

Training Agenda

- Comparing Agency and Independent Providers
- Medicaid and Waivers
- Agencies
- Service Authorization
- Service Documentation
- Submitting Claims
- Reports
- Adjustments

Comparing Agency & Independent Providers

- Taxes
- Insurance
- Payment
- Employees
- Common Ground

Taxes

- Independent Providers

- Must pay their own taxes
- Must file an annual return
- Generally must pay self-employment tax as well as income tax
- Generally pay quarterly estimated tax
- Receive an IRS form 1099 if they make over \$600 per calendar year

- Agency Providers

- Generally must withhold federal income, social security, and Medicare taxes from employee's wages
- Report and pay federal unemployment tax
- May have additional tax requirements

Insurance

- **Independent Providers**

- Must provide their own insurance
- Should check their policies to see if they are covered while providing waiver services
- Might want to consider professional liability insurance

- **Agency Providers**

- Must carry worker's compensation and unemployment insurance
- May be required to carry disability insurance
- May have other responsibilities

Payment

- **Independent Providers**

- There is no guarantee of income
- Submit claims for reimbursement
- Incorrect submissions may result in delay of payment
- Should view weekly reports, even if using a billing agent

- **Agency Providers**

- There is no guarantee of income
- Submit claims for reimbursement
- Incorrect submissions may result in delay of payment
- Should view weekly reports, even if using a billing agent
- Responsible for payroll

Employees

- Independent Providers

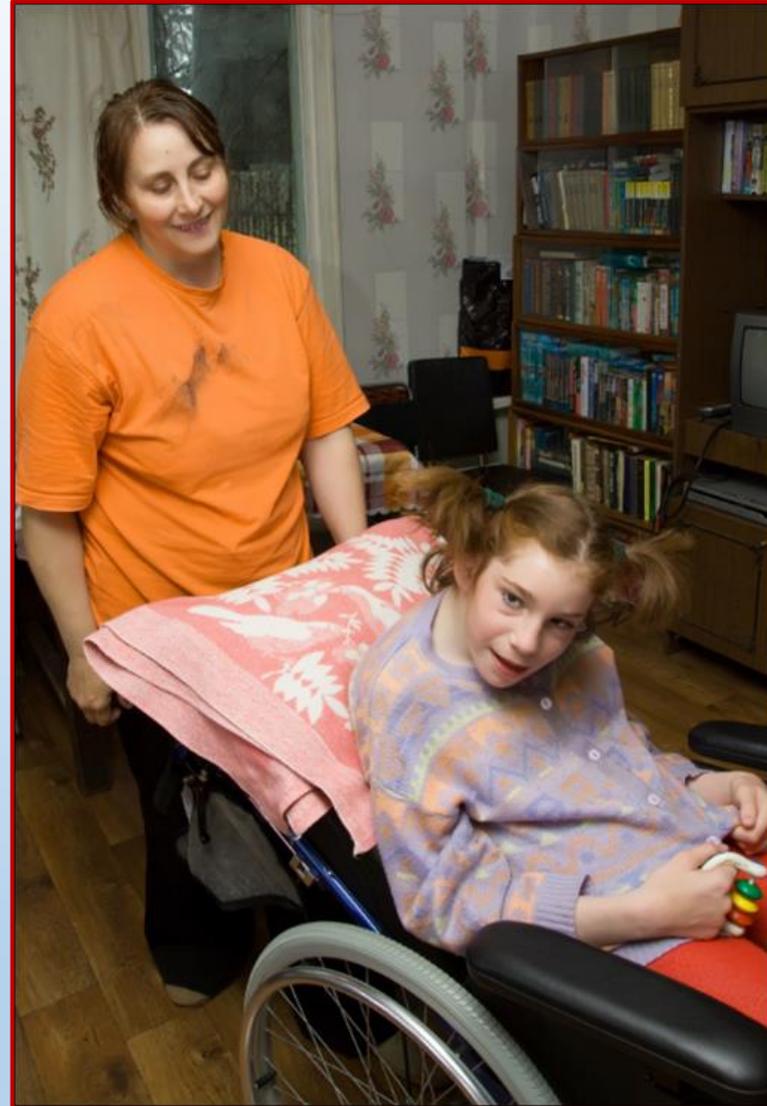
- Cannot hire someone to provide services

- Agency Providers

- Must have a minimum of 1 employee who provides direct care
- Person must be issued an IRS form W-2 to qualify as employee

Common Ground: Certification

- Persons or agencies who provide services to individuals with developmental disabilities must obtain certification from the Ohio Department of Developmental Disabilities in order to be reimbursed through the waiver program.



Common Ground: Free Choice of Provider

Individuals who are receiving waiver services have free choice of provider.

County boards of developmental disabilities assist individuals in choosing providers.

Certification does not guarantee that a provider will be chosen by a waiver recipient.



Common Ground: Ohio Administrative Code

Administrative rules govern the actions, roles, and requirements of state agencies such as DODD. Once rules are adopted, they become part of the [Ohio Administrative Code](#) (OAC), a compilation of the rules adopted by state agencies.

The rules are reviewed and revised on an ongoing basis to ensure that agencies meet the needs of their constituents and adhere to law and best practices.



Medicaid & Waivers

- What is Medicaid
- Maintaining Medicaid Eligibility
- Coordination of Benefits
 - Third-Party Liability
 - Patient Liability
 - Medicaid Spenddown
 - Medicaid Buy-In
- Medicaid Waivers
- Other Types of Waivers
- Supported Living

What is Medicaid?

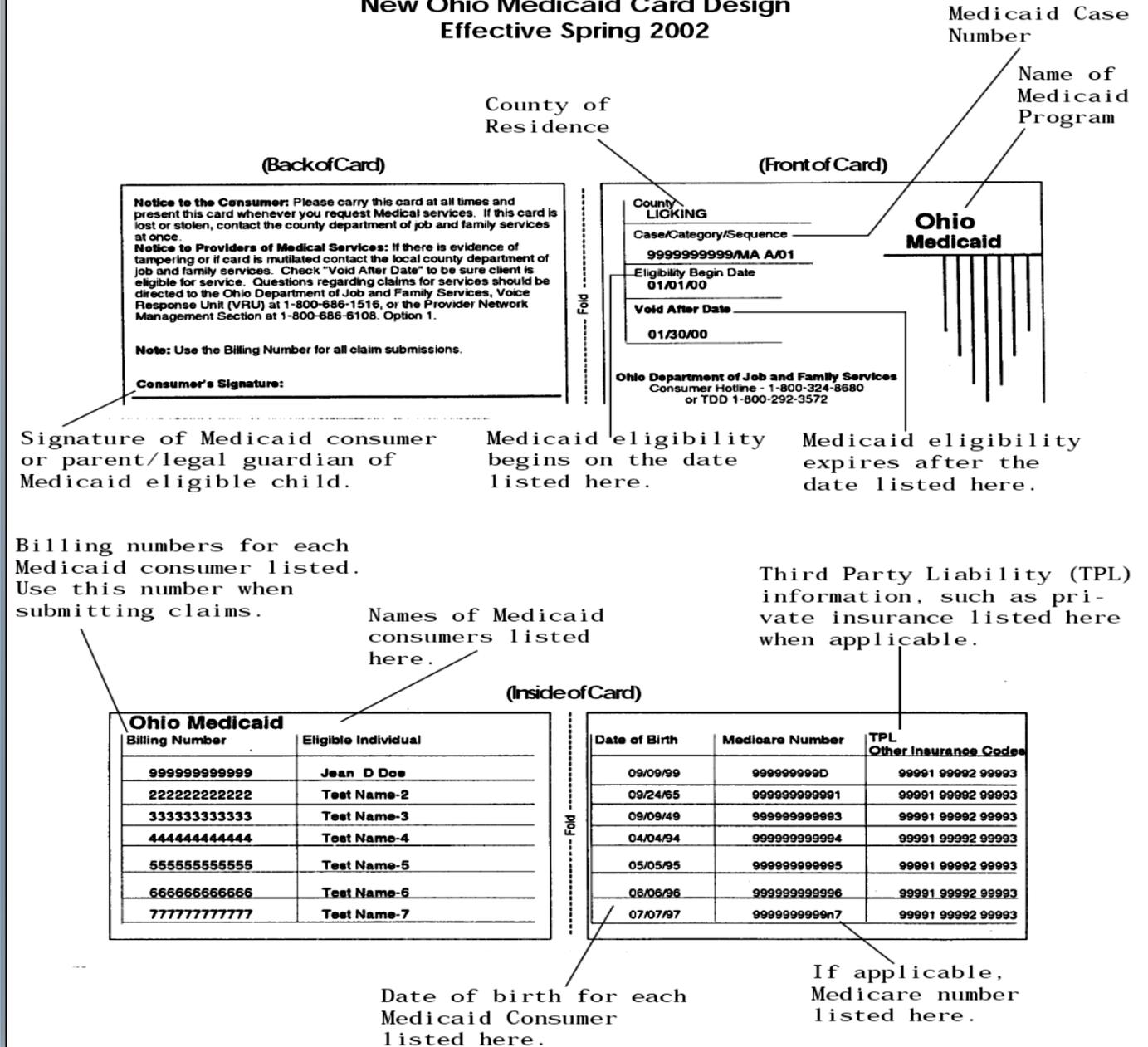
- Medicaid is a state and federally funded health program enacted through the Social Security Act of 1965
- Medicaid began in Ohio in 1968
- Each state operates its own program within federal guidelines
- Depending on what the County Board has indicated on the client's Individual Service Plan [ISP], a waiver provider may be responsible for assisting their client in maintaining eligibility.

