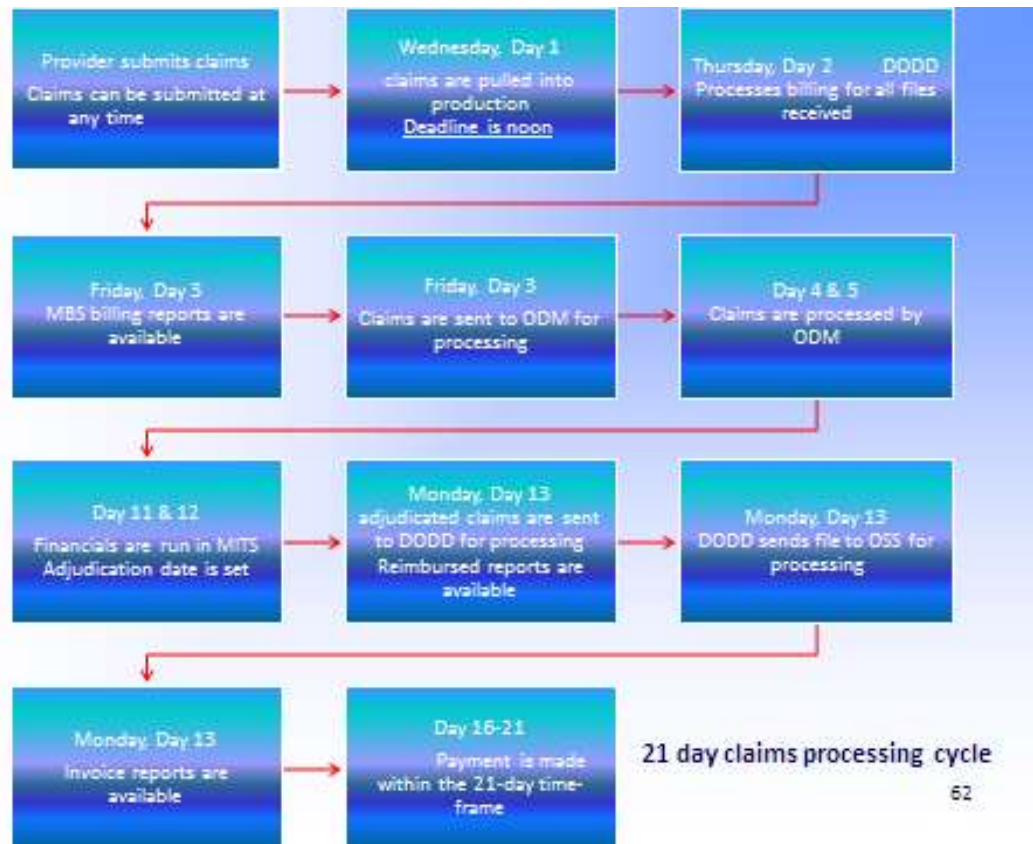# Claims processing cycle

Providers can submit claims at any time; however, the deadline for processing for any given week is at noon on Wednesday. Claims submitted past the noon deadline may not be picked up for processing until the following week. On Friday of the same week, the billed reports are available in MBS under 'provider weekly reports'. Claims are then sent to Ohio Department of Medicaid for processing. The invoice report, which indicates what will be paid, comes out the second Monday after the Wednesday production date. The entire process takes 16-21 days, although payment is typically mailed out 16 days after the claims have been picked up for processing.