Submitting Claims for Waiver Services

Ohio | Department of Developmental Disabilities

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General Information

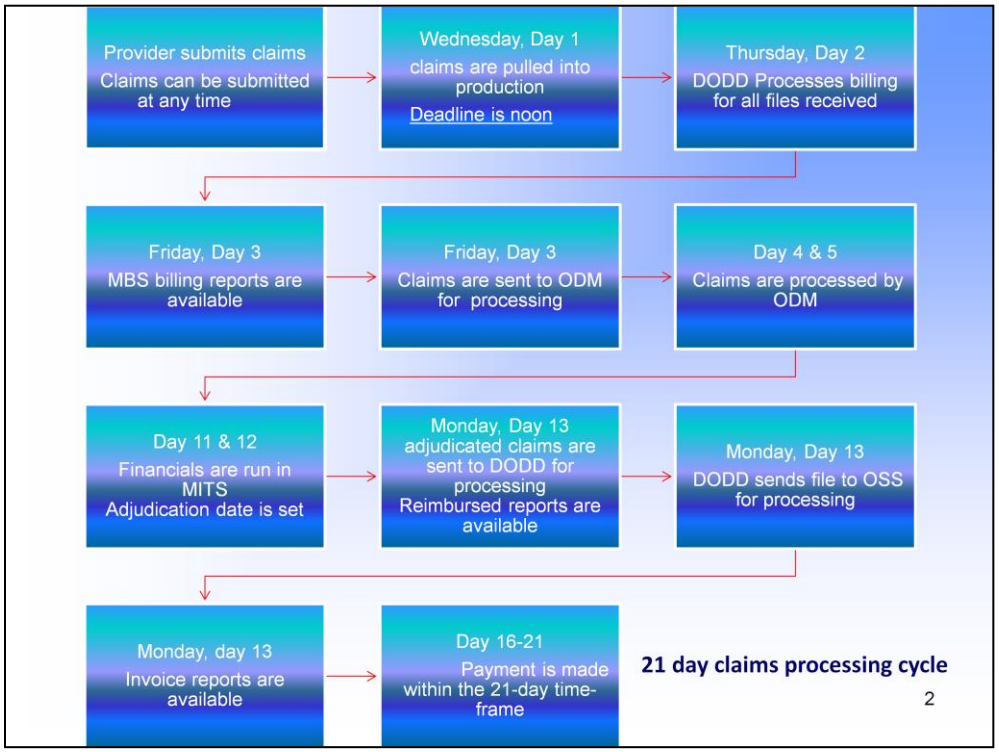
Billing Agents

- As an independent business owner, you can choose to contract with a billing agent rather than do your own billing.
- *Neither the State of Ohio nor the Department of DD accepts any liability should you, as an independent business owner, choose to contract with a billing agent.*
- DODD will not be party to any disputes between providers and billing agents.
- You remain complete responsibility for the accuracy and completeness of all claims, including those submitted by billing agents