Medicaid Eligibility

- 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]



The Office of Ohio Health Plans New Ohio Medicaid Card Design Effective Spring 2002



Maintaining Medicaid Eligibility

As stated on the individual's initial enrollment letter, and on all subsequent redetermination letters:

You or your authorized representatives are responsible to maintain Medicaid eligibility each month. You must be Medicaid eligible to maintain your Waiver enrollment. You need to have available a current Medicaid card to present to the provider of services, if requested.



Coordinating Benefits: Third-Party Liability

Payment obligations of a third-party payer [insurance] for services rendered to eligible Medicaid recipients.



Coordinating Benefits: Patient Liability

The individuals financial obligation toward the Medicaid cost of care



Coordinating Benefits: Medicaid Spenddown

offers Ohio residents a chance to still qualify for Medicaid-even if their income is too high



Coordinating Benefits: Medicaid Buy-In for Workers With Disabilities

Program that provides health care coverage to working Ohioans with disabilities.



What is a Medicaid waiver?

A Medicaid waiver provides services and supports to individuals who wish to remain in the community.



SELF

Remote Monitoring
Remote Monitoring Equipment
Residential Respite
Community Respite
Adult Day Supports
Vocational Habilitation
Supported Employment – Enclave
Non-Medical Transportation
Support Brokerage
Community Inclusion (Personal Assistance, Transportation)
Integrated Employment
Functional Behavioral Assessment
Clinical/Therapeutic Intervention
Participant-Directed Goods and Services
Participant/Family Stability Assistance

Individual Options

Homemaker/personal care
Adult day services
Transportation
Non-medical transportation
Adaptive/assistive equipment
Environmental modifications
Community respite
Residential respite
Institutional respite
Remote monitoring
Home delivered meals
Interpreter services
Adult family living
Adult foster care
Social work

Level 1

Homemaker/Personal Care
Adult day services
Transportation
Non-medical transportation
Specialized medical equipment & supplies
Environmental modifications
Community respite
Residential respite
Institutional respite
Remote monitoring
Home delivered meals
Informal respite

Other Types of Waivers

Administered by the Ohio Department of Medicaid:

Ohio Home Care

Administered by the Ohio Department on Aging:

Assisted Living

Choices

PASSPORT



Providers interested in finding out more about different waivers should contact their county board of developmental disabilities, or the agency that administers the waiver directly.

Non-waiver ‘Community-Funded’ Services [Supported Living]

What are non-waiver services?

These services are paid for through local dollars.

Who can provide non-waiver services?

If you are certified as a DODD waiver provider, you are also certified to provide non-waiver services. A provider can also choose to be certified for non-waiver services only.

How do I know if I am working with a non-waiver individual?

The Individual Service Plan [ISP] should identify the funding source. If an individual is not enrolled on a waiver, it is a non-waiver service.

How do I bill for non-waiver services?

You will need to contact your local county board of developmental disabilities. All community-funded services are billed to the local county board. They are not billed to DODD.

Agencies Involved with Medicaid Waivers

1. County Department of Job and Family Services
2. County Boards of Developmental Disabilities
3. Regional Councils of Government [COG's]
4. Ohio Department of Developmental Disabilities
5. Ohio Department of Medicaid
6. Office of Budget and Management
7. Department of Administrative Services
8. Office of the Attorney General
9. Centers for Medicare & Medicaid Services

County Departments of Job & Family Services

- Processes form 07200's to determine Medicaid eligibility
- Processes form 2399's to determine eligibility for Medicaid Home and Community-Based Services Waiver programs
- Determines amount of patient liability, if applicable

County Boards of Developmental Disabilities

- Assist individuals in waiver enrollment and free choice of provider
- Performs assessments and evaluations of individuals receiving waiver services
- Develop Individual Service Plans [ISP's] to ensure waiver recipient's safety and well-being
- Develop and enter Payment Authorization for Waiver Services [PAWS]
- Funds part of the costs of waiver services
- Provides service and support administration to each individual receiving home and community-based services

Regional Councils of Government [COG's]

- There are 8 COGS in Ohio representing 74 of the 88 counties.
- County Boards of Developmental Disabilities can contract with COG's to provide different services
- COG's often provide training opportunities for both agency and independent providers



Southern Ohio Council of Governments [SOCOG]

Adams, Athens, Brown, Clinton, Fayette, Gallia, Highland, Jackson, Lawrence, Meigs, Pickaway, Pike, Ross, Scioto, Vinton

West Central Ohio Network [WestCON]

Auglaize, Darke, Hardin, Logan, Mercer, Miami, Preble, Shelby, Union

Clearwater

Crawford, Erie, Huron, Marion, Morrow, Sandusky, Seneca, Ottawa, Wyandot

MEORC

Belmont, Carroll, Coshocton, Fairfield, Guernsey, Harrison, Hocking, Holmes, Jefferson, Knox, Licking, Monroe, Morgan, Muskingum, Noble, Perry, Tuscarawas, Washington

North East Ohio Network [NEON]

Ashtabula, Columbiana, Cuyahoga, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Richland, Stark, Summit, Trumbull, Wayne

Northwest Ohio Waiver Administration [NOWAC]

Defiance, Fulton, Henry, Paulding, Van Wert, Williams

Southwest Ohio Cog

Butler, Clermont, Hamilton, Warren

The Employment Connection

Hocking, Perry, Fairfield

Ohio Department of Developmental Disabilities

- Administers the I/O, LV1, & SELF waivers on behalf of the Ohio Department of Medicaid [ODM]
- Certifies providers of waiver services, including county boards
- Performs on-site quality assurance reviews
- Conducts fiscal audits of providers
- Conducts MUI investigations
- Performs level of care determinations
- Conducts accreditation of CBDD's
- Ensures the safety and well-being of individuals served by CBDD's

Ohio Department of Medicaid

- Is the single state agency for Medicaid in Ohio, operating under the federal Centers for Medicare and Medicaid Services [CMS]
- Processes and approves claims through the Medicaid Information Technology System [MITS]
- Receives funds from the Centers for Medicare and Medicaid Services [CMS] to reimburse providers for waiver services

Office of Budget & Management

- Processes direct deposit requests and changes to bank account information
- Issues IRS forms 1099 Report of Miscellaneous Income
- Processes claims through the Ohio Administrative Knowledge System [OAKS]

Department of Administrative Services

- DAS, via the Department of State Printing:
- Prints out and mails checks sent over from OSS via electronic file

Office of the Attorney General

- Investigates allegations of Medicaid fraud
- Recovers funds paid out that were not in compliance with service-specific rules in Chapters 5123:2-9 of the Ohio Administrative Code

Centers for Medicare & Medicaid Services

- Federal agency that administers Medicare program
- Works in partnership with state governments to administer Medicaid, the State Children's Health Insurance Program [SCHIP] and the Health Insurance Portability and Accountability Act [HIPAA]
- Reimburses DODD, through ODM, for part of the costs of waiver services

Service Authorization

- Assessment
- Individual Service Plan
- Cost Projection & Budgeting
- Payment Authorization for Waiver Services

Assessment

- What is important to the individual and for the individual;
- Known and likely risks;
- The individual's place on the path to community employment;
- What is and is not working in the individual's life



Individual Service Plan

The SSA, with input from the individual and the individual's team, develops an ISP



Cost Projection & Budgeting

The Cost Projection Tool [CPT] which is housed within the Medicaid Services System [MSS] is used state wide by county boards as the single common system to project the total costs of services for an individual based on assessed need to assure health and safety.



Medicaid Services System

Provider Search Abuser Registry Report Fraud Report Abuse Ohio.gov State Agencies Online Services

Ohio Department of Developmental Disabilities

Search this site [Login](#)

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HOME INDIVIDUALS & FAMILIES PROVIDERS COUNTY BOARDS MY DODD

Home → Providers → Resources → Medicaid Services System

Medicaid Services System (MSS)

MSS is used state wide by county boards of developmental disabilities as the single common system to project the total costs of services for an individual based on assessed need to assure health and safety. MSS provides a core DODD system to integrate other Department applications and improve data flow, integrity, and streamline the payment authorization process.

The MSS Process is comprised of the following steps: (1) Project Costs, (2) Finalize Costs, (3) Authorize Costs, (4) Recommend authorization of payment in PAWS, and (5) Generate site costs (if needed) in DRA.

Information from MSS is used to populate the enhanced Daily Rate Application (DRA), Payment Authorization of Waiver Services (PAWS), and indirectly the enhanced Medicaid Billing System (eMBS).

