

You MUST have a Security Affidavit completed before you can bill your claims and view your reports. If you have not done this, email Security Support at: Security.support@odmrdd.state.oh.us

To view your weekly reports, go to: <https://odmrdd.state.oh.us/APPS/>

The screen below will appear. Put in your User Name and Password to log in.



Ohio Department of MR/DD Applications Portal



User Name	<input type="text"/>
Password	<input type="password"/>
	<input type="button" value="Login"/> <input type="button" value="Reset"/>

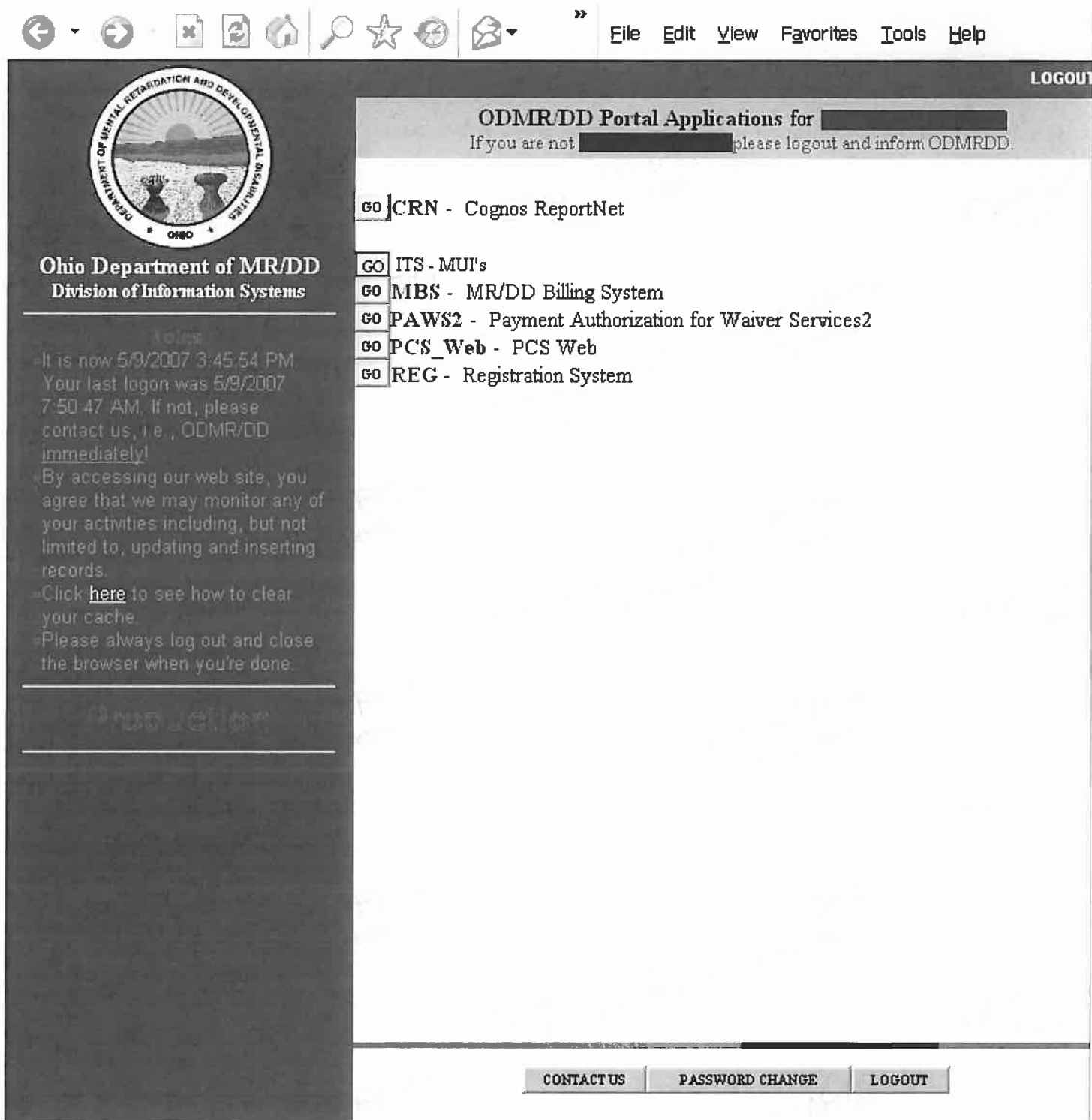
[Forgot your password?](#)

[Request a security affidavit](#)

Your IP address is 198.234.132.24
ODMRDD will save the address upon your submission

You will only have MBS, PAWS, PCS, CRN, ITS, and REG as a provider (these are what you signed up for on your security affidavit)

To bill or view your claims, go to MBS



File Edit View Favorites Tools Help

LOGOUT

ODMR/DD Portal Applications for [REDACTED]
If you are not [REDACTED] please logout and inform ODMRDD.

