



Department of
Job and Family Services

John R. Kasich, Governor

Michael B. Colbert, Director

**Ohio ECC
PWeb, Manual Claims and Payment Adjustment Overview
Provider Webinar
February 28 and 29, 2012**

Ohio ECC – Provider Webinar Agenda

- Ohio ECC Provider Updates and Resources
- Provider Website (PWeb)
 - Reviewing Authorizations and Transactions Using Searches and Filters
 - Attendance Transactions
 - Entering an Absent Day
 - Reviewing Unmatched Check in/Out Report
- Manual Claim Submission
- **Payment** Adjustment Requests
- Frequently Asked Questions and Answers

Ohio ECC – Provider Updates

- **Primary form of communication with providers is by e-mail. Check your e-mail on a regular basis! Providers can update their e-mail address on the CCIDS Provider Portal.**
 - **Ohio ECC Provider Guidance Letters**
 - **Will be posted to:**
 - http://jfs.ohio.gov/cdc/CCIDS_Communications.stm
 - **Current Provider Guidance Letters**
 - » PGL #1 – Manual Claims
 - » PGL #2 – Payment Adjustments
 - » PGL #3 – Reporting Absent Days on the PWeb
 - » PGL #4 – POS Device Tips
 - » PGL #5 – PWeb Tips
 - » PGL #6 – Unmatched Check-ins and Check-outs
 - » PGL #7 – CCIDS Help Desk and Ohio ECC Provider Helpline Assistance

Provider Resources

- Ohio ECC Provider User Manual – booklet given at the time of the POS installation
- CCIDS Resource Guide
- PWeb User Manual - online
- Provider FAQ's
- Quick Reference Card

The above resources and much more can be found

at: www.jfs.ohio.gov/cdc/ccids.stm

Click on “Ohio Electronic Child Care (Ohio ECC)” link



CCIDS Provider Portal

Welcome to The CCIDS Provider Portal

The purpose of this site is to allow online access for eligible child care providers to complete, submit, view and update the Provider Agreement, Rate and Banking Information Forms. These forms must be submitted using this website in order to receive reimbursement for child care services provided to eligible families.

User ID: CCP

Password:

Login

Forgot your [UserID](#) or [Password](#)?

To view authorization, attendance, and payment reports,

visit the Ohio ECC Provider Website [Click Here](#)



System Notice:

*Normal System Availability:

Monday - Friday -- 7:00am to 7:30pm

Saturday -- 8:00am to 4:00pm

*These times may be impacted by the system maintenance and are subject to change

Providers with children authorized by the following counties can access information on the Ohio ECC Provider Website beginning on the dates below.

Champaign, Logan, Marion, Ross, and Union August 28, 2011

Hamilton October 30, 2011

All Other Counties January 01, 2012



Welcome to Ohio's Electronic Child Care (Ohio ECC) Provider Website (PWeb)

User ID

Password

LOGIN



[Forget Password?](#)

Provider Help Line
1-888-516-4776



Ohio's child care providers can use this site to view transactions and attendance reports for all authorized children in their care. To get started enter your User ID and temporary password at left, and then click on "Login". The User ID is the same as the User ID you use for the CCIDS Provider Portal. Your temporary password is your zip code. If you do not have a User ID please contact the CCIDS Help Desk at 1-877-302-2347, Option 1. After your first log-in, you will be directed to change your password. The site is easy to use, and your information will be kept completely secure.

Helpful Links

- [ACS Ohio ECC Provider Equipment Agreement](#)
- [Point of Service Device \(POS\) Provider Installation Guidelines](#)
- [Ohio ECC Provider User Manual](#)
- [Ohio ECC Provider Website \(PWeb\) User Manual](#)
- [Ohio ECC Provider Informational Webinar \(presentation screens\)](#)
- [Ohio ECC Provider Informational Webinar \(pre-recorded\)](#)
- [Link to CCIDS - Child Care Information Data System](#)

| Reports Admin
Password Change
User Profile

User Password Change

User Password Change

Old Password:

New Password:

Confirm Password:

CHANGE

- Reports
- Admin
- Password Change
- User Profile

User Profile

User Profile

Security Question

In what city were you born?