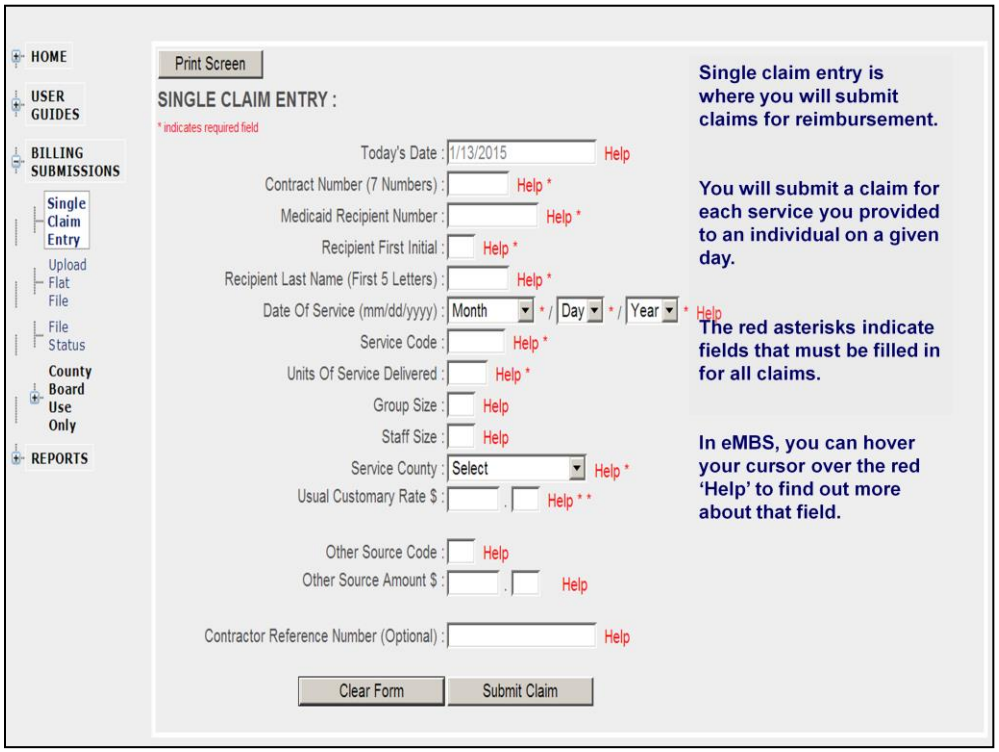
Payment limitations for waiver services

You can only be paid for services if:

- The services are identified on an approved Individual Service Plan [ISP]
- The service is recommended for payment through Payment Authorization of Waiver Services [PAWS].
- You are certified to provide the service. Initial certification is valid for 1 year, and recertification is valid for 3 years. You can begin the recertification process up to 90 days prior to your end date. Failure to recertify in a timely manner can void payment.
- **You or your agency supplied the service. All claims are for services that have already been provided.**
- You submit claims within 350 days of service.
- You maintain service documentation for a period of six years from date of payment.



- This is the claims processing cycle.
- You can submit claims at any time; however, to be processed with a given week we must receive the claims by noon on Wednesday.
- It is advisable to submit your claims **before** Wednesday to avoid missing the deadline.
- Claims that are submitted after noon Wednesday might not be picked up for processing.
- Claims that are submitted after the deadline, and that are not processed until the following week, are still subject to the 350 day limit for submission.



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

- You will submit a claim for every service you provided to an individual on a given date. For example:
  - Jane Doe is an independent provider who has one client.
  - She provides both homemaker/personal care [HPC] and transportation. On January 5 she provided six hours of HPC as well as driving her client 12 miles to and from a doctor's appointment.
  - Jane would submit two claims. One claim would be for 24 units of HPC, and the other would be for 12 units of transportation.

- The red asterisks indicate fields that you must fill in for all claims. Some claims need additional information. Check the service codes in the user guides if you aren't certain what information you need to submit.

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

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) : Month / Day / Year

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County : Select

Usual Customary Rate $: .

Other Source Code :

Other Source Amount $: .

Contractor Reference Number (Optional) :

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

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) : Month / Day / Year

Service Code :

Units Of Service Delivered :

Group Size :

Staff Size :

Service County : Select

Usual Customary Rate $: .

Other Source Code :

Other Source Amount $: .

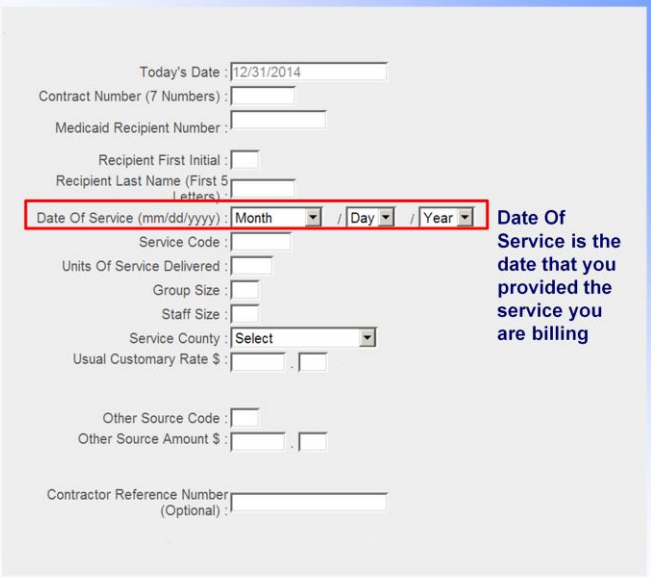
Contractor Reference Number (Optional) :