[GO](#) CRN - Cognos ReportNet

[GO](#) ITS - MUT's

[GO](#) MBS - MR/DD Billing System

[GO](#) PAWS2 - Payment Authorization for Waiver Services2

[GO](#) PCS_Web - PCS Web

[GO](#) REG - Registration System

Ohio Department of MR/DD
Division of Information Systems

Notes

- It is now 5/9/2007 3:45:54 PM.
Your last logon was 5/9/2007 7:50:47 AM. If not, please contact us, i.e., ODMR/DD immediately!
- By accessing our web site, you agree that we may monitor any of your activities including, but not limited to, updating and inserting records.
- Click [here](#) to see how to clear your cache.
- Please always log out and close the browser when you're done.

Production

[CONTACT US](#) [PASSWORD CHANGE](#) [LOGOUT](#)

You will need to accept the website agreement to proceed into the Medicaid Billing System. See below.



WARNING!

This system is for the use of authorized users only. Individuals using this computer system without authority, or in excess of their authority, are subject to having their activities on this system monitored and recorded by system personnel. This system may be monitored at any time to ensure the system is being used for permitted activities. Anyone using this system expressly consents to such monitoring and is advised that if such monitoring reveals possible criminal activity, system personnel may provide the evidence of such monitoring to law enforcement officials.



You MUST click Accept to continue...

The screen below is where you can submit your claims, check the file status of your claim and view you weekly reports.

File Edit View Favorites Tools Help

App List	Main	Upload Flat Files	Upload TCM (Non-837)	Upload 837 (TCM)	Single Line Entry
Upload 837 (Prod)	Upload Recipient File	837 Analyzer Results	Provider Weekly Reports	LogOut	Ancest Files
Display Text	File Status				

ATTENTION PROVIDERS: With July 4th (Wednesday) being a Holiday, production pull will be July 3rd (Tuesday) at 11:45 am. for this week only.

ATTENTION ODMRDD MEDICAID PROVIDERS END OF FISCAL YEAR SHUTDOWN
 - There will be no MRDD Medicaid Reimbursement checks mailed out or Direct Deposits (EFT's) made into your account on June 29, 2007. The State Accounting System will be unavailable for voucher processing during the last eleven days of June. Therefore, claims received by 11:45 a.m. June 13, 2007 – JUN07C that would normally pay on June 29th will payout in early July. PLEASE CONTINUE TO SUBMIT CLAIMS WITHOUT INTERRUPTION. Remember with July 4th (Wednesday) being a Holiday, production pull will be July 3rd (Tuesday) at 11:45 a.m. for this week only.

You have reached the Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) MRDD Billing System (MBS) EDI web site. ODMRDD partners with the Ohio Department of Administrative Systems (ODAS) to process Form 837 MBS claims online. The following documentation provides guidance through the EDI process.

Provider Support Email: Provider.Support@dmr.state.oh.us
 the old address of Provider.Support@dmr.state.oh.us is no longer valid and will no longer auto forward your emails to Provider.Support@odmrdd.state.oh.us Thanks!

NOTE All Flat File Uploads and Single Line Entry Flat File Claims will have the ODMRDD assigned File Reference Number automatically appended to each record at position 116. This will aid in our future endeavors to ease file status tracking and provide the information to you in a timely manner. The latest file status up until file picked up for MBS Processing can always be checked by following the "File Status" link at the top of the screen.

Submit PRODUCTION Claim Files	Submit Recipient Verification Files
Upload Flat MBS Claim Files	Upload Recipient Verification Files
Upload 837 MBS Claim Files	

<https://mbs.mr.state.oh.us/apps/extranet/mbs/uploadform.asp> Internet

In each cycle, you can have a combination of several reports. They are:

Adjustments – Claims that have already paid but for some reason a change needs to be made

Billed – The Claims made it through the ODMRDD edits and will be sent to ODJFS

Error – The Claims did not make it through ODMRDD edits. They will need to be fixed and resubmitted

Reimburst_Approved – The Claims came back from ODJFS approved

Reimburst_Denied – The Claims came back from ODJFS as denied. The might need to get a hold of your local ODJFS to get your Medicaid or the individuals Medicaid problem fixed.