What is your mother's middle name?

Security Answer

Confirm Security Answer

SAVE

Welcome to Ohio's Electro

PWeb)

ce reports for
emporary
er ID you use
ou do not have
After your first
and your

User ID

Password

LOGIN



[Forget Password?](#)

Ohio's
all aut
passw
for the
a User
log-in,
inform

Help

Provider Help Line
1-888-516-4776

Ohio



610434 1234567890

JOHN & PUBLIC

123456789

User ID

112835

Password

•••••

LOGIN



[Forget Password?](#)



Reviewing Authorizations & Transactions Using Searches and Filters

Provider Authorizations Report

Provider Information		Physical Address	
Provider Name:	TESTRiG	Address 1:	TESTcBi
Provider #:	404887	Address 2:	TESTZaQ
Provider Type:	C	City:	BELLEFONTAINE
Contact Name:	SEE ADMINISTRATOR	State:	OH
Phone:	999-999-9999	Zip:	43311 - 0000
Federal Tax ID:	000000000	County:	46-Logan
Inactive Date:			
Mailing Address			
Address 1:	TESTBxby		
Address 2:	TESTgil		
City:	BELLEFONTAINE		
State:	OH		
Zip:	43311 - 0000		

Authorization Report				
Case #	Child Name	Last Activity	Trans Type	
1	KYLIE TESTJfd	08/29/2011 00:00:00	GEN. ABSENCE	
2	PIERCE TESTyxB		---	
3	SYDNEY TESTPvI		---	
4	LAYLA TESTOen		---	
5	JACOB TESTYz		---	
6	DIMPLE TESTExmW	06/03/2011 08:00:00	P/IN	
7	FREDDIE TESTTxT		---	



Authorization Report



20

	Case #	Child Name	Last Activity	Trans Type
1	6000064010	SYDNEY TESTPvI		---
2	6000442330	RICK TESTTqq		---
3	6000442320	RICK TESTKFYB	06/24/2011 06:00:00	P/OUT
4	6000443170	RENEE TESTznT		---
5	6000442320	RACHEL TESTnr	07/03/2011 20:00:00	P/OUT
6	6000060130	PIERCE TESTyxB		---
7	6000442460	OMEA TESTGMF		---
8	6000442300	MYLA TESTMoVZ		---
9	6000442260	MEGA TESTVb	06/22/2011 08:00:00	P/IN
10	6000442470	MAYBE TESTJptu		---
11	6000443170	LISA TESTGzI		---
12	6000155390	LAYLA TESTOen		---
13	6000059930	KYLIE TESTJfd	08/29/2011 00:00:00	GEN. ABSENCE
14	6000155390	JACOB TESTYz		---
15	6000442230	FREDDIE TESTTxT		---
16	6000442330	EMILY TESTkgd		---
17	6000443170	DONNA TESTBBi		---
18	6000442170	DIMPLE TESTExmW	06/03/2011 08:00:00	P/IN
19	6000442320	DANIEL TESTmU	07/03/2011 14:00:00	P/OUT
20	6000442330	DANIEL TESTSU		---

Results 1 - 20 of 23.

DETAILS

TRANSACTION

Authorization Report



20

	Case #	Child Name ▲	Last Activity	Trans Type
1	6000442230	ANGELA TESTaHK	06/22/2011 00:00:00	GEN. ABSENCE
2	6000443180	BOBBY TESTHCE		---
3	6000442230	CHARLIE'NEAL TESToTQ	06/20/2011 10:44:11	OUT
4	6000442330	DANIEL TESTSU		---
5	6000442320	DANIEL TESTmU	07/03/2011 14:00:00	P/OUT
6	6000442170	DIMPLE TESTExmW	06/03/2011 08:00:00	P/IN
7	6000443170	DONNA TESTBBi		---
8	6000442330	EMILY TESTkgd		---
9	6000442230	FREDDIE TESTTt		---
10	6000155390	JACOB TESTYz		---
11	6000059930	KYLIE TESTJfd	08/29/2011 00:00:00	GEN. ABSENCE
12	6000155390	LAYLA TESTOen		---
13	6000443170	LISA TESTGzI		---
14	6000442470	MAYBE TESTJptu		---
15	6000442260	MEGA TESTVb	06/22/2011 08:00:00	P/IN
16	6000442300	MYLA TESTMoVZ		---
17	6000442460	OMEA TESTGMF		---
18	6000060130	PIERCE TESTyxB		---
19	6000442320	RACHEL TESTnr	07/03/2011 20:00:00	P/OUT
20	6000443170	RENEE TESTznT		---

Results 1 - 20 of 23.