The Contract Number field is for your DODD contract number

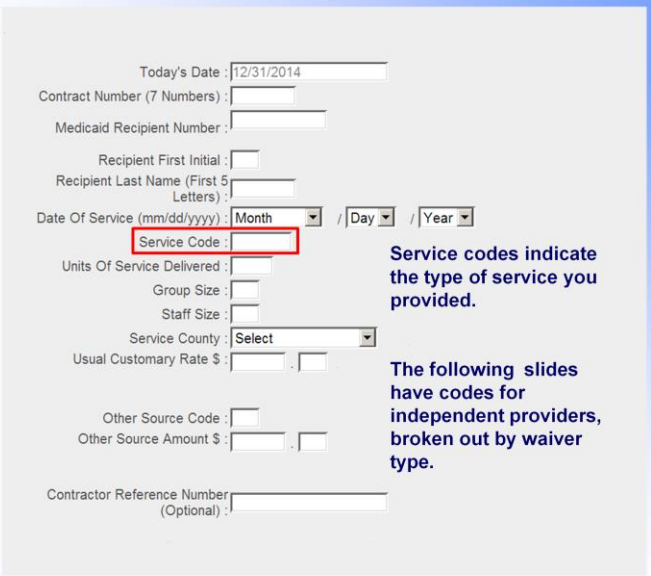
Today's Date : 12/31/2014
Contract Number (7 Numbers) :
Medicaid Recipient Number :
Recipient First Initial :
Recipient Last Name (First 5 Letters) :
Date Of Service (mm/dd/yyyy) : Month / Day / Year
Service Code :
Units Of Service Delivered :
Group Size :
Staff Size :
Service County : Select
Usual Customary Rate $: .
Other Source Code :
Other Source Amount $: .
Contractor Reference Number (Optional) :

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

- You will enter the individual's 12-digit Medicaid number, the first initial of their first name, and the first five letters of their last name.
- If the individual's last name is short, like 'Doe', you would enter 'DOE'.
- If their name was 'William Doe, Jr', you would enter 'DOEJR'.
- If they had a long last name, like 'Johnson', you would enter 'JOHNS'.
- Do not use hyphens or spaces. If the individual's last name was 'Doe-Johnson', you would enter 'DOEJO'.



- Pay careful attention to this field.
  - For example, if you are entering claims for the last week of December and the first week of January, make certain you remember to change the month and the year when going from December to January.



- Service codes indicate the type of service you provided.
- The following slides have codes for independent providers, broken out by waiver type.
- Agency providers will use many of these service codes, as well as codes that are unique to agencies.
- A complete list of service codes is available in the user guides of eMBS, as well as service-specific rules available on our website at dodd.ohio.gov.
- Service codes are specific to a particular waiver.

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 Tranportation - One-way trip - Taxi/Livery/Bus	A35	ATT	1 Way Trip	5123:2-9-18	No	No	No
IO Waiver	Non-Medical Tranportation - One-way trip - Eligible vehicle	A35	ATB	1 Way Trip	5123:2-9-18	No	No	No
IO Waiver	Non-Medical Tranportation - 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

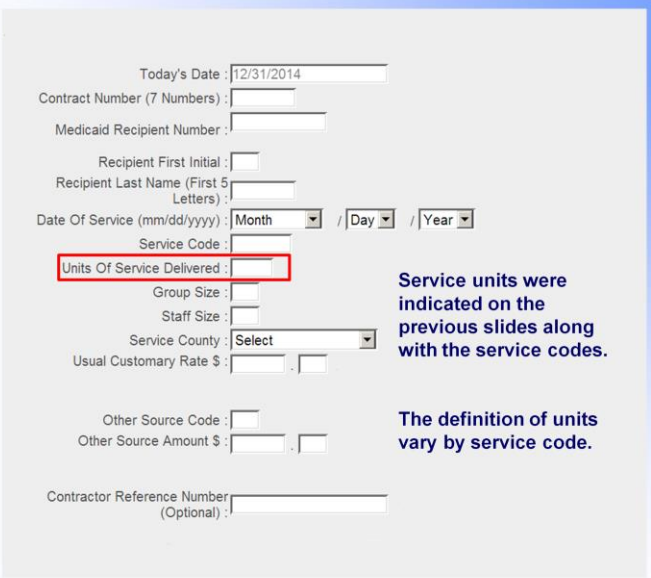
A complete list of service codes is available in the user guides of eMBS, as well as service-specific rules available on our website at dodd.ohio.gov.

