by Federal guidelines, and can be found 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.
- 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.
- Having found your CoDB category for your county, you will next check to see the rate of the service(s) you are providing. This is the maximum rate you will be paid. You will decide what your usual customary rate is; however, Medicaid recipients cannot be charged more for their services than non-Medicaid service recipients.
- 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.

eMBS

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SINGLE CLAIM ENTRY :

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Today's Date : 8/15/2012 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 * *

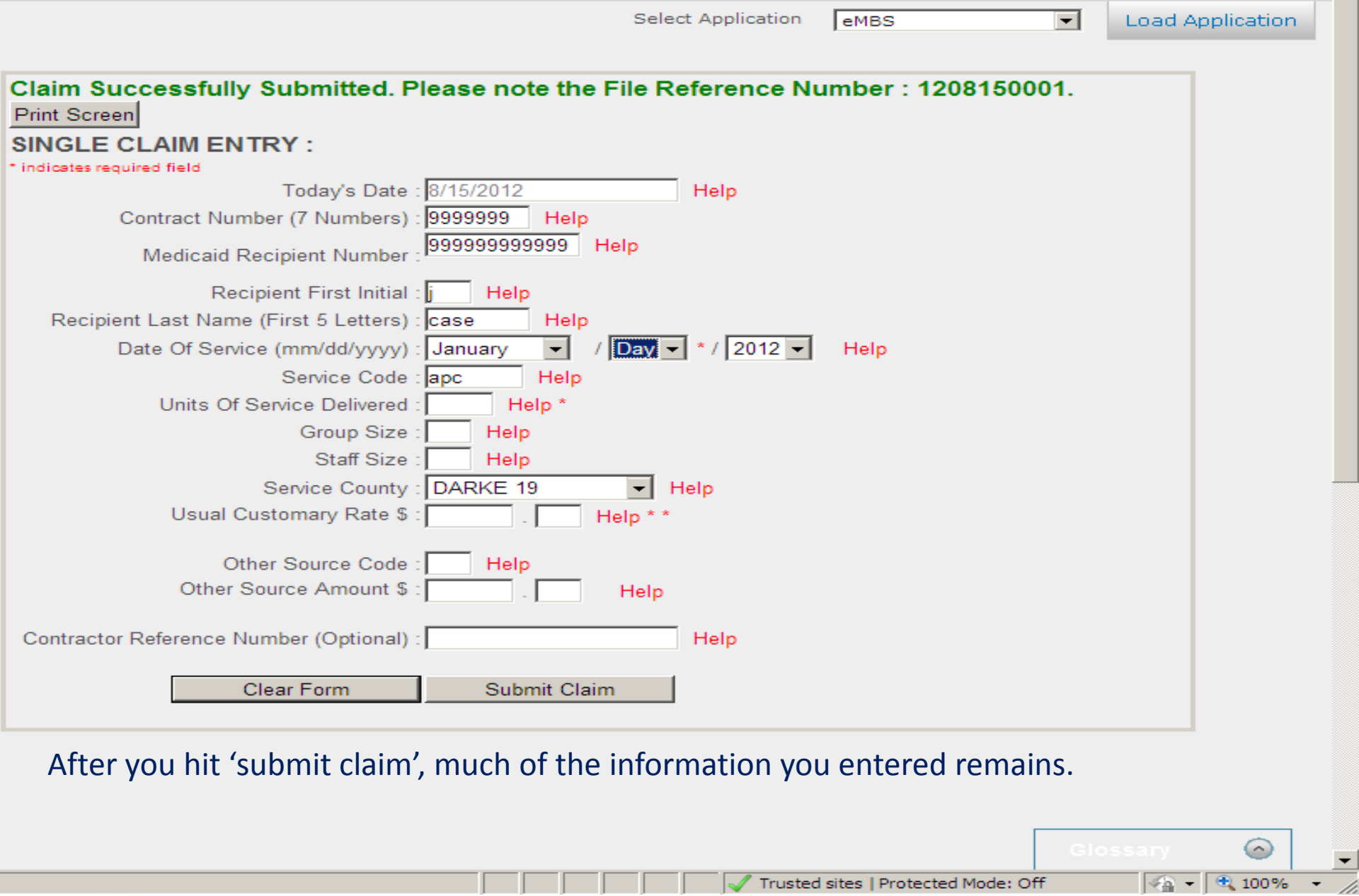
Other Source Code :

Other Source Amount $:

Contractor Reference Number (Optional) :

Other Source Code and Other Source Amount will not be used unless you are reporting patient liability or third party liability

Clear Form Submit Claim



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

Claims Services Unit

Ohio Department of Developmental Disabilities

Phone: (800) 617-6733

Fax: (614) 466-7359

Email: dodd.support@dodd.ohio.gov