DETAILS

TRANSACTION

Provider Authorizations Report

Provider Information		Physical Address	
Provider Name:	TESTRiG	Address 1:	TESTcBi
Provider #:	404887	Address 2:	TESTZaQ
Provider Type:	C	City:	BELLEFONTAINE
Contact Name:	SEE ADMINISTRATOR	State:	OH
Phone:	999-999-9999	Zip:	43311 - 0000
Federal Tax ID:	000000000	County:	46-Logan
Inactive Date:			
Mailing Address			
Address 1:	TESTBxby		
Address 2:	TESTgil		
City:	BELLEFOI		
State:	OH		
Zip:	43311 - 0000		

Authorization Report				
60000				
	Case #	Name	Last Activity	Trans Type
1	6000059930	KYLIE TESTJfd	08/29/2011 00:00:00	GEN. ABSENCE
2	6000060130	PIERCE TESTyxB		---
3	6000064010	SYDNEY TESTPvI		---
4	6000155390	LAYLA TESTOen		---
5	6000155390	JACOB TESTYz		---
6	6000442170	DIMPLE TESTExmW	06/03/2011 08:00:00	P/IN
7	6000442230	FREDDIE TESTTxT		---



Provider Authorizations Report

Provider Information		Physical Address	
Provider Name:	TESTRiG	Address 1:	TESTcBi
Provider #:	404887	Address 2:	TESTZaQ
Provider Type:	C	City:	BELLEFONTAINE
Contact Name:	SEE ADMINISTRATOR	State:	OH
Phone:	999-999-9999	Zip:	43311 - 0000
Federal Tax ID:	000000000	County:	46-Logan
Inactive Date:			
Mailing Address			
Address 1:	TESTBxby		
Address 2:	TESTgil		
City:	BELLEFONTAINE		
State:	OH		
Zip:	43311 - 0000		

Authorization Report				
Case #	Child Name	Last Activity	Trans Type	
1 6000059930	KYLIE TESTJfd	08/29/2011 00:00:00	GEN. ABSENCE	
2 6000060130	PIERCE TESTyxB		---	
3 6000064010	SYDNEY TESTPvI		---	

Results 1 - 3 of 3.

Provider Authorizations Report

Provider Information

Provider Information

Physical Address

Provider
Provider
Provider
Contact
Phone
Federal
Inactive
Mailing A
Address
Address
City:
State:
Zip:

Authorization Report

Navigation icons: back, forward, search, print, refresh, and a dropdown menu showing '20'.

Case #

Child Name

Authorization Report

Navigation icons: back, forward, search, print, refresh, and a dropdown menu showing '20'.

Case #	Child Name	Last Activity	Trans Type
6000059930	KYLIE TESTJfd		---
6000060130	PIERCE TESTyxB		---
6000064010	SYDNEY TESTPvI		---
6000155390	LAYLA TESTOen		---
6000155390	JACOB TESTVz		---
6000442170	DIMPLE TESTExmW	06/03/2011 08:00:00	P/IN
6000442230	FREDDIE TESTTt		---
6000442230	ANGELA TESTaHK	06/22/2011 00:00:00	GEN. ABSENCE

USER INFO

Authorization - Profile

Authorization Information

Child Information

Absent Days Remaining: 6
 Case #: 6000059930
 Child ID : 100016456477
 Child Name: KYLIE TESTJfd
 DOB: 09/17/2000

Address Information

Address: TESTIC
 TESTVdYK
 City: BELLEFONTAINE
 State: OH
 Zip: 433110000
 County: 46 - Logan
 Phone: 937-292-7324