Daily Billing Unit Information

The enhanced Daily Rate Application (DRA) is part of the MSS application. The enhanced DRA is a billing tool allowing for the apportionment of Homemaker/Personal Care (H/PC) services costs of IO waiver enrollees living in shared settings. The enhanced DRA works in conjunction with the Cost Projection Tool (CPT) portion of MSS to calculate the appropriate level of reimbursement associated with H/PC Daily Billing Units (DBUs).

Resources

Providers	ICF's
Webinar Registration Links	9-29 Provider PAWS MSS Training
9-15 PAWS MSS Trainings Session 1	9-30 Provider PAWS MSS Training
9-15 PAWS MSS Trainings Session 2	10-1 Provider PAWS MSS Training
9-17 PAWS MSS Trainings Session 1	10-5 Provider PAWS MSS Training
9-17 PAWS MSS Trainings Session 2	10-7 Provider PAWS MSS Training

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:

Password:

[Sign In](#)

[Back to Portal](#) [Forgot Password](#)

Medicaid Services System (MSS) - Search by Person

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Search By Person:

Search for Site by Site Name

Search by Person

Search for Site by Provider

SPA

Service Payment
Authorization

PA

Manage PA

PAWS

First Name:

DODD Number:

Last Name:

County:

Medicaid Billing Number:

Search by:

SSN:

CRISE:

Search

You can search by the MSS site name, by individual ,or by your contract number.

If you search for an individual by their first and last name, you must also include their county of residence.

Medicaid Services System [MSS]

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES

Medicaid Services System (MSS) - Search by Person

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Search for Site by Site Name **First Name:** **DODD Number:**

Search by Person **Last Name:** **County:** ▼

Search for Site by Provider **Medicaid Billing Number:** **Search by:** ▼

SPA
Service Payment
Authorization

PA
Manage PA

PAWS
Cap Rules
Reports

SSN:

CRISE:

Showing 1 - 1 of 1 records First Prev Next Last

Filter:

Select Site	CODB County	Individual No.	Last Name	First Name	DOB	Medicaid No.
Williamson, William	DELAWARE	5555555	Williamson	William	09/25/XXXX	XXXXXXXX

Select 'Search by Person'
Click on 'Select Site' link

Medicaid Services System (MSS) - Manage Cost Projections

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PA

Manage PA

PAWS

- Cap Rules
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CPT

- Manage Individuals
- Manage Providers
- Manage HPC Staffing Patterns
- Manage HPC Calendar
- Manage ADS/NMT Patterns
- Manage ADS/NMT Calendars
- Manage Unscheduled ADS/NMT
- Manage Unscheduled Services
 - For Multiple Individuals
 - For One Individual

Manage Cost Projections

PA

Manage Individual PA

SPA

Service Payment Authorization

DRA

REPORTS

Site Name: Williamson, William
 Effective Date: 9/22/2014
 End Date: 12/31/9999

Manage: [Site Home](#) | [Edit Site](#) | [Manage Versions](#) | [Manage Notes](#) | [Add Non-Waiver Spans](#) | [Add DRA Exemption](#)

[Change](#)
 DODD #:
 Medicaid #: xxxxxxxx

Waiver: 9/22/2014 - 9/21/2015 [Change](#)
 Type: LV1
 Status: ENRL
 [Budget Summary](#)

Waiver Span: 9/22/2014 - 9/21/2015
 Waiver Type: LV1
 DDP Funding Level: --
 AAI Group: --

Waiver Cost Projection Details

[Get Waiver Cost Projection Details](#)

[Finalize Waiver Cost Projection](#)

[Collapse](#)
 Budget Type: LV1
 Projected Cost: \$1,999.20
 Budget Max: --
 Remaining Amt: --

SiteName																																																																											
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Payment Authorization for Waiver Service [PAWS]

THE OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
Medicaid Services System (MSS) - Search by Person

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Search for Site by Site Name **First Name:** DODD Number:

Search by Person **Last Name:** County: ▼

Search for Site by Provider **Medicaid Billing Number:** Search by: ▼

SPA
Service Payment Authorization

PA
Manage PA

PAWS
Cap Rules
Reports

SSN:

CRISE:

Showing 1 - 1 of 1 records First Prev Next Last

Filter:

Select Site	CODB County	Individual No.	Last Name	First Name	DOB	Medicaid No.
Williamson, William	DELAWARE	5555555	Williamson	William	09/25/XXXX	XXXXXXXX

Select 'Search by Person'
Click on 'Individual No.' link

Medicaid Services System (MSS) - Paws Individual

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PAWS Individual Plan Information

Search for Site by Site Name

Search by Person

Search for Site by Provider

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Individual Name: Individual Number: DHS Medicaid#

Plan Info

Comments

Suspension Info

Waiver Management Info

Version	Waiver Type	County	Match Source	Plan Begin Date	Plan End Date	Approval	Approval Date
2	LV1	DELAWARE	LONE	09/22/2014	09/21/2015	Enrolled	05/15/2015

The first tab is for 'Plan Info', which has details on what services are authorized. The second tab is for 'Comments' entered by the county board. The third tab indicates whether the PAWS plan is or has ever been suspended. The fourth tab has information on the individual's waiver.

Home

Search for Site by Site Name

Search by Person

Search for Site by Provider

SPA

Service Payment Authorization

PA

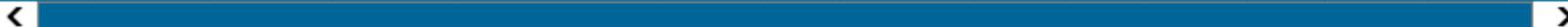
Manage PA

Name:	Waiver Type: LV1	Residence County: DELAWARE	Match Source: LONE Edit
Individual#:	DHS Medicaid#:	Prior Auth. Max: \$0	
AAI Group:	DDP Funding Level: N/A	DDP Funding Range: N/A	
PAWS Status: Enrolled	Plan Begin Date: 9/22/2014	Plan End Date: 9/21/2015	Version#: 2 <input type="button" value="v"/>

View: [All](#) | [PAWS Plan Information](#) | [Waiting List Priorities](#) | [Support Broker Information](#) | [Fiscal Planning](#) | [Compare Plans](#)

PAWS Plan Information							
Plan Type	Match Source	Paws Status	Plan Version #	Plan BeginDate	Plan EndDate	PAWS Approval Date	PAWS Submitted By
Revision	LONE	Enrolled	2	9/22/2014	9/21/2015	5/15/2015	

Service Items - Current Version - 2														
Service Code	Begin Date	End Date	Contract#	Contract Name	Service Title	Units Per FP	Frequency	Addon	2015 Total Units	2015 Total Costs	2016 Total Units	2016 Total Costs	Rate Band	Data Entry SignOn
F22	9/22/2014	6/30/2015			HPC	162	SPAN		162	\$771.12	0	\$0.00	0	
F22	5/12/2015	6/30/2015			HPC	120	SPAN		120	\$571.20	0	\$0.00	0	
F22	7/1/2015	9/21/2015			HPC	48	SPAN		0	\$0.00	48	\$228.48	0	
F22	7/1/2015	9/21/2015			HPC	90	SPAN		0	\$0.00	90	\$623.56	0	



Service Documentation

You are required to create, maintain, and keep confidential documentation for all services.

You will need to provide documentation upon request, such as during an audit.

You must maintain documentation for 6 years.



Homemaker/Personal Care

Homemaker/Personal Care is provided to help a person with daily living activities such as personal hygiene, dressing and eating.

My Service Plan



HPC Transportation

Transportation enables people to access waiver services and travel to community services, activities, and other resources.



Sample documentation for HPC transportation

This is an example of a service documentation form.

There is no requirement to use a specific form for documentation.

You need to be familiar with the rules that cover the specific services you provide.

Rules are available on our website at dodd.ohio.gov under 'Rules in Effect'.

