

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:

Leo is an independent provider and supports one person, Mary Jones, with Homemaker/Personal Care (HPC) and Transportation services.

On April 2, he provided six hours of HPC and drove Mary 12 miles to and from a doctor's appointment. This was in Butler County, where Mary lives.

A few days later, Leo submits two claims, one for 24 units of HPC (HPC is billed in 15-minute units), the other for 12 units (miles) of Transportation.

SINGLE CLAIM ENTRY :
* indicates required field

Today's Date : 8/19/2021 Help

Leo's contract number Contract Number (7 Numbers) : 4500500 Help

Mary's Medicaid # Medicaid Recipient Number : 100000000099 Help

Recipient First Initial : M Help

Recipient Last Name (First 5 Letters) : JONES Help

Date Of Service (mm/dd/yyyy) : April / 2 / 2021 Help

Service Code : APC Help

Units Of Service Delivered : 24 Help

Group Size : 1 Help

Staff Size : 1 Help

Service County : BUTLER 9 Help

Usual Customary Rate \$: 5 . 28 Help

Other Source Code : Help

Other Source Amount \$: . Help

Contractor Reference Number (Optional) : Help

Clear Form Submit Claim

SINGLE CLAIM ENTRY :

* indicates required field

Today's Date :	<input type="text" value="8/19/2021"/>	Help
Contract Number (7 Numbers) :	<input type="text" value="4500500"/>	Help
Medicaid Recipient Number :	<input type="text" value="100000000099"/>	Help
Recipient First Initial :	<input type="text" value="M"/>	Help
Recipient Last Name (First 5 Letters) :	<input type="text" value="JONES"/>	Help
Date Of Service (mm/dd/yyyy) :	<input type="text" value="April"/> / <input type="text" value="2"/> / <input type="text" value="2021"/>	Help
Service Code :	<input type="text" value="ATN"/>	Help
Units Of Service Delivered :	<input type="text" value="12"/>	Help
Group Size :	<input type="text" value="1"/>	Help
Staff Size :	<input type="text" value="1"/>	Help
Service County :	<input type="text" value="BUTLER 9"/>	Help
Usual Customary Rate \$:	<input type="text" value=""/> . <input type="text" value="58"/>	Help *
Other Source Code :	<input type="text"/>	Help
Other Source Amount \$:	<input type="text"/> . <input type="text"/>	Help
Contractor Reference Number (Optional) :	<input type="text"/>	Help

Clear Form

Submit Claim

Service codes and Medicaid maximum rates can be found by looking in the appendix of service-specific rules available on the dodd.ohio.gov website, or by looking at the individual's cost projection. See user guide #2- Service Authorization-for instructions on viewing a cost projection.

Fields in Single Claim Entry

Today's Date	This is auto-populated.
Contract number	Your 7-digit DODD contract number. Note: This is different from your Medicaid provider number.
Medicaid Recipient Number	Your client's 12-digit Medicaid number.
Recipient First Initial	The first letter of your client's first name.
Recipient Last Name	The first 5 letters of your client's last name. If the last name is short, like 'Doe', you would enter 'DOE'. If the last name had a suffix, like 'Doe, Jr.' you would enter DOEJR. If the last name is long, like 'Johnson', you would enter 'JOHNS'. If the last name is hyphenated, like 'Doe-Johnson' you would enter 'DOEJO'.

Date Of Service	The date the service you are billing for was provided.
Service Code	Available in service-specific rules on the dodd.ohio.gov website. You can also check your client's cost projection for codes and rates. See user guide #2- Service Authorization-for instructions on viewing a cost projection.
Units Of Service Delivered	This varies by service code. For example, homemaker/personal care is billed in 15-minute units, HPC transportation is billed in miles, and shared living is billed daily [a day is 1 unit].
Group Size	<p>This is the number of people you were providing service for at the time you are billing for. For example:</p> <ol style="list-style-type: none"> 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 bill for both individuals using group size two. 2. You are providing non-medical transportation to three individuals. A volunteer is riding along with you. You would bill for all three individuals with a group size of three, as you are not providing services to the volunteer. 3. You are providing homemaker/personal care to one individual. You take him to an outing where other individuals with developmental disabilities are present. The organizers of the event ask you to help supervise four other individuals, although you are not required to provide services. There are two issues here. The first is the group size. Your group size in this case would be five, because by supervising the other four individuals, you are splitting your attention five ways, even though you are not directly providing services to the other four individuals, and are not billing for them. There is a more important issue, however. If the individual's ISP requires that your client is to receive only 1:1 services, you should not be providing services to other individuals at the same time. You should decline the request to help supervise the other four individuals.
Staff Size	This is the number of staff providing service for the time you are billing for. For independent providers the staff size will always be '1'.
Service County	This is the county the service was provided in.

Usual Customary Rate

Your Usual Customary Rate [UCR] is the rate that you would charge an individual receiving the same or similar services who is not receiving Medicaid funds. This is a rate that you, whether you are an independent provider or an agency provider, will need to determine for yourself.

You will be paid *either* your Usual Customary Rate, *or* the maximum rate established by the Ohio Department of Medicaid, whichever is lower. The maximum rates for waiver services are contained in service-specific rules of the Ohio Administrative code and are available on our website: dodd.ohio.gov. The rates, as well as the service codes, will be found in the appendix of service-specific rules. You can also check your client's cost projection for codes and rates. See user guide #2- Service Authorization-for instructions on viewing a cost projection.

Some rates are based on cost-of-doing-business categories [CODB]/ The State of Ohio is divided into 8 CODB's. 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. This is also available on our website: OAC 5123-2-9-06 [Appendix B - Cost-of-Doing-Business Categories](#). Having found your CODB category, you will next check the service-specific rule to see the rate of the service(s) you are providing. This is the maximum you will be paid, but again your UCR is a rate that you decide for yourself. You can choose to adopt the Medicaid maximum rate(s) as your Usual Customary Rate. It is your decision as a self-employed business owner.

Other Source Code

This is usually left blank. If you are reporting patient liability you would input a '1'. If you are indicating your client has a third-party liability you would input an 'S'.

Other Source Amount

This is only used to report the amount, if any, of the patient liability being reported. If you are not reporting PL leave this blank.

Contractor Reference Number

Usually left blank- if you use it, enter only letters and numbers. Do not use special characters [" , , () , //]

Note: IF you are billing using the **AQL** code this is the field you will indicate the longevity add-on portion.