121704	STATUS	Open	BEGIN DATE	01/01/2011	END DATE	12/24/2011
121705	STATUS	Closed	BEGIN DATE	12/19/2010	END DATE	12/31/2010
121706	STATUS	Closed	BEGIN DATE	12/14/2009	END DATE	12/18/2010



DETAILS

TRANSACTION



Attendance Transactions

USER INFO

Provider - Profile

Provider Profile			
Provider Information		Physical Address	
Provider Name:	NOAH'S ARK FAMILY CENTER	Address 1:	1000 E BROWN AVE
Provider #:	404887	Address 2:	
Provider Type:	C	City:	BELLEFONTAINE
Contact Name:	SEE ADMINISTRATOR	State:	OH
Phone:	937-592-6624 ex 0000	Zip:	43311 - 0000
Federal Tax ID:	000000000	County:	46-Logan
Inactive Date:		POS Information	
Mailing Address		Install Date	Deinstall Date
Address 1:	1000 E BROWN AVE	03/17/2012	----
Address 2:			---
City:	BELLEFONTAINE		
State:	OH		
Zip:	43311 - 0000		

Provider Transaction Search			
Report on dates between:	<input type="text" value="03"/>	<input type="text" value="01"/>	<input type="text" value="2012"/>
	-	<input type="text" value="05"/>	<input type="text" value="18"/>
		<input type="text" value="2012"/>	(Month/Day/Year)
	Start Date	End Date	
Case#:	<input type="text"/>		
<input type="button" value="SEARCH"/>	<input type="button" value="RESET"/>	<input type="button" value="CANCEL"/>	

Provider Transaction Report



20



Date	Case #	Child Name	Trans Type	Entry D/T	Duration	Response
04/15/2012 08:00 PM			P/OUT	04/19/2012 04:04 AM	12:00	(00) SUCCESS/APPROVED
04/15/2012 08:00 PM			P/OUT	04/19/2012 04:04 AM	12:00	(00) SUCCESS/APPROVED
04/15/2012 08:00 PM			P/OUT	04/19/2012 04:04 AM	12:00	(00) SUCCESS/APPROVED
04/15/2012 08:00 AM			P/IN	04/19/2012 04:03 AM		(00) SUCCESS/APPROVED
04/15/2012 08:00 AM			P/IN	04/19/2012 04:03 AM		(00) SUCCESS/APPROVED
04/15/2012 08:00 AM			P/IN	04/19/2012 04:03 AM		(00) SUCCESS/APPROVED
04/08/2012 08:00 PM			P/OUT	04/19/2012 04:03 AM	12:00	(00) SUCCESS/APPROVED
04/08/2012 08:00 PM			P/OUT	04/19/2012 04:03 AM	12:00	(00) SUCCESS/APPROVED
04/08/2012 08:00 PM			P/OUT	04/19/2012 04:03 AM	12:00	(00) SUCCESS/APPROVED
04/08/2012 08:00 AM			P/IN	04/19/2012 04:03 AM		(00) SUCCESS/APPROVED
04/08/2012 08:00 AM			P/IN	04/19/2012 04:03 AM		(00) SUCCESS/APPROVED
04/08/2012 08:00 AM			P/IN	04/19/2012 04:03 AM		(00) SUCCESS/APPROVED
04/03/2012 12:00 AM			GEN. ABSENCE	04/20/2012 05:01 AM		(00) SUCCESS/APPROVED
04/02/2012 12:00 AM			GEN. ABSENCE	04/20/2012 04:53 AM		(00) SUCCESS/APPROVED
04/02/2012 12:00 AM			GEN. ABSENCE	04/17/2012 03:00 PM		(00) SUCCESS/APPROVED
04/01/2012 08:00 PM			P/OUT	04/19/2012 04:02 AM	12:00	(00) SUCCESS/APPROVED
04/01/2012 08:00 PM			P/OUT	04/19/2012 04:02 AM	12:00	(00) SUCCESS/APPROVED
04/01/2012 08:00 PM			P/OUT	04/19/2012 04:02 AM	12:00	(00) SUCCESS/APPROVED
04/01/2012 08:00 AM			P/IN	04/19/2012 04:01 AM		(00) SUCCESS/APPROVED
04/01/2012 08:00 AM			P/IN	04/19/2012 04:01 AM		(00) SUCCESS/APPROVED