Invoice – These are the claims that you will actually receive reimbursement for. If you had adjustments, this is where we will take or give you the different of your original claims. Please refer to the Medicaid Waiver Billing Instructions for guidance.

Click on Provider Weekly to view your claims in the Output Files. Choose which cycle your claims are in.



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Output Files

[Click Here for the Output File Descriptions](#)

[Click Here for the Most Common Denial Codes](#)

- [JUN07B 06-06-07 Files](#)
- [JUN07A 05-30-07 Files](#)
- [MAY07E 05-23-07 Files](#)
- [MAY07D 05-16-07 Files](#)
- [MAY07C 05-09-07 Files](#)
- [MAY07B 05-02-07 Files](#) [Adjustment Files](#)
- [MAY07A 04-25-07 Files](#) [Administrative Fee Files](#)
- [APR07D 04-18-07 Files](#) [File Layout Formats Files](#)
- [APR07C 04-11-07 Files](#) [Miscellaneous Files](#)
- [APR07B 04-04-07 Files](#) [Multiple ContractNumber Rejects Files](#)
- [APR07A 03-28-07 Files](#) [Recipient Verification Files](#)
- [MAR07D 03-21-07 Files](#) [Third Party Files](#)
- [MAR07C 03-14-07 Files](#) [Voucher History](#) [Monthly Files](#)
- [MAR07B 03-07-07 Files](#) [Voucher History](#) [Weekly Files](#)
- [MAR07A 02-28-07 Files](#)



**OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES (ODMRDD)
INDIVIDUAL AFFIDAVIT ON DATA SECURITY AND CONFIDENTIALITY FOR THE:
WAIVER PROVIDERS**

INSTRUCTIONS FOR FILLING OUT THE SECURITY AFFIDAVIT

Request type:

Enter a checkmark or an X in the box next to the type of request you are submitting. The options are:

New user: User who does not already have a User Name for accessing the ODMRDD system.

Renewal: Annual renewal for existing authorization. You must check each system you want to renew. If a system is left unchecked on the renewal affidavit, your access to that system will be revoked.

Add System: Add a system not already requested on a previous affidavit.

Change: Change or correct name (include previous name and new name), email address, or phone number.

Revoke: Remove select systems from a user or remove all systems because of a termination of employment.

Phone Number (required):

Enter the phone number where you can be reached most readily during the day or where a message can be left.

Name of Agency:

If you work for a Provider Agency, enter the name of the agency here. If you do not work for an agency, leave this field blank.

Name of Director or CEO:

If you work for a Provider Agency, enter the name of the agency Director or CEO. If you do not work for an agency, leave this field blank.

Name (required):

Enter your last name first, then your first name and then your middle initial.

Contract Number (required):

This is the 7 digit provider number given to you or your agency by ODMRDD. It is not the same as the 7 digit Medicaid number given to you or your agency by ODJFS.

Street Address, City, State, Zip Code (required):

This is the mailing address of the individual provider or the mailing address of the agency you work for.

Email address (required):

This must be an individual email address (not a shared email account) because logins and passwords will be sent to this address. Your agreement with the state requires you to keep logins and passwords confidential (see #8 under the ODMRDD Data Security and Confidentiality Agreement as stated on the affidavit). **You must confirm this by putting a checkmark or X in the box next to the statement certifying the email is an individual account.**

Systems to be Accessed (required):

You are entitled to have access to the following five ODMRDD computer systems:

MBS – Medicaid Billing System (on-line billing for services)

PAWS – Payment Authorization for Waiver Services (waiver information including services available to consumer)

CRN_PUTX – Cognos ReportNet Paws Utilization Report (shows amounts billed vs. total amounts authorized)

CRN_PCNFR– Cognos ReportNet Paws Confirmation Report (shows current PAWS plan information)

ITS – Incident Tracking Systems (lists any MUI affecting a consumer for which you provide services)

PCU_USER – Provider Certification Update (to update provider information on the ODMRDD web site)

DRAUser – Daily Rate Application (add actual services provided)

Put a checkmark or an X in the box next to whichever system(s) you want to access. Leave blank the box next to any system(s) you do not plan to access. If you decide at a later date you want access to a system you initially decline, you will be required to submit an updated affidavit.