HPC Transportation (1) Log/Documentation Sheet										
Provider Name (5) <i>Rory Drury</i>			Contract #(6): <i>123456</i>			Driver Signature (10) <i>Rory Drury</i>				
Individual Name(3): <i>Joe Fiditch</i>			Med #(4): <i>9876543201</i>			Waiver <i>IO</i>				
Individual Name(3): <i>Steven Doe</i>			Med #(4): <i>8765432101</i>			Waiver <i>IO</i>				
Individual Name(3): <i>Chloe Smith</i>			Med #(4): <i>7654321001</i>			Waiver <i>LV1</i>				
Individual Name(3):			Med #(4):			Waiver				
Date	Origin (7)	Odometer	Destination (7)	Odometer	Miles (8)	Group Size (9)	Individual Initials (3)			
Date (2) <i>1/2/14</i>	Origin (7) <i>33 Maple St</i>	Odometer <i>12372</i>	Destination(7) <i>WalMart</i>	Odometer <i>12375</i>	Miles (8) <i>3</i>	Group Size (9) <i>2</i>	JF	SD	CS	
ISP Related Reason (11) <i>Community Outing</i>										
Date (2) <i>1/2/14</i>	Origin (7) <i>WalMart</i>	Odometer <i>12375</i>	Destination(7) <i>33 Maple St</i>	Odometer <i>12378</i>	Miles (8) <i>3</i>	Group Size (9) <i>2</i>	X	X		
ISP Related Reason (11) <i>Community Outing</i>										
Date (2) <i>1/3/14</i>	Origin (7) <i>33 Maple St</i>	Odometer <i>12378</i>	Destination(7) <i>Main St. Theater</i>	Odometer <i>12386</i>	Miles (8) <i>8</i>	Group Size (9) <i>2</i>	X		X	
ISP Related Reason (11) <i>Community Outing-movie</i>										
Date (2) <i>1/3/14</i>	Origin (7) <i>Main St. Theater</i>	Odometer <i>12386</i>	Destination(7) <i>33 Maple St</i>	Odometer <i>12394</i>	Miles (8) <i>8</i>	Group Size (9) <i>2</i>	X		X	
ISP Related Reason (10) <i>Community Outing-movie</i>										
Date (2) <i>1/7/14</i>	Origin (7) <i>33 Maple St</i>	Odometer <i>12394</i>	Destination(7) <i>The Dental Center</i>	Odometer <i>12396</i>	Miles (8) <i>2</i>	Group Size (9) <i>1</i>			X	
ISP Related Reason (11) <i>Med Appointment</i>										
Date (2) <i>1/7/14</i>	Origin (7) <i>The Dental Center</i>	Odometer <i>12396</i>	Destination(7) <i>33 Maple St</i>	Odometer <i>12398</i>	Miles (8) <i>2</i>	Group Size (9) <i>1</i>			X	
ISP Related Reason (11) <i>Med Appointment</i>										
Date (2) <i>1/9/14</i>	Origin (7) <i>33 Maple St</i>	Odometer <i>12398</i>	Destination(7) <i>WalMart</i>	Odometer <i>12401</i>	Miles (8) <i>3</i>	Group Size (9) <i>2</i>	X	X		
ISP Related Reason (11) <i>Grocery Shopping</i>										
Date (2) <i>1/9/14</i>	Origin (7) <i>WalMart</i>	Odometer <i>12401</i>	Destination(7) <i>33 Maple St</i>	Odometer <i>12404</i>	Miles (8) <i>3</i>	Group Size (9) <i>2</i>	X	X		
ISP Related Reason (11) <i>Grocery Shopping</i>										
Date (2) <i>1/12/14</i>	Origin (7) <i>33 Maple St</i>	Odometer <i>12404</i>	Destination(7) <i>The Pizza Pan</i>	Odometer <i>12405</i>	Miles (8) <i>1</i>	Group Size (9) <i>3</i>	X	X	X	
ISP Related Reason (11) <i>Community Outing & Dinner</i>										
Date (2) <i>1/12/14</i>	Origin (7) <i>The Pizza Pan</i>	Odometer <i>12405</i>	Destination(7) <i>33 Maple St</i>	Odometer <i>12406</i>	Miles (8) <i>1</i>	Group Size (9) <i>3</i>	X	X	X	
ISP Related Reason (11) <i>Community Outing & Dinner</i>										

Common Issues in Documentation

- No documentation
- Insufficient documentation/documentation not supporting **current** ISP
- Billing a daily rate for HPC & not utilizing the DRA
- Non-medical transportation billed on a day the individual did not receive day services
- Not reporting patient liability
- Acuity requirements and calculations and monitoring of staff intensity ratios



Submitting Claims

- General Information
- Billing Cycle
- Medicaid Billing System [eMBS]



Medicaid Billing System [eMBS]

Provider Search | Abuser Registry | Report Fraud | Report Abuse

Ohio.gov | State Agencies | Online Services

Ohio | Department of Developmental Disabilities

Search this site

Glossary | Forms | Rules & Laws | FAQs | Newsroom | About Us

Contact Us | Residential Services | Medicaid | Health & Welfare | Training

HOME | INDIVIDUALS & FAMILIES | PROVIDERS | COUNTY BOARDS | MY DODD

Home → Providers → Billing and Claims

Billing and Claims

If you have questions about submitting claims for waiver services, you can contact our Claims Services Unit. Please provide your full name, your agency name [if applicable] your DODD contract number, and your phone number including area code.

To better serve you please call ahead to make an appointment if you wish to discuss billing issues in person. Making an appointment also enables us to pull your records in advance so that we may serve you more effectively.

Documentation	Resources	Claims Services Unit Contact
Billing Agents	Billing Codes - Agency Providers	Department of Developmental Disabilities 30 E Broad St, 13th Floor Columbus, OH 43215-3434 Phone: 800.617.6733, option 2 Fax: 614.466.7359 Email: dodd.support@dodd.ohio.gov
Documentation of Services - Homemaker Personal Care (HPC)	Billing Codes - Independent Providers	
Documentation of Services - HPC Transportation	Claims Processing Cycle	
Federal Holidays - 2015	Claims Rejected as Errors	
How to Add or Change Direct Deposit	Denial Codes	
HPC Documentation Form	Payment Authorization for Waiver Services	
HPC Transportation Documentation Form	Payment Limitations for HCBS Waiver Services	
	Provider Weekly Reports	
	Submitting Claims for Waiver Services	
	Understanding Group Size	

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:

Password:

[Back to Portal](#) [Forgot Password](#)

HOME

Home

USER GUIDES

- 1. Payment Limitations for Waiver Services
- 2. Billing Instructions
- 3. Service Codes - Independent Provider
- 4. Service Codes - Agency Provider
- 5. Group Size
- 6. Usual Customary Rate
- 7. Other Source
- 8. Error Codes
- 9. File Layouts
- 10. Uploading Flat Files

BILLING SUBMISSIONS

- Single Claim Entry
- Upload Flat File
- File Status

REPORTS

- Provider Weekly Reports
- Third Party Reports

Continue To MBS

CLICK CONTINUE TO MEDICAID BILLING SYSTEM (MBS)

eMBS is where you will submit claims and view your weekly reports.

- [HOME](#)
- [USER GUIDES](#)
- [BILLING SUBMISSIONS](#)
 - [Single Claim Entry](#)
 - [Upload Flat File](#)
 - [File Status](#)
 - [County Board Use Only](#)
- [REPORTS](#)

Print Screen

SINGLE CLAIM ENTRY :

* indicates required field

Today's Date : [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) : * / * / * [Help](#)

Service Code : [Help](#) *

Units Of Service Delivered : [Help](#) *

Group Size : [Help](#)

Staff Size : [Help](#)

Service County : [Help](#) *

Usual Customary Rate \$: . [Help](#) * *

Other Source Code : [Help](#)

Other Source Amount \$: . [Help](#)

Contractor Reference Number (Optional) : [Help](#)

Single claim entry is where you will submit claims for reimbursement.

You will submit a claim for each service you provided to an individual on a given day.

The red asterisks indicate fields that must be filled in for all claims.

In eMBS, you can hover your cursor over the red 'Help' to find out more about that field.

Today's Date : 12/31/2014

The first field is for the current date. It is automatically filled in for you.

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number (Optional) :

Today's Date :

Contract Number (7 Numbers) :

The Contract Number field is for your DODD contract number

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number (Optional) :

Today's Date :

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

These fields are all based on the individual you provide service.

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number (Optional) :

Today's Date :

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number (Optional) :

Date Of Service is the date that you provided the service you are billing

Today's Date : 12/31/2014

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number (Optional) :

Service codes indicate the type of service you provided.

The following slides have codes for independent providers, broken out by waiver type.

Program	Service Title	PAWS Roll-Up Code	DODD Service Code	Service Unit	Rule covering service	Claim requires group size?	Claim requires staff size?	Claim requires service county?
IO Waiver	Transportation	----	ATN	Mile	5123:2-9-24	Yes	No	No
IO Waiver	Supported Employment - Community - 15 minute unit	----	ACO	15 minute	5123:2-9-15	Yes	No	Yes
IO Waiver	Social Work/Counseling Services	----	ASN	15 minute	5123:2-9-38	Yes	No	Yes
IO Waiver	Nutrition Services	----	ANN	15 minute	5123:2-9-28	Yes	No	Yes
IO Waiver	Non-Medical Transportation - One-way trip - Taxi/Livery/Bus	A35	ATT	1 Way Trip	5123:2-9-18	No	No	No
IO Waiver	Non-Medical Transportation - One-way trip - Eligible vehicle	A35	ATB	1 Way Trip	5123:2-9-18	No	No	No
IO Waiver	Non-Medical Transportation - Mileage	A35	ATW	Mile	5123:2-9-18	Yes	No	Yes
IO Waiver	Interpreter Services	----	AIN	15 minute	5123:2-9-36	Yes	No	Yes
IO Waiver	Homemaker/Personal Care - On-Site/On-Call - 1 Staff	A44	AOC	15 minute	5123:2-9-30	Yes	Yes	Yes
IO Waiver	Homemaker/Personal Care - DBU - Independent	----	ADP	Day	5123:2-9-31	No	No	No
IO Waiver	Homemaker/Personal Care - 1 Staff	A22	APC	15 minute	5123:2-9-30	Yes	Yes	Yes
IO Waiver	Home Delivered Meals	----	AMN	Meal	5123:2-9-29	No	No	No
IO Waiver	Environmental Modifications	----	AVN	Item	5123:2-9-23	No	No	No
IO Waiver	Adult Foster Care - Independent	----	AFO	Day	5123:2-9-33	Yes	No	Yes
IO Waiver	Adult Family Living -15 Minute Unit	----	AFF	15 minute	5123:2-9-32	Yes	No	Yes
IO Waiver	Adult Family Living - Daily	----	AFL	Day	5123:2-9-32	Yes	No	Yes
IO Waiver	Adaptive & Assistive Equipment	----	AAE	Item	5123:2-9-25	No	No	No