Entering an Absent Day

USER INFO

Authorization - Profile

Authorization Information	
Child Information	Address Information
Absent Days Remaining: 6	Address: TESTIC
Case #: 6000059930	TESTVdYK
Child ID : 100016456477	City: BELLEFONTAINE
Child Name: KYLIE TESTJfd	State: OH
DOB: 09/17/2000	Zip: 433110000
	County: 46 - Logan
	Phone: 937-292-7324

121704	STATUS Open	BEGIN DATE 01/01/2011	END DATE 12/24/2011
121705	STATUS Closed	BEGIN DATE 12/19/2010	END DATE 12/31/2010
121706	STATUS Closed	BEGIN DATE 12/14/2009	END DATE 12/18/2010



DETAILS TRANSACTION

Authorization - Profile

Authorization Information

Child Information

Absent Days Remaining: 10
 Case #: 6000059930
 Child ID : 100016456477
 Child Name: KYLIE TESTJfd
 DOB: 09/17/2000

Address Information

Address: TESTIC
 TESTVdYK
 City: BELLEFONTAINE
 State: OH
 Zip: 433110000
 County: 46 - Logan
 Phone: 937-292-7324

+ 121704 STATUS Open BEGIN DATE 01/01/2011 END DATE 12/24/2011

Authorization Information

Authorization #: 121704
 Authorization Category: FT
 Begin Date: 01/01/2011
 End Date: 12/24/2011
 Co-Pay Amount: \$194
 Pay Source Code: 321
 Provider Name: TESTRiG
 Provider #: 404887

Provider Information

Federal Tax ID : 000000000
 Address: TESTcBi
 TESTZaQ
 City: BELLEFONTAINE
 State: OH
 Zip: 433110000
 County: 46 - Logan
 Phone: 999-999-9999

RECORD ABSENCE



+ 121705 STATUS Open BEGIN DATE 12/19/2010 END DATE 12/31/2010

+ 121706 STATUS Open BEGIN DATE 12/14/2009 END DATE 12/18/2010

DETAILS

TRANSACTION

USER INFO

Authorization - Absence

Authorization Information

Child Information		Address Information	
Absent Days Remaining:	9	Address:	TESTIC
Case #:	6000059930		TESTVdYK
Child ID :	100016456477	City:	BELLEFONTAINE
Child Name:	KYLIE TESTJfd	State:	OH
DOB:	09/17/2000	Zip:	433110000
		County:	46 - Logan
		Phone:	937-292-7324

Authorization Absence List

Navigation icons: back, forward, search, print, refresh, etc. | 20 | [dropdown]

Absence Date	Absence Entry Date	Status	
07/10/2011	07/27/2011	Unsettled	VOID

Results 1 - 1 of 1.

Record Absence Date

Absence Date: (Month/Day/Year) **SAVE**

DETAILS **AUTHORIZATIONS** **TRANSACTION**





Reviewing Unmatched Transactions

Unmatched Check-In/Out Report

Provider Payment Report

Provider - Transaction Report

Provider Information

Provider Information		Physical Address	
Provider Name:	TESTRiG	Address 1:	TESTcBi
Provider #:	404887	Address 2:	TESTZaQ
Provider Type:	C	City:	BELLEFONTAINE
Contact Name:	SEE ADMINISTRATOR	State:	OH
Phone:	999-999-9999	Zip:	43311 - 0000
Federal Tax ID:	000000000	County:	46-Logan
Inactive Date:			
Mailing Address			
Address 1:	TESTBxby		
Address 2:	TESTgil		
City:	BELLEFONTAINE		
State:	OH		
Zip:	43311 - 0000		