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 Tranportation - One-way trip - Taxi/Livery/Bus	F35	FTT	Mile	5123:2-9-18	No	No	No
L1 Waiver	Non-Medical Tranportation One-way trip - Eligible vehicle	F35	FTB	Mile	5123:2-9-18	No	No	No
L1 Waiver	Non-Medical Tranportation - 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

A complete list of service codes is available in the user guides of eMBS, as well as service-specific rules available on our website at dodd.ohio.gov.

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)	S55	SPS	Item	5123:2-9-46	No	No	No
SELF Waiver	Non-Medical Tranportation - One-way trip - Taxi/Livery/Bus	S35	STT	Trip	5123:2-9-18	No	No	No
SELF Waiver	Non-Medical Tranportation - One-way trip - Eligible vehicle	S35	STB	Trip	5123:2-9-18	No	No	No
SELF Waiver	Non-Medical Tranportation - Mileage - 1 person	S35	STW	Mile	5123:2-9-18	No	No	Yes
SELF Waiver	Integrated Employment - Retention (Independent)	S55	SIP	Hour	5123:2-9-44	No	No	No
SELF Waiver	Integrated Employment - Initial (Independent)	S55	SIE	Hour	5123:2-9-44	No	No	No
SELF Waiver	Functional Behavioral Assessment	SFB	SFB	Item	5123:2-9-43	No	No	No
SELF Waiver	Community Inclusion – Transportation (Independent)	S45	STI	Item	5123:2-9-42	No	No	No
SELF Waiver	Community Inclusion – Personal Assistance (Independent)	S45	SPN	Hour	5123:2-9-42	No	No	No
SELF Waiver	Clinical/Therapeutic Interventionist (Independent)	S55	SCI	Hour	5123:2-9-41	No	No	No
SELF Waiver	Clinical/Therapeutic Interventionist (Agency)	S55	SCT	Hour	5123:2-9-41	No	No	No
SELF Waiver	Clinical/Therapeutic Interventionist - Senior Level (Independent)	S55	SLC	Hour	5123:2-9-41	No	No	No
SELF Waiver	Clinical/Therapeutic Interventionist - Specialized (Independent)	S55	SPI	Hour	5123:2-9-41	No	No	No

A complete list of service codes is available in the user guides of eMBS, as well as service-specific rules available on our website at dodd.ohio.gov.



Units of Service Delivered may refer to:

- 15-minute units, if you are billing for homemaker/personal care;
- miles or trips if you are billing for non-medical transportation;
- or daily units if you are billing for adult day services such as vocational habilitation.

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

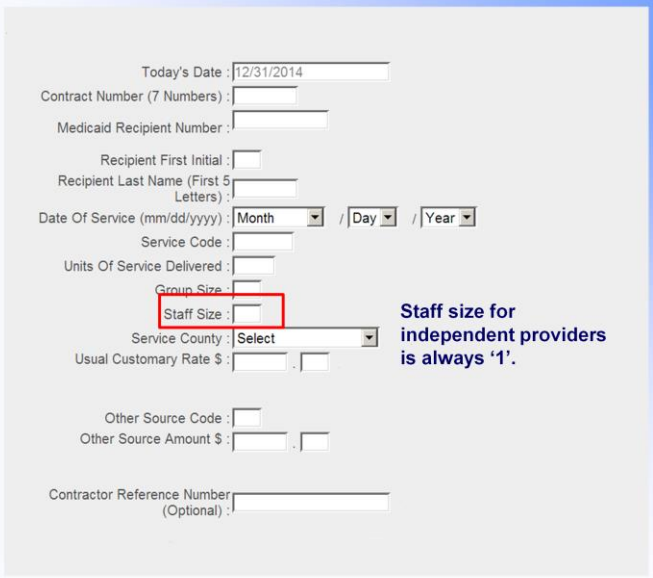
Today's Date : 12/31/2014
Contract Number (7 Numbers) :
Medicaid Recipient Number :
Recipient First Initial :
Recipient Last Name (First 5 Letters) :
Date Of Service (mm/dd/yyyy) : Month / Day / Year
Service Code :
Units Of Service Delivered :
Group Size :
Staff Size :
Service County : Select
Usual Customary 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.