Program	Service Title	PAWS Roll-Up Code	DODD Service Code	Service Unit	Rule covering service	Claim requires group size?	Claim requires staff size?	Claim requires service county?
L1 Waiver	Transportation	----	FTN	Mile	5123:2-9-24	Yes	No	No
L1 Waiver	Supported Employment - Community - 15 minute unit	----	FCO	15 minute	5123:2-9-15	Yes	No	Yes
L1 Waiver	Specialized Medical Equipment & Supplies	----	FAE	Item	5123:2-9-25	No	No	No
L1 Waiver	Non-Medical Transportation - One-way trip - Taxi/Livery/Bus	F35	FTT	Mile	5123:2-9-18	No	No	No
L1 Waiver	Non-Medical Transportation - One-way trip - Eligible vehicle	F35	FTB	Mile	5123:2-9-18	No	No	No
L1 Waiver	Non-Medical Transportation - Mileage	F35	FTW	Mile	5123:2-9-18	Yes	No	Yes
L1 Waiver	Informal Respite	----	FIN	15 minute	5123:2-9-21	No	No	No
L1 Waiver	Homemaker/Personal Care - On-Site/On-Call - 1 Staff	F44	FOC	15 minute	5123:2-9-30	Yes	Yes	Yes
L1 Waiver	Homemaker/Personal Care - 1 Staff	F22	FPC	15 minute	5123:2-9-30	Yes	Yes	Yes
L1 Waiver	Home Delivered Meals	----	FMN	Meal	5123:2-9-29	No	No	No
L1 Waiver	Environmental Accessibility Adaptations	----	FVN	Item	5123:2-9-23	No	No	No
L1 Waiver - E	Transportation - Emergency Benefit	----	ETN	Mile	5123:2-9-27	Yes	No	No
L1 Waiver - E	Specialized Medical Equipment & Supplies - Emer	----	EAE	Item	5123:2-9-25 5123:2-9-27	No	No	No
L1 Waiver - E	Homemaker/Personal Care - On-Site/On-Call - 1 Staff - Emer Benefit	E44	EOC	15 minute	5123:2-9-30 5123:2-9-27	Yes	Yes	Yes
L1 Waiver - E	Homemaker/Personal Care - 1 Staff - Emer Benefit	E22	EPC	15 minute	5123:2-9-27	Yes	Yes	Yes
L1 Waiver - E	Environmental Accessibility Adaptations - Emer Assistance Benefit	----	EVN	Item	5123:2-9-23 5123:2-9-27	No	No	No

Program	Service Title	PAWS Roll-Up Code	DODD Service Code	Service Unit	Rule covering service	Claim requires group size?	Claim requires staff size?	Claim requires service county?
SELF Waiver	Participant/Family Stability Assistance (Independent)	S 55	S P S	Item	5123:2-9-46	No	No	No
SELF Waiver	Non-Medical Transportation - One-way trip - Taxi/Livery/Bus	S 35	S T T	Trip	5123:2-9-18	No	No	No
SELF Waiver	Non-Medical Transportation - One-way trip - Eligible vehicle	S 35	S T B	Trip	5123:2-9-18	No	No	No
SELF Waiver	Non-Medical Transportation - Mileage - 1 person	S 35	S T W	Mile	5123:2-9-18	No	No	Yes
SELF Waiver	Integrated Employment - Retention (Independent)	S 55	S I P	Hour	5123:2-9-44	No	No	No
SELF Waiver	Integrated Employment - Initial (Independent)	S 55	S I E	Hour	5123:2-9-44	No	No	No
SELF Waiver	Functional Behavioral Assessment	S F B	S F B	Item	5123:2-9-43	No	No	No
SELF Waiver	Community Inclusion – Transportation (Independent)	S 45	S T I	Item	5123:2-9-42	No	No	No
SELF Waiver	Community Inclusion – Personal Assistance (Independent)	S 45	S P N	Hour	5123:2-9-42	No	No	No
SELF Waiver	Clinical/Therapeutic Interventionist (Independent)	S 55	S C I	Hour	5123:2-9-41	No	No	No
SELF Waiver	Clinical/Therapeutic Interventionist (Agency)	S 55	S C T	Hour	5123:2-9-41	No	No	No
SELF Waiver	Clinical/Therapeutic Interventionist - Senior Level (Independent)	S 55	S L C	Hour	5123:2-9-41	No	No	No
SELF Waiver	Clinical/Therapeutic Interventionist - Specialized (Independent)	S 55	S P I	Hour	5123:2-9-41	No	No	No

Today's Date : 12/31/2014

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number (Optional) :

Service units were indicated on the previous slides along with the service codes.

The definition of units vary by service code.

Today's Date :

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number (Optional) :

Group size is the number of individuals you are providing service to at the same time.

Today's Date :

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number (Optional) :

Staff size for independent providers is always '1'.

Today's Date :

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number (Optional) :

Service County refers to the county the service took place.

Today's Date :

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Usual Customary Rate is the rate that you would charge an individual who is not on a Medicaid waiver for the same service you are currently billing.

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number (Optional) :

Usual and Customary Rate [UCR]

- Providers are paid *either* their UCR *or* the Medicaid maximum rate, whichever is *lower*.
- Your UCR is what you would charge an individual who is not receiving Medicaid funded waiver services for the same service that you are providing through a Medicaid funded waiver.
- As an example: if you were providing homemaker/personal care to an individual who was private pay, or who was being funded through local county dollars, and you had negotiated a rate of \$15.00 per hour [\$3.75 per 15-minute unit], that would be your UCR.
- **You cannot charge more for an individual who is receiving waiver services.**
- If you enter a rate in the Usual and Customary Rate field of eMBS that is lower than the Medicaid maximum rate, the lower rate is what you will be paid.
- If you enter a rate that is higher than the Medicaid maximum rate, you will be paid at the Medicaid maximum rate.

Medicaid rates

Cost of doing business categories

Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Category 7	Category 8
Adams	Carroll	Allen	Ashland	Ashtabula	Clermont	Butler	Hamilton
Athens	Crawford	Auglaize	Darke	Champaign	Franklin	Cuyahoga	
Belmont	Defiance	Brown	Erie	Clark	Geauga	Warren	
Gallia	Highland	Clinton	Fairfield	Delaware	Lake		
Guernsey	Hocking	Columbiana	Fulton	Greene	Lorain		
Harrison	Jackson	Coshocton	Hardin	Lucas	Medina		
Jefferson	Lawrence	Fayette	Henry	Madison	Portage		
Meigs	Mercer	Hancock	Huron	Miami	Summit		
Monroe	Morgan	Holmes	Licking	Montgomery			
Pike	Muskingum	Knox	Logan	Ottawa			
Ross	Noble	Marion	Mahoning	Preble			
Sciota	Paulding	Morrow	Pickaway	Union			
Tuscarawas	Perry	Putnam	Sandusky	Wayne			
Vinton	Van Wert	Richland	Stark				
Washington	Wyandot	Seneca	Trumbull				
		Shelby	Wood				
		Williams					

Payment Rates: Listed below. Based on cost-of-doing-business (CODB) category and number of individuals receiving services. To obtain the per person rate when two or more individuals receive service simultaneously, the base rate in the appropriate group category is divided by the number of individuals in the group.

Independent Provider Base Rates:

CODB Category	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 or More Individuals
1	\$4.19	\$4.48	\$4.90	\$5.44
2	\$4.23	\$4.53	\$4.95	\$5.50
3	\$4.27	\$4.57	\$5.00	\$5.56
4	\$4.32	\$4.62	\$5.05	\$5.61
5	\$4.36	\$4.67	\$5.10	\$5.67
6	\$4.40	\$4.71	\$5.15	\$5.73
7	\$4.45	\$4.76	\$5.20	\$5.78
8	\$4.49	\$4.81	\$5.25	\$5.84

Today's Date :

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Other Source Code is either left blank, or used to report patient liability, or to indicate third-party liability.

Contractor Reference Number (Optional) :

Today's Date : 12/31/2014

Contract Number (7 Numbers) :

Medicaid Recipient Number :

Recipient First Initial :

Recipient Last Name (First 5 Letters) :

Date Of Service (mm/dd/yyyy) : / /

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County :

Usual Customary Rate \$: .

Other Source Code :

Other Source Amount \$: .

Contractor Reference Number
(Optional) :

Contractor Reference Number is an optional field that is usually left blank.

Claim Successfully Submitted. Please note the File Reference Number : 1501150001.