ODMRDD Data Security and Confidentiality Agreement:

- Once you have read and understand the policy, sign and date the affidavit, then fax it to 614-752-4673 or mail it to: Security Administrator, ODMRDD, 30 East Broad Street, Suite 1220, Columbus, OH, 43215-3434.
- An affidavit that is unsigned or has any required fields left blank will not be processed.
- If you have questions about the policy, email your questions to security.support@odmrdd.state.oh.us . Be sure to include a phone number where we can reach you, if necessary.

**Instruction: Complete this form and fax to ODMRDD at 614-752-4673 or mail the original to:
Security Administrator, ODMRDD, 30 East Broad Street, Suite 1220, Columbus, OH 43215-3434**

**OHIO DEPARTMENT OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES (ODMRDD)
INDIVIDUAL AFFIDAVIT ON DATA SECURITY AND CONFIDENTIALITY FOR THE:
WAIVER PROVIDERS**

Request Type: New User <input type="checkbox"/> Add System <input type="checkbox"/>		*Phone Number																						
Change <input type="checkbox"/> Renewal <input type="checkbox"/> Revoke (/ /)																								
IF REVOKING ACCESS, GIVE REASON: Retired <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/>																								
Transferred <input type="checkbox"/>										Other <input type="checkbox"/>														
Name of Agency (if applicable)										Agency Director or CEO (if applicable)														
*Name: Last, First, MI										*Contract number or Billing Submitter number:														
*Street Address										*City					*State					*Zip Code				
*Email Address:										<input type="checkbox"/> I certify that the listed email address is my personal email address and not a group or shared email.														
*Please Check The System(s) To Be Accessed:																								
1) MBS <input type="checkbox"/> 2) PAWS <input type="checkbox"/> 3) CRN PUTX <input type="checkbox"/> 4) CRN_PCNR <input type="checkbox"/> 5) ITS <input type="checkbox"/> 6) PCU_USER <input type="checkbox"/> 7) DRA <input type="checkbox"/>																								
FOR DIS USE ONLY																								
Verified _____ / _____ Completed _____ / _____																								
Userid _____ Beg. Date (/ /) End Date (/ /)																								

*required

ODMRDD Data Security and Confidentiality Agreement

Security and confidentiality are a matter of concern for all users of Ohio Department of Mental Retardation and Developmental Disabilities (ODMRDD) information systems and all other persons who have access to ODMRDD confidential data. Each person authorized to access ODMRDD systems holds a position of trust relative to this information and must recognize the responsibilities entrusted to him in preserving the security and confidentiality of this information. Confidentiality requirements contained in law include, but are not limited to, ORC sections 5123.62(T), 5123.89 and 5126.044. An authorized user's conduct, either on or off the job, may threaten the security and confidentiality of this information. It is the responsibility of every user to understand and comply with the following:

1. You must not make or permit unauthorized uses, nor violate the confidentiality or privacy, of any information in files maintained by ODMRDD.
2. You must not seek to benefit personally or permit others to benefit personally by any confidential information that has come to you by virtue of your work duties.
3. You must not exhibit or divulge the contents of any record to any person except in the conduct of your work duties or in accordance with the policies of ODMRDD.
4. You must not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.
5. You must not delete or cause to be deleted any official record or report from any file from the system where it is stored except when required in the performance of your duties.
6. You must not access or request others to access any ODMRDD or Ohio Data Network system for personal business.
7. You must not violate rules and regulations concerning access to controlled areas.
8. You must not divulge or share any security codes (i.e., user-names, passwords, etc.) used to access any secured files.
9. You must immediately report any violation of this policy by anyone to the ODMRDD/DITS Security Manager.
10. You must not aid, abet or act in conspiracy with another to violate any part of this policy.
11. You must agree to follow all applicable ODMRDD policies and procedures pertaining to the use of ODMRDD or Ohio Data Network computer software and hardware.

Any Violations Of This Agreement May Result In the Cancellation of your Security Access and Possible Referral to the Office of the Attorney General for its Disposition Pursuant To All Applicable Laws and Rules

*I have read and understand the ODMRDD policy on the data security and confidentiality.	
*User Signature	Date

MR-9993 (07/07)

**Instruction: Complete this form and fax to ODMRDD at 614-752-4673 or mail the original to:
Security Administrator, ODMRDD, 30 East Broad Street, Suite 1220, Columbus, OH 43215-3434**