Some service codes require that you indicate the group size with each claim. "Group size“ means the number of individuals who are sharing services, regardless of the funding source for those services. Below are two scenarios to illustrate the meaning of group size.

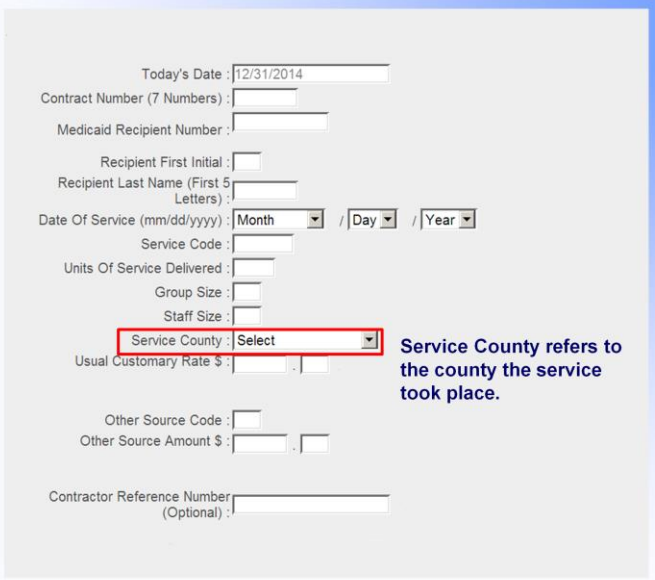
1. You are providing homemaker/personal care to two individuals. One individual is on a Level 1 waiver and the other is on an Individual Options waiver. You would submit a separate claim for each individual, using group size two on both claims.

2. You are providing non-medical transportation to three individuals. A volunteer is riding along with you. You would submit a separate claim for each individual using group size three on each claim. You are not providing services to the volunteer.



- For agency providers, staff size is the number of staff you provided for the service that you are submitting a claim.

- Staff size must match your service code.
  - For example, if you use service code AMW, which is for HPC-2 staff, but put a '1' in the staff size, the claim will error at production.



- The service county for homemaker/personal care is usually where the individual lives, unless the Individual Service Plan specifies otherwise.
- For adult day services, the service county is where the service actually took place.
- You probably noticed that some of the service codes on the previous slides indicated a service county was not needed, but the single claim entry feature in eMBS will require you to enter a service county for every claim.

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) : Month / Day / Year
Service Code :
Units Of Service Delivered :
Group Size :
Staff Size :
Service County : Select
Usual Customary Rate $: .
Other Source Code :
Other Source Amount $: .
Contractor Reference Number (Optional) :

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.

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.

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- DODD is required to have a mechanism through which providers report their usual and customary rate. This is the purpose of the UCR field in eMBS. You report your usual customary rate with every claim.
- You can choose to submit the Medicaid rate as your UCR. What you charge for a service is a decision that only you can make.
- Your UCR must be consistent. You cannot charge a different rate for different individuals if they live in the same service county.

Medicaid maximum 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					

- The state of Ohio is divided into 8 cost-of-doing-business categories.
- The Medicaid rate for a given service is the same for all counties in the same category.

Medicaid maximum rates

Finding the Medicaid rate

Homemaker/Personal Care (Routine) Agency Provider Rate, Per Individual, by Number of Staff Assigned to the Group, When Multiple Staff Members Simultaneously Provide Service to More Than One Individual

Staff Size: 1

	Serving 1 Individual	Serving 2 Individuals	Serving 3 Individuals	Serving 4 Individuals
Category 1	$4.57	$2.45	$1.78	$1.49
Category 2	$4.62	$2.47	$1.80	$1.50
Category 3	$4.66	$2.50	$1.82	$1.52
Category 4	$4.71	$2.52	$1.84	$1.53
Category 5	$4.76	$2.55	$1.86	$1.55
Category 6	$4.80	$2.57	$1.87	$1.56
Category 7	$4.85	$2.60	$1.89	$1.58
Category 8	$4.90	$2.62	$1.91	$1.59