SINGLE CLAIM ENTRY :

* indicates required field

Today's Date : [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) : / * / [Help](#)

Service Code : [Help](#)

Units Of Service Delivered : [Help](#) *

Group Size : [Help](#)

Staff Size : [Help](#)

Service County : [Help](#)

Usual Customary Rate \$: . [Help](#) * *

Other Source Code : [Help](#)

Other Source Amount \$: . [Help](#)

Contractor Reference Number (Optional) : [Help](#)

Clear Form

Submit Claim

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

MBS CLAIM FILE SUBMITTAL

Maximum size of each file: **2,000 KB or 2 MB**
 Files must begin with the letter... **M**
 File types which cannot be uploaded = .xls .doc .pdf .zip .rtf .done .attest .cfo .xlsx .csv .binary .dat

Select the File to Upload:

File Name :

LIST OF THE FILES ON THE WEB

File Name	Delete	View	Download
	Delete	View	Download

File	Edit	Format	View	Help	
12140304152112233445566w11iw999999926apc	10	000172	500	1	1503040002
12140304152112233445566w11iw999999926apc	10	000172	500	1	1503040002
12140304152112233445566w11iw999999926apc	10	000172	500	1	1503040002
12140304152112233445566w11iw999999926apc	25	000172	500	1	1503040002
12140304152112233445566w11iw999999927apc	10	000072	500		1503040002
12140304152112233445566w11iw999999928apc	10	000172	500	1	1503040002
12140304152112233445566w11iw999999929apc	10	000172	500	1	1503040002
12140304152112233445566w11iw999999930apc	10	000172	500	1	1503040002
12140304152112233445566w11iw999999931apc	10	000172	500	1	1503040002
01140304152112233445566w11iw999999901apc	20	000272	500	2	1503040002
01140304152112233445566w11iw999999902apc	10	000172	500	1	1503040002

This is what you will see if you select 'Download'. This is the flat file you created through single claim entry.

File Name	Delete	View	Download
	Delete	View	Download

File Content : m 3_4_20159_20_15.txt

Line#	File Ref #	Invoice Date	Form	Medicaid #	Last Name	First Ini	Contract #	Service Date	Service Code	Units	Other Code	Other Amt.	Group	County	Usual Rate
1	1503040002	030415	2	112233445566	willi	w		122614	apc	10		00	01	72	500
2	1503040002	030415	2	112233445566	willi	w		122614	apc	10		00	01	72	500
3	1503040002	030415	2	112233445566	willi	w		122614	apc	10		00	01	72	500
4	1503040002	030415	2	112233445566	willi	w		122614	apc	25		00	01	72	500
5	1503040002	030415	2	112233445566	willi	w		122714	apc	10		00	00	72	500
6	1503040002	030415	2	112233445566	willi	w		122814	apc	10		00	01	72	500
7	1503040002	030415	2	112233445566	willi	w		122914	apc	10		00	01	72	500
8	1503040002	030415	2	112233445566	willi	w		123014	apc	10		00	01	72	500
9	1503040002	030415	2	112233445566	willi	w		123114	apc	10		00	01	72	500
10	1503040002	030415	2	112233445566	willi	w		010114	apc	20		00	02	72	500
11	1503040002	030415	2	112233445566	willi	w		010214	apc	10		00	01	72	500

This is what you will see if you select 'View'.
Please note that this file cannot be edited. If you see a claim that you do not want to be processed, you must delete the entire file.

File Name	Delete	View	Download
m 3_4_20159_20_15.txt	Delete	View	Download

Line#	File Ref #	Invoice Date	Form	Medicaid #
1	1503040002	030415	2	11223344556
2	1503040002	030415	2	11223344556
3	1503040002	030415	2	11223344556
4	1503040002	030415	2	11223344556
5	1503040002	030415	2	11223344556
6	1503040002	030415	2	11223344556
7	1503040002	030415	2	11223344556
8	1503040002	030415	2	11223344556
9	1503040002	030415	2	11223344556
10	1503040002	030415	2	11223344556
11	1503040002	030415	2	11223344556

Provider File Reference Number [X]

Are you sure you wish to delete the selected file : m 3_4_20159_20_15.txt

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

Enter File Reference Number:

To delete a file, select 'Delete'

A box will pop up asking if you are sure you wish to delete the selected file, and will indicate the file name. Select 'Yes', and enter the file reference number as found in the second file.

HOME

USER GUIDES

BILLING SUBMISSIONS

- Single Claim Entry
- Upload Flat File
- File Status**
- County Board Use Only

REPORTS

You have reached the Ohio Department of Developmental Disabilities (DODD) Medicaid Billing System (MBS) website. Please enter a 7-digit Contract Number or the 10-digit File Reference Number to view the processing status of files received by DODD. If you wish to view the results of the claims processing for a particular file, please use the Provider Weekly Reports link and select the appropriate weekly billing cycle associated with the file.

File Status:

Contract Number:

File Reference Number:

In 'File Status' you can check the status of your file, either by entering your contract number or the file reference number. This will tell you the status of the file itself. It will not tell you the status of the claims on the file. That is the purpose of the Provider Weekly Reports.

HOME

USER GUIDES

BILLING SUBMISSIONS

Single Claim Entry

Upload Flat File

File Status

County Board Use Only

REPORTS

You have reached the Ohio Department of Developmental Disabilities (DODD) Medicaid Billing System (MBS) website. Please enter a 7-digit Contract Number or the 10-digit File Reference Number to view the processing status of files received by DODD. If you wish to view the results of the claims processing for a particular file, please use the Provider Weekly Reports link and select the appropriate weekly billing cycle associated with the file.

File Status:

Contract Number:

Find

File Reference Number:

Find

File Ref Number	Uploaded File	Status(Details Linked)	Last Update	Last Updated By
1503041318	m86000003_4_201510_15_8.txt	Single Claim Entry (Flat File)	3/4/2015 10:16	John Johnson
1503041289	m86000003_4_201510_11_53.txt	File Deleted	3/4/2015 10:14	John Johnson
1503041287	M86000003150304001.txt	Uploaded Flat File	3/4/2015 10:12	John Johnson
1503041290	M86000003150304002.txt	Uploaded Flat File	3/4/2015 10:12	John Johnson
1502250188	m86000002_25_20157_7_30.txt	File Picked Up for MBS Production	2/25/2015 8:01	John Johnson
1502250145	m86000002_25_20156_39_29.txt	File Picked Up for MBS Production	2/25/2015 7:07	John Johnson

Provider Weekly Reports

- Billed
- Error
- Pending Prior
- Reimbursement Approved
- Reimbursement Denied
- Invoice

Provider reports allow you to monitor the process of your claims

Billed

Error

Pending Prior

Approved

Denied

Invoice

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

eMBS Select Application eMBS Load Application

HOME
USER GUIDES
BILLING SUBMISSIONS
REPORTS
Provider Weekly Reports
Third Party Reports
County Board Use Only

Provider Weekly Reports

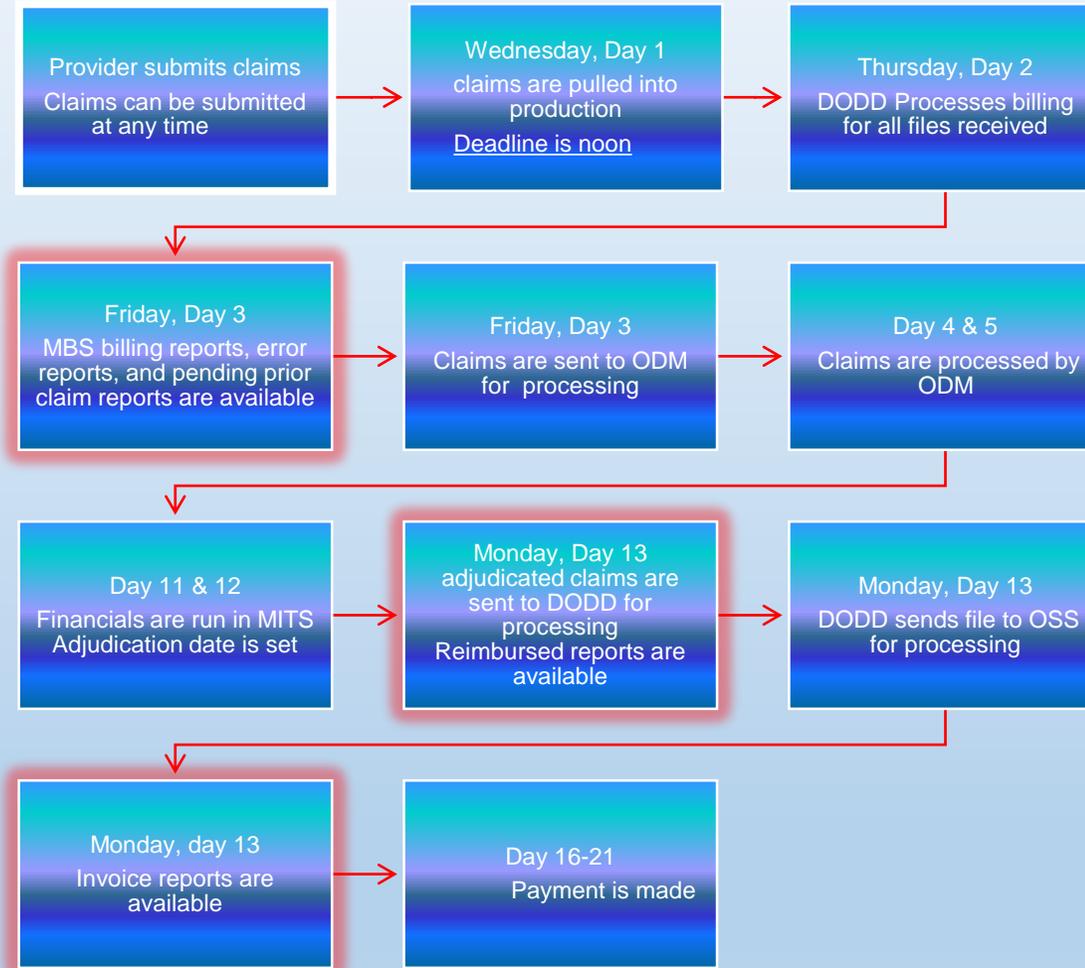
Display Files	Folder Name
View	JAN11D_01-19-11
View	JAN11C_01-12-11
View	JAN11B_01-05-11
View	JAN11A_12-29-10
View	FEB11A_01-26-11
View	DEC10E_12-22-10
View	DEC10D_12-15-10
View	DEC10C_12-08-10
View	DEC10B_12-01-10
View	DEC10A_11-24-10