Provider Unmatched Check-In/Out Report Inquiry

Unmatched Check-In/Out Inquiry

Today's Unmatched Checkin/Out

Previous 10-day Unmatched Checkin/Out

Unmatched Check-In/Out Report

Provider Payment Report

Provider Unmatched Check-In/Out Report

Provider Information

Provider Information		Physical Address	
Provider Name:	TESTjSq	Address 1:	TESTZkkZ
Provider #:	410332	Address 2:	TESTITjl
Provider Type:	C	City:	ST. PARIS
Contact Name:	SEE ADMINISTRATOR	State:	OH
Phone:	999-999-9999	Zip:	43072 - 0000
Federal Tax ID:	000000000	County:	11-Champaign
Inactive Date:			
Mailing Address			
Address 1:	TESTcPi		
Address 2:	TESTMFr		
City:	PIQUA		
State:	OH		
Zip:	45356 - 0000		

Exceptions Results for: 07/17/2011-07/26/2011

Date	Case #	Child Name	Authorization #	Trans Type
07/25/2011 08:08:08	6000442300	ROB TESTqAi	133044	IN
07/25/2011 08:08:08	6000442160	JOETESTEsF	133019	IN
07/26/2011 08:08:08	6000047510	JOAN TESTvJa	133079	IN
07/26/2011 08:08:08	6000442300	CHARLIETESThSU	133043	IN
07/26/2011 08:08:08	6000045930	NEWCHILD2 TESTpuC	133074	IN
07/26/2011 08:08:08	6000442300	ROB TESTqAi	133044	IN

Results 1 - 6 of 6.



Provider Payment Detail Report

Provider Payment Report Inquiry

Provider Payment Inquiry

Settlement Date: 05/13/2012

SEARCH

- 05/13/2012
- 05/06/2012
- 04/29/2012
- 04/22/2012
- 04/15/2012
- 04/08/2012
- 04/01/2012
- 03/25/2012
- 03/18/2012
- 03/11/2012
- 03/04/2012
- 02/26/2012
- 02/19/2012
- 02/12/2012
- 02/05/2012
- 01/29/2012
- 01/22/2012
- 01/15/2012
- 01/08/2012
- 01/01/2012
- 12/25/2011
- 12/18/2011
- 12/11/2011
- 12/04/2011
- 11/27/2011
- 11/20/2011
- 11/13/2011
- 11/06/2011
- 10/30/2011
- 10/23/2011

EPPIC

PPIC

Provider Payment Detail

Provider Information		Physical Address	
Facility Name:	TESTYvW	Address 1:	TESTydN
Provider #:	503055	Address 2:	TESTSgpG
Provider Type:	C	City:	TOLEDO
Contact Name:	SEE ADMINISTRATOR	State:	OH
Phone:	999-999-9999	Zip:	43606 - 0000
Federal Tax ID:	000000000	County:	48-Lucas
Inactive Date:			
Mailing Address			
Address 1:	TESTbLkI		
Address 2:	TESTunQ		
City:	TOLEDO		
State:	OH		
Zip:	43606 - 0000		

Provider Payment Details							
Settlement Date	07/10/2011						
Payment Period	06/19/2011 - 06/25/2011						
Child Name	Child ID	Case #	Attendance Amount	Fees	Co-pay	Deductions Adjustments	Total
IMES TESTYPXA	100120412077	6000441800	\$146.70	\$0.00	\$0.00	\$0.00	\$146.70
IAN TESTJWn	100120413877	6000441800	\$206.80	\$0.00	\$0.00	\$0.00	\$206.80
Results 1 - 2 of 2.							
Total Attendance Payment Amount							\$353.50
Total Provider Adjustment Amount							\$0.00
Total Payment Amount							\$353.50

Authorization Information

Person Information

Absent Days Remaining: 10
Case #: 6000441800
Child ID : 100120412077
Child Name: IMES TESTYPXA
DOB: 04/09/2010

Authorization Information

Authorization #: 132726
Authorization Category: FT
Begin Date: 01/01/2011
End Date: 12/31/2011
Co-Pay Amount: \$0.00
Pay Source Code: 312
Provider Name: TESTYvW
Provider #: 503055

Child Payment Information

Rate Determination

Weekly Attendance Hours Total 22:00
 Authorization Category PT
 Absent days 0.0
 Provider Type C
 Provider County 48-Lucas

