The Medicaid Billing System

Ohio | Department of
Developmental Disabilities

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.

...people with developmental disabilities and their families.

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

Bing

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

Welcome to DODD Gateway
Department of Developmental Disabilities

Glossary

Resources for those 22 and Over

🔍 Bing

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

🅔 Sign In

Page ▾ | Safety ▾ | Tools

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

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

Bing

Favorites | Kronos | Ohio 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

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

Bing

Favorites | Kronos | Ohio 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
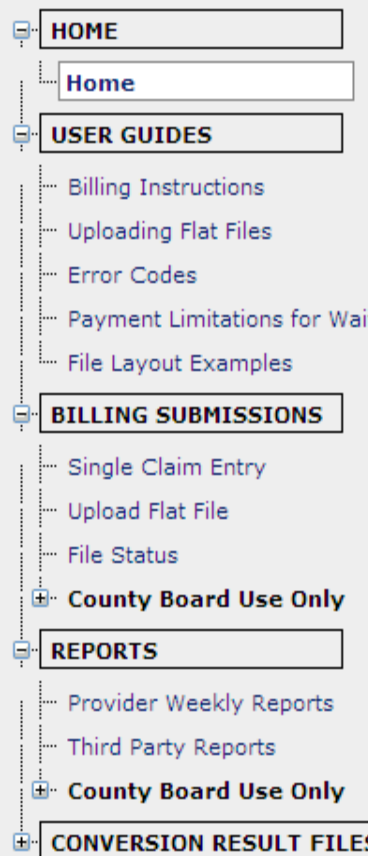
HOME
Home

USER GUIDES

BILLING SUBMISSIONS

REPORTS

ADMINISTRATION

Continue To MBS

CLICK CONTINUE TO MEDICAID BILLING SYSTEM (MBS)

Glossary

Done | Trusted sites | Protected Mode: Off

HOME

Home

USER GUIDES

- Billing Instructions
- Uploading Flat Files
- Error Codes
- Payment Limitations for Wai
- 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

'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.

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"

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"
```

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**
- ⊟ **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 ▼] 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

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

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		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

Select Application   [eMBS ▼]   Load Application

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 : [ ]

Units of Service Delivered may refer to 15- minute units, daily units, or miles

Group Size : [ ]   H

Staff Size : [ ]   H

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

eMBS

Select Application | eMBS ▼ | Load Application

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 : [   ]   H

Staff Size : [   ]   H

Service County : Select

Usual Customary Rate $: [   ]

Other Source Code : [   ]   H

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.

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 : [ ]

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

Service County : Sele

Usual Customary Rate $: [ ]

Other Source Code : [ ]   Help

Other Source Amount $: [ ] . [ ]   Help

Contractor Reference Number (Optional) : [ ]   Help

Clear Form   Submit Claim

eMBS

Select Application | eMBS ▼ | Load Applica

- ⊞ **HOME**
- ⊞ **USER GUIDES**
- ⊟ **BILLING SUBMISSIONS**
  - File Status
  - **Single Claim Entry**
  - ⊞ **Submit Flat File**
  - Submit Recipient File
  - Attest Files
- ⊞ **REPORTS**
- ⊞ **CONVERSION RESULT FILES**

Print Screen

SINGLE CLAIM ENTRY :

* indicates required field

Field	Value
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 $:	
Contractor Reference Number (Optional) :	Help

Service county is the county the service was performed in, and might be different from the county of residence.

Clear Form   Submit Claim

⊞ **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 * *

Usual Customary Rate is the rate that *you* charge for a service

Other Source Code : [__]

Other Source Amount $: [____] . [__]   Help

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

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 : [　]

Other Source Amount $: [　]

Contractor Reference Number (Optional) : [　]

Clear Form   Submit Claim

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

Claim Successfully Submitted. Please note the File Reference Number : 1208150001.

Print Screen

SINGLE CLAIM ENTRY :

* indicates required field

Today's Date :	8/15/2012 Help
Contract Number (7 Numbers) :	9999999 Help
Medicaid Recipient Number :	999999999999 Help
Recipient First Initial :	j Help
Recipient Last Name (First 5 Letters) :	case Help
Date Of Service (mm/dd/yyyy) :	January ▼ / Day ▼ * / 2012 ▼ Help
Service Code :	apc Help
Units Of Service Delivered :	Help *
Group Size :	Help
Staff Size :	Help
Service County :	DARKE 19 ▼ 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% ▼

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

Ohio | Department of Developmental Disabilities