Download	File Name	Date Modified
Download	BILLED_CLAIM_JAN11C_	1/14/2011 8:07:26 AM
Download	ERROR_DETAIL_JAN11C_	1/14/2011 8:05:09 AM
Download	ERROR_SUMMED_DETAIL_JAN11C_	1/14/2011 8:09:25 AM
Download	ERROR_SUMMED_JAN11C_	1/14/2011 8:04:23 AM
Download	INVCLAT_JAN11C_	1/24/2011 1:42:30 PM
Download	INVOICE_JAN11C_	1/24/2011 1:45:05 PM
Download	REIMB_APPROVED_JAN11C_	1/24/2011 8:21:04 AM
Download	REIMB_APPROVED_SUM_JAN11C_	1/24/2011 8:22:55 AM
Download	REIMB_FLATAPPV_JAN11C_	1/24/2011 8:24:28 AM

Done Trusted sites | Protected Mode: Off 100%

Provider weekly reports

Different reports come out at different times during the billing cycle



Billed Report

- This is a list of claims that were successfully processed and that will be forwarded to ODM for approval.
- This report includes original claims, as well as adjustments.

BILLED_CLAIM_JAN15A_TRAINING - Notepad

File Edit Format View Help

DEPARTMENT OF DEVELOPMENTAL DISABILITIES
DIVISION OF INFORMATION SYSTEMS

11:38 Friday, January 2, 2015 9593

(MBSDHSTP)

MEDICAID BILLING SYSTEM
TOTAL NET AMOUNT BILLED TO OHIO DEPARTMENT OF MEDICAID
DURING THE CURRENT BILLING CYCLE OF JAN15A
BY CONTRACTOR, PROGRAM, AND MONTH/YEAR BILLED

----- CONTRACT NUMBER=8600000 NAME=JOHN JOHNSON PROGRAM=INDIV OPTION WAIVER YEAR/MONTH BILLED=2014/12 -----

RECIPIENT NAME	MEDICAID RECIPIENT NUMBER	SERVICE DATE	SERV CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	INPUT RATE	BILLED RATE	UNITS OF SERV	CLM TYPE	AMOUNT BILLED	OTHER SOURCE AMOUNT	NET AMOUNT BILLED	CLAIM REFERENCE NUMBER
WILLIAMSON, WILLIAM	112233445566	12/01/2014	APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40		-\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/01/2014	APC	1	1	WARREN	\$4.15	\$4.15	12	A	\$49.80		\$49.80	
WILLIAMSON, WILLIAM	112233445566	12/02/2014	APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40		-\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/02/2014	APC	1	1	WARREN	\$4.15	\$4.15	24	A	\$99.60		\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/03/2014	APC	1	1	WARREN	\$4.15	\$4.15	-24	R	-\$99.60		-\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/03/2014	APC	1	1	WARREN	\$4.65	\$4.15	24	A	\$99.60		\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/15/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/16/2014	APC	1	1	WARREN	\$4.15	\$4.15	21	C	\$87.15		\$87.15	
WILLIAMSON, WILLIAM	112233445566	12/17/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/18/2014	APC	1	1	WARREN	\$4.15	\$4.15	21	C	\$87.15		\$87.15	
WILLIAMSON, WILLIAM	112233445566	12/19/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	
PROGRAM											\$390.10	\$0.00	\$390.10	
CNTRNAME											\$390.10	\$0.00	\$390.10	
CNTRNUM											\$390.10	\$0.00	\$390.10	
											=====	=====	=====	
											\$390.10	\$0.00	\$390.10	

N = 11
Total N = 11

Billed Report

Examples:

12/01/2014 APC	1	1	WARREN	\$4.15	\$4.15	-16 R	-\$66.40	-\$66.40
12/01/2014 APC	1	1	WARREN	\$4.15	\$4.15	12 A	\$49.80	\$49.80

On the original claim, 16 units were paid for a total of \$66.40. The provider realized that only 12 units should have been paid, and so submitted an adjustment for the correct number of units. The net difference will be that \$16.60 will be held back from her next payment.

12/02/2014 APC	1	1	WARREN	\$4.15	\$4.15	-16 R	-\$66.40	-\$66.40
12/02/2014 APC	1	1	WARREN	\$4.15	\$4.15	24 A	\$99.60	\$99.60

On the original claim, 16 units were paid for a total of \$66.40, as in the first example. This time the provider realized that 24 units should have been paid, and again submitted an adjustment for the correct number of units. The net difference will be that an additional \$33.20 will be paid on her next payment.

12/03/2014 APC	1	1	WARREN	\$4.15	\$4.15	-24 R	-\$99.60	-\$99.60
12/03/2014 APC	1	1	WARREN	\$4.65	\$4.15	24 A	\$99.60	\$99.60

In this example, the provider submitted a claim that had previously been paid, but changed the input rate, causing MBS to process the claim as an adjustment. The billed rate on the adjustment is the same as the original claim, as is the number of units. No additional money will be paid out or held back. The net result is zero.

Error Summed and Error Summed Detail Reports

These reports are for 3 specific errors

(4) Claim submitted past the allowed submission date.

Error 4 indicates that the claim was older than what Medicaid rules allow for at the time of processing

(28) Service duplicated for recipient and date.

Error 28 indicates that you entered two or more claims for the same individual, service date, and service code in the current billing cycle

(32) Service is identical to prior billing.

Error 32 indicates that the claim has been paid in a previous cycle

Error summed detail report breaks out the specific claims on the error summed report

Error Summed Detail Report

(MBSERROR) OHIO DEPARTMENT OF DEVELOPMENTAL DISABILITIES
January 2, 2015
 MEDICAID BILLING SYSTEM PAGE: 1
 TOTAL UNITS: 81 SUMMED ERRORS DETAIL REPORT FOR BILLING CYCLE JAN15A

CONTRACT NUMBER: 8600000 CONTRACTOR NAME: JOHN JOHNSON

CONTRACT NUMBER	LAST NAME	INITIAL	MEDICAID BILLING NUMBER	BILLING DATE	SERVICE DATE	SERVICE CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	INPUT UNIT RATE	UNITS BILLED	OTHER SOURCE CODE	OTHER SOURCE AMOUNT	CONTRACTOR REFERENCE NUMBER
8600000	WILLI	W	112233445566	12/31/2014	01/02/2014	APC	1	1	WARR	4.83	81			
(4) CLAIM SUBMITTED PAST THE ALLOWED SUBMISSION DATE														
8600000	WILLI	W	112233445566	12/15/2014	12/15/2014	APC	1	1	WARR	4.15	20			
(28) SERVICE DUPLICATED FOR RECIP AND DATE														
8600000	WILLI	W	112233445566	12/31/2014	11/10/2014	APC	1	1	WARR	4.27	32			
(32) SERVICE IS IDENTICAL TO PRIOR BILLING														

Error Detail Reports

1. Errors not related to PAWS
 - a. Error 8-Service date not found in certification span:
 - i. Failure to renew your certification prior to your expiration date will result in periods where reimbursement may be delayed or denied
 - ii. You may submit your application for recertification up to 90 days out from your expiration date
 - iii. You are responsible for knowing your expiration date. Your expiration date is on your final approval letter.
 - b. Error 35-Last name differs from recipient file;
 - c. Error 36-Initial differs from recipient file; or
 - d. Error 37-Recipient not found on recipient file:
 - i. All claims submitted to DODD are adjudicated through the ODM Medicaid system-MITS
 - ii. If MBS cannot match what you have submitted to the information in the MITS system, you will get one or more of these errors
 - iii. Check your individual's Medicaid card to ensure the correct Medicaid number, and spelling of the name