Additional Factors

Special Needs Waiver Amount 0.00
 Special Needs Amount 0.00
 Non-Traditional Amount 0.00
 Accreditation/SUTQ Amount 11.74

Adjustments/Deductions

Age Category INFANT
 Rate 134.96
 Rate Used CUST
 Multiple-Case Pro-Rate Factor (display amount as percentage) 1.00
 Special Needs Waiver No

Registration Fees 0.00
 Transportation Fees 0.00
 Activity Fees 0.00
 Co-pay Amount 0.00
 Misc. Adjustment Amount \$0.00

Total Attendance Amount \$146.70

ECC Manual Claims

- The current Manual Claim Form can be accessed at Forms Central:
 - <http://www.odjfs.state.oh.us/forms/inter.asp>
 - Search by form number (JFS 01261) or form name (Publicly Funded Child Care Manual Claim For Attendance)
 - The Form (JFS 01261) and the Form Instruction (JFS 01261-I) will display.
 - Please refer to attached documents to view the form and instructions.

ECC Manual Claims

- The JFS 1261 Publicly Funded Child Care Manual Claim For Attendance Form is a fillable form for provider convenience.
- The purpose of this form is to submit attendance to the CDJFS for publicly funded child care when the swipe card or POS device is not available.
- This form is completed by the provider and submitted to the CDJFS within 7 weeks of the services being provided.

ECC Manual Claims

- This form is only to be submitted after the back swipe period.
- This form is filled out per child per week of attendance.
- If the form is incomplete, inaccurate or payment has been calculated (this includes a payment showing \$0.00 in the payment detail report) for this time period then the CDJFS will reject the form.

Section I. Reason for Manual Claim

SECTION I. PROVIDER TO COMPLETE THIS SECTION <i>(please print)</i>		
Provider Name <i>(as printed on Certificate or License)</i>	Provider ID Number	Authorization Number
Caretaker First Name	Caretaker Last Name	Case Number <i>(10 digits)</i>
Child First Name	Child Last Name	Child IID Number <i>(12 digits)</i>

Section I.	Provider completes this section
Provider Name	List your information as it appears on your License or Certificate.
*Provider ID Number	Provider ID Number can be found on your License, Certificate, PWeb (Provider Profile Screen) and the CCIDS Provider Portal.
*Authorization Number	This number can be found on the PWeb (Provider Profile Screen). Select Authorizations button.
*Caretaker First Name	List the Primary Caretaker's First Name on the case.
*Caretaker Last Name	List the Primary Caretaker's Last Name on the case.
Case Number	This 10 digit number can be found on the JFS 01143 and on the PWeb.
Child First Name	List the first name of the child for whom claim is being submitted.
Child Last Name	List the last name of the child for whom claim is being submitted.
*Child ID Number	This 12 digit number can be found on the JFS 01143 as part of the authorization information.

Note: * denotes a required field.

Section II. Provider completes this section

SECTION II. REASON FOR MANUAL CLAIM <i>(check only one reason below for which services could not be completed within the back swipe period)</i>	
<input type="checkbox"/> Authorization prior to back swipe period (MCPB)	<input type="checkbox"/> Caretaker awaiting swipe card (MCAC)
<input type="checkbox"/> State Hearing decision (MCSH)	<input type="checkbox"/> Caretaker withdraws without notice (MCCW)
<input type="checkbox"/> POS device not installed (MCND)	<input type="checkbox"/> Caretaker failure to swipe (MCFS)

Section II. Reason for Manual Claim	Note: claim not valid if caretaker was able to swipe during the back swipe period.
Authorization prior to back swipe period	A provider is notified of an authorization on the JFS 01143 with a begin date prior to the caretaker having the ability to back swipe.
State Hearing decision	Provider is submitting claim due to the decision of a State Hearing.
POS device not installed	Provider does not have a POS device installed and caretaker is unable to swipe attendance.
Caretaker awaiting swipe card	Caretaker has not received a swipe card and is unable to swipe attendance.
Caretaker withdraws without notice	Caretaker either swipes in and does not swipe out or does not swipe in and does not return to the provider's care.
Caretaker failure to swipe	Caretaker does not use swipe card to record attendance or swipe error not corrected.