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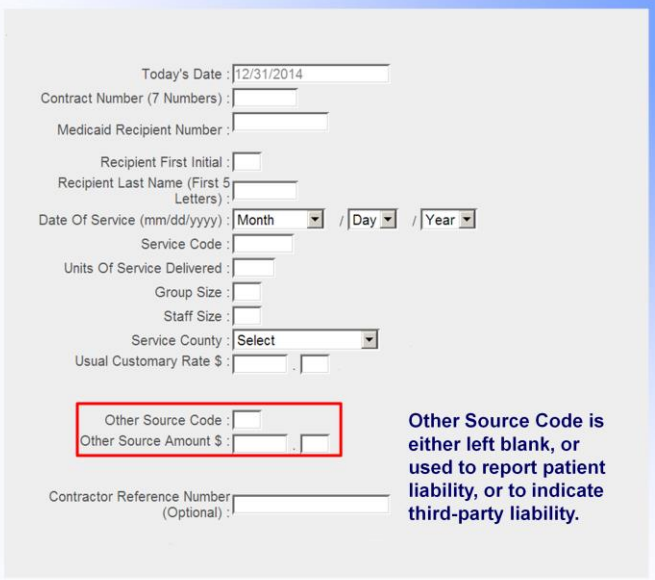
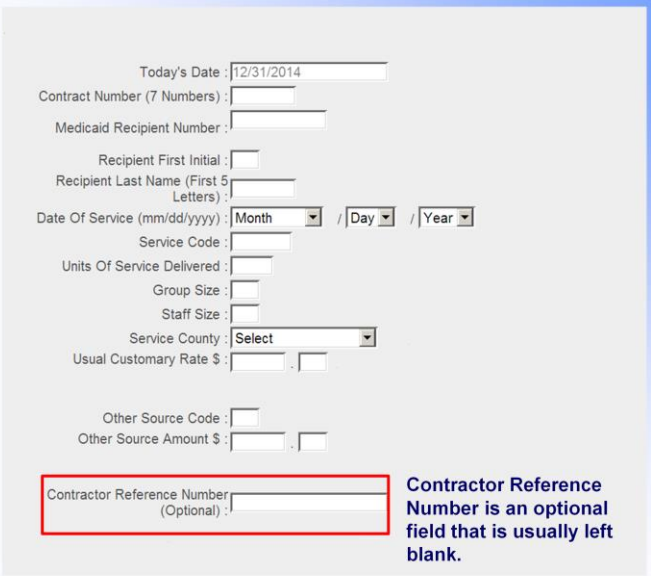
In this example, we will look for the Medicaid rate for an agency providing homemaker/personal care services in Franklin county.

- The cost category is 6.
- The number of staff is 1.
- The Medicaid rate is $4.80. The agency will be paid either their UCR, or the Medicaid rate, depending on which is *lower*.



You would enter an ‘S’ in Other Source Code if the individual has third party liability [TPL], or ‘1’ if you are reporting patient liability [PL]. Other Source Amount is *only* used to report patient liability.

Consult the user guide ***understanding other source code*** for more information.



This field is optional. If you decide to use it, enter only letters and numbers. Do not use special characters [“ “, , ( ), //] in this field.

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

SINGLE CLAIM ENTRY :

* indicates required field

Today's Date : 1/15/2015 Help

Contract Number (7 Numbers) : 2500000 Help

Medicaid Recipient Number : 223344556677 Help

Recipient First Initial : j Help

Recipient Last Name (First 5 Letters) : johns Help

Date Of Service (mm/dd/yyyy) : January / Day * / 2015 Help

Service Code : APC Help

Units Of Service Delivered : Help *

Group Size : Help

Staff Size : Help

Service County : FRANKLIN 25 Help

Usual Customary Rate $: . Help * *

Other Source Code : Help

Other Source Amount $: . Help

Contractor Reference Number (Optional) : Help

Clear Form | Submit Claim

After entering all of your information, click on 'Submit Claim'. You should receive a notice:

Claim Successfully Submitted. Please note the File Reference Number :

Make a note of the reference number for your records. At this point, your claim has been successfully submitted and will be processed in the next billing cycle. Successfully submitting a claim does not mean that the claim will not error. You will need to view your provider weekly reports, available in eMBS, to see the status of your claim.

Claims Services Unit

Ohio Department of Developmental Disabilities
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Email: dodd.support@dodd.ohio.gov

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