A complete list of error codes is available in eMBS User Guides

Error Detail Reports

1. PAWS related errors
 - a. Error 9-claim does not match useable PAWS
 - i. PAWS has not been entered by the county board of developmental disabilities
 - ii. PAWS has been entered but not enrolled
 - iii. You are using the incorrect service code
 - iv. You are submitting a date that is outside the authorized span
 - b. Error 22-PAWS total unit limit is exceeded
 - i. The claim submitted is over what the county board of developmental disabilities has authorized for the PAWS span
 - ii. Contact the county board of developmental disabilities for assistance.
 - c. Error 25-PAWS total cost limit is exceeded
 - i. The claim is over what the county board of developmental disabilities has authorized for the PAWS span
 - ii. Contact the county board of developmental disabilities for assistance
 - d. Error 57-Individual suspended from PAWS on this date
 - i. The individual's PAWS has been suspended due to entry into a hospital, nursing facility, etc.
 - ii. Contact the county board of developmental disabilities for assistance

A complete list of error codes is available in eMBS User Guides

Error Detail Reports

ERROR_DETAIL_JAN15A_TRAINING - Notepad

File Edit Format View Help

(MBSERROR) January 2, 2015

MEDICAID BILLING SYSTEM
CLAIM INPUT ERRORS FOR BILLING CYCLE JAN15A

TOTAL UNITS: 51 PAGE: 1

CONTRACT NUMBER: 8600000 CONTRACTOR NAME: JOHN JOHNSON

CONTRACT NUMBER	LAST NAME	INITIAL	MEDICAID BILLING NUMBER	BILLING DATE	SERVICE DATE	SERVICE CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	INPUT UNIT RATE	UNITS BILLED	OTHER SOURCE CODE	OTHER SOURCE AMOUNT	CONTRACTOR REFERENCE NUMBER
8600000	AARON	A	223344556677	12/31/2014	11/15/2014	FTT	1	1	WARR	39.80	2			
(8) SVC DATE NOT FOUND IN CERTIFICATION SPAN														
8600000	AARON	A	1122334455566	12/31/2014	12/15/2014	ATN	1	1	WARR	0.45	24			
(35) LAST NAME DIFFERS FROM RECIPIENT FILE (36) INITIAL DIFFERS FROM RECIPIENT FILE CASE LAST NAME: WILLIAMSON CASE FIRST NAME: WILLIAM														
8600000	AARON	A	1122334455580	12/31/2014	12/08/2014	ATB	1	1	WARR	18.93	2			
(37) INDIVIDUAL NOT FOUND ON RECIPIENT FILE														
8600000	AARON	A	223344556677	12/31/2014	12/23/2014	FPC	1	1	WARR	4.76	8			
(9) CLAIM DOES NOT MATCH USEABLE PAWS RECORD														
8600000	WILLI	W	1122334455566	12/31/2014	11/24/2014	APC	1	1	WARR	4.27	32			
(22) PAWS TOTAL UNIT LIMIT IS EXCEEDED (25) PAWS TOTAL COST LIMIT IS EXCEEDED														
8600000	WILLI	W	1122334455566	12/31/2014	12/14/2014	ADL	1	1	WARR	238.38	1	S		
(57) INDIV SUSPENDED FROM PAWS ON THIS DATE														

A complete list of error codes is available in eMBS User Guides

Pending Prior Claim

PENDING_PRIOR_CLAIM_JAN15A_TRAINING - Notepad

File Edit Format View Help

(MBSEDIT1)

DEPARTMENT OF DEVELOPMENTAL DISABILITIES
DIVISION OF INFORMATION SYSTEMS

11:38 Friday, January 2, 2015 20771

MEDICAID BILLING SYSTEM

Listing of claims entered in billing cycle JAN15A
that cannot be processed until a matching claim submitted in a previous billing cycle is approved/denied by the Ohio Department of Medicaid.
Claims listed below will be resubmitted automatically in the next billing cycle

----- CONTRACT NUMBER=8600000 NAME=JOHN JOHNSON YEAR/MONTH BILLED=2014/11 -----

CONTRACT NUMBER	LAST NAME	INITIAL	MEDICAID RECIPIENT NUMBER	SERVICE DATE	SERVICE CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	UNITS BILLED	INPUT UNIT RATE	OTHER SOURCE CODE	OTHER SOURCE AMOUNT	CONTRACTOR REFERENCE NUMBER
8600000	WILLI	W	112233445566	11/24/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/25/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/26/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/27/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/28/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/29/2014	APC	1	1	WARR	4	4.75			
8600000	WILLI	W	112233445566	11/30/2014	APC	1	1	WARR	4	4.75			

Reimbursed Approved Report

REIMB_APPROVED_JAN15A_TRAINING - Notepad

File Edit Format View Help

(MBSDHSTP)

DEPARTMENT OF DEVELOPMENTAL DISABILITIES
DIVISION OF INFORMATION SYSTEMS

11:38 Friday, January 2, 2015 9593

MEDICAID BILLING SYSTEM
TOTAL NET AMOUNT BILLED TO OHIO DEPARTMENT OF MEDICAID
DURING THE CURRENT BILLING CYCLE OF JAN15A
BY CONTRACTOR, PROGRAM, AND MONTH/YEAR BILLED

----- CONTRACT NUMBER=8600000 NAME=JOHN JOHNSON PROGRAM=INDIV OPTION WAIVER YEAR/MONTH BILLED=2014/12 -----

RECIPIENT NAME	MEDICAID RECIPIENT NUMBER	SERVICE DATE	SERV CODE	GROUP SIZE	STAFF SIZE	SERVICE COUNTY	INPUT RATE	BILLED RATE	UNITS OF SERV	CLM TYPE	AMOUNT BILLED	OTHER SOURCE AMOUNT	NET AMOUNT BILLED	CLAIM REFERENCE NUMBER
WILLIAMSON, WILLIAM	112233445566	12/01/2014	APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40		-\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/01/2014	APC	1	1	WARREN	\$4.15	\$4.15	12	A	\$49.80		\$49.80	
WILLIAMSON, WILLIAM	112233445566	12/02/2014	APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40		-\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/02/2014	APC	1	1	WARREN	\$4.15	\$4.15	24	A	\$99.60		\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/03/2014	APC	1	1	WARREN	\$4.15	\$4.15	-24	R	-\$99.60		-\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/03/2014	APC	1	1	WARREN	\$4.65	\$4.15	24	A	\$99.60		\$99.60	
WILLIAMSON, WILLIAM	112233445566	12/15/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/16/2014	APC	1	1	WARREN	\$4.15	\$4.15	21	C	\$87.15		\$87.15	
WILLIAMSON, WILLIAM	112233445566	12/17/2014	APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40		\$66.40	
WILLIAMSON, WILLIAM	112233445566	12/18/2014	APC	1	1	WARREN	\$4.15	\$4.15	21	C	\$87.15		\$87.15	
PROGRAM											\$323.70	\$0.00	\$323.70	
CNRNAME											\$323.70	\$0.00	\$323.70	
CNRNUM											\$323.70	\$0.00	\$323.70	
											=====	=====	=====	
											\$323.70	\$0.00	\$323.70	

N = 10
Total N = 10

You should review your reimbursed report against your service documentation to make certain that the claims you submitted and are being paid for accurately reflect the services you provided.

Adjustments

- Adjustment -vs- replacement claim
- How to create an adjustment
- Timelines

Adjustments -vs- replacement claims

Adjustments

- A change to the number of units, or to the input rate, of a previously paid claim
- Previous claim is NEVER voided out
- Must be made within 365 days of the original claim, or 180 days of the adjudication date

Replacements

- Replaces a previously paid claim
- Previous claim MUST be voided out
- Must be made within 365 days of the original claim

Adjustments

- To create an adjustment, resubmit the claim as it originally should have been submitted.
- eMBS will create the adjustment.

12/01/2014 APC	1	1	WARREN	\$4.15	\$4.15	16	C	\$66.40	\$66.40
12/01/2014 APC	1	1	WARREN	\$4.15	\$4.15	-16	R	-\$66.40	-\$66.40
12/01/2014 APC	1	1	WARREN	\$4.15	\$4.15	12	A	\$49.80	\$49.80

Replacements

- To create a replacement, first you must void the original claim.
- Resubmit the claim as you originally submitted it, but with '0' in the units.
- When the void has been processed [you will see it on the reimbursed approved report] submit the corrected claim.

12/01/2014 APC	1	1	WARREN	\$4.07	\$4.07	16 C	\$65.12	\$65.12
12/01/2014 APC	1	1	WARREN	\$4.07	\$4.07	- 16 R	-\$65.12	-\$65.12
12/01/2014 APC	1	1	WARREN	\$4.07	\$4.07	0 A	\$0.00	\$0.00
12/01/2014 APC	2	1	LAKE	\$2.57	\$2.57	16 C	\$41.12	\$41.12