Note: * denotes a required field.

Section III. Additional Information / Section IV. Absent Day

SECTION III. ADDITIONAL INFORMATION *(include details regarding claim below)*

Section III. Addition Information

Provider to include details regarding manual claim.

SECTION IV. ABSENT DAY

Enter Sunday Begin Date: _____ (MM/DD/YYYY) for the week of attendance you are submitting

Please indicate day(s) of the week the Absent Day(s) requested and the date in the format of MM/DD/YYYY

Sun. _____ Mon. _____ Tues. _____ Wed. _____
 Thurs. _____ Fri. _____ Sat. _____

Section IV. Absent Day

If claiming an absent day(s), enter Sunday begin date (MM/DD/YYYY) of the week of service you are submitting. Check applicable boxes and enter date (MM/DD/YYYY) for each absent day.

Section V. Attendance

SECTION V. CARETAKER OR PROVIDER TO COMPLETE THIS SECTION <i>(please print)</i>				
Attendance <i>(enter in and out time including hours and minutes with AM or PM indicator)</i>				
Enter Sunday Begin Date: _____ <i>(MM/DD/YYYY)</i> for the service week/period of attendance you are submitting				
Day of Week	Time in (HH:MM) check AM/PM	Time out (HH:MM) check AM/PM	Time in (HH:MM) check AM/PM	Time out (HH:MM) check AM/PM
Sunday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Monday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Tuesday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Wednesday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Thursday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Friday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Saturday	<input type="checkbox"/> AM <input type="checkbox"/> PM			

Section V. Attendance	Enter Sunday begin date of the week of service you are submitting. List in and out times in format of HH:MM for each day of attendance. Check the AM or PM indicator.
------------------------------	---

Section VI. Signatures / Section VII. For County Use Only

SECTION VI. SIGNATURES <i>(by signing below, I agree that my child was in care at this provider during the dates and times entered above)</i>	
Caretaker Signature <i>(not applicable if caretaker withdraws without notice)</i>	Date Caretaker Signs <i>(MM/DD/YYYY)</i>
Caretaker Name <i>(please print)</i>	Phone Number of Caretaker
<i>(by signing below, I agree that I provided care to this child at this provider during the dates and times entered above)</i>	
Provider/Designee Signature	Date Provider/Designee Signs <i>(MM/DD/YYYY)</i>
Provider/Designee Name <i>(please print)</i>	Phone Number of Provider/Designee
<p>The total payment amount is subject to payment rules and procedures required by the Ohio Department of Job and Family Services. The provider must submit this completed form to the County Department of Job and Family Services to request payment for a manual claim. This form must be received or post marked no later than 7 weeks from the week of service being submitted unless otherwise determined by the Bureau of State Hearings.</p>	

*Section VI. Signatures	All signatures are required. Caretaker signatures are not required if caretaker withdraws without notice or provider only submits absent days.
--------------------------------	--

SECTION VII. FOR COUNTY USE ONLY
<input type="checkbox"/> Check here if Manual Claim is denied and list reason below

Section VII. For County Use Only	Provide details regarding claim as needed. Check if manual claim is denied and list reason.
---	---



ECC Manual Claims

Reminder: Manual Claims are only processed when there is NO payment calculated by Ohio ECC. If the child appears on the provider's detailed payment report for that week, no manual claim can be submitted and a payment adjustment must be requested.

ECC Adjustment

- The current Adjustment Form can be accessed at Forms Central:
 - <http://www.odjfs.state.oh.us/forms/inter.asp>
 - Search by form number (JFS 01292) or form name (Publicly Funded Child Care Request for Ohio ECC Payment Adjustment)
 - The Form (JFS 01292) and the Form Instruction (JFS 01292-I) will display.
 - Please refer to attached documents to view the form and instructions.

ECC Adjustment

- The purpose of this form is to request a ***payment*** adjustment to a previously issued publicly funded child care payment calculated by the Ohio ECC system.
- This form is only for payments issued after a provider has begun utilizing Ohio ECC.
- A payment adjustment can be requested by a provider