

Ohio Department of Developmental Disabilities” Website: cMBS – Billing for I/O and Level 1 Waiver Services – Single Claim Entry

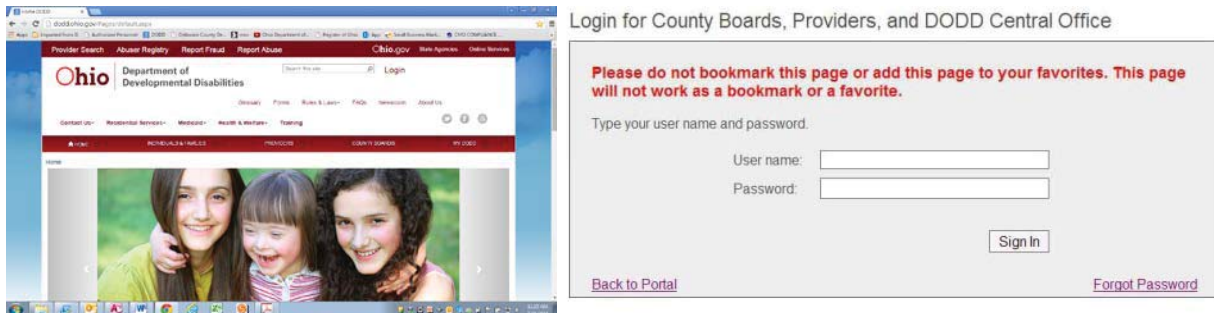
Provided by the Delaware County Board of Developmental Disabilities

eMBS is the billing system used to bill for I/O and Level 1 Waiver Services.

In order to bill, you will need:

- Your service documentation
- A PAWS
- A login to the Ohio Dept of DD’s website

Go to the DODD website: dodd.ohio.gov. Click “Login” at the top left, then enter your user name and password.



Ohio Department of Developmental Disabilities

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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.

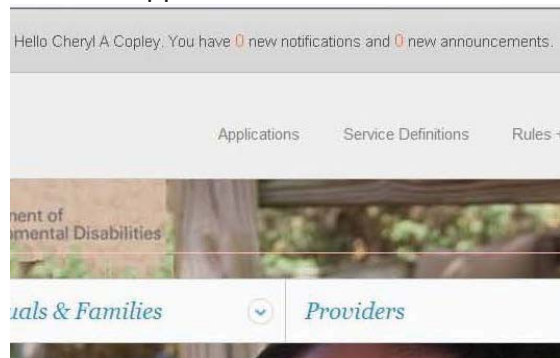
Type your user name and password.

User name:

Password:

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Click on “Applications”



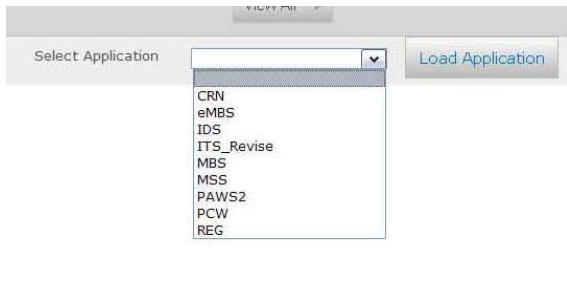
Hello Cheryl A Copley. You have 0 new notifications and 0 new announcements.

Applications Service Definitions Rules

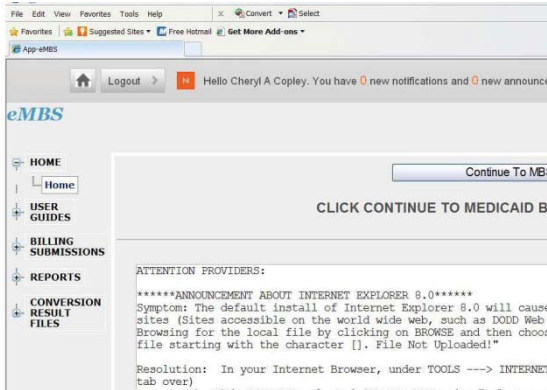
Ohio Department of Developmental Disabilities

Applications & Families Providers

Use the drop down menu to select “eMBS” and click “Load Application”



On the left side of the screen, click the “+” sign next to “Billing Submissions”



Click on "Single Claim Entry"



Once you click "Single Claim Entry", you will see the screen where you will enter your billing.

Only bill for the services you are authorized to provide.

Use the service codes from the PAWS.

You will bill every day and every service separately for each individual you are submitting claims for.

- For example: I am working with Jon and Sally. On Feb 1, 2012 I took Jon and Sally to do their grocery shopping. For this day, I will enter 4 claims:
 - Sally homemaker personal care
 - Sally transportation
 - Jon homemaker personal care
 - Jon transportation

A screenshot of the 'SINGLE CLAIM ENTRY' form. At the top left is a 'Print Screen' button. Below it is the title 'SINGLE CLAIM ENTRY:' and a note '* indicates required field'. The form contains several input fields, each with a 'Help' link: 'Today's Date' (3/5/2012), 'Contract Number (7 Numbers)', 'Medicaid Recipient Number', 'Recipient First Initial', 'Recipient Last Name (First 5 Letters)', 'Date Of Service (mm/dd/yyyy)' (with dropdowns for Month, Day, and Year), 'Service Code', 'Units Of Service Delivered', 'Group Size', 'Staff Size', 'Service County' (with a 'Select' dropdown), 'Usual Customary Rate \$', 'Other Source Code', 'Other Source Amount \$', and 'Contractor Reference Number (Optional)'. At the bottom are two buttons: 'Clear Form' and 'Submit Claim'.

The following is an explanation of each field on the billing screen.

Today's date – will automatically appear, this will show the current date

Contract Number – this is your 7 digit contract number listed on your final approval letter from DODD.

Medicaid Recipient Number – this is the individual's 12-digit Medicaid number

Recipient First Initial – this is the individual's first initial

Recipient Last Name – this is the first 5 letters of the individual's last name.

Date of Service – this is the day you are billing for

Service Code – use the correct service code from the PAWS

Units of Service Delivered – this is the number of units you provided on the above service date. 1 unit = 15 minutes of homemaker/personal care, Respite or 1 mile of transportation

Group Size – this is the number of individuals you were working with at the day/time you are billing for

Staff Size – this is the number of providers who were working at the day/time you are billing for

Service County – this is the authorizing county (unless you are instructed otherwise)

Usual Customary Rate – this is your rate per unit

Other Source – this is where you will indicate if the individual has health insurance other than Medicaid.
*If the individual DOES have other health insurance, enter "s". If the individual DOES NOT have other health insurance, leave this field blank.

Other Source Amount – **this is where you will enter the amount you collected from the health insurance. (this is almost always left blank)

Contractor Reference Number – leave this field blank

*if the individual DOES have other health insurance, you are required to bill the health insurance once per year.

**in very rare incidents, providers will collect a patient liability from the individual. This is the amount the individual is required to pay before using their Medicaid benefits. This is very rarely the homemaker/personal care provider.

After entering each claim click "Submit Claim"

When you have finished entering all your claims, you may log out of the DODD system by clicking "Logout" at the top left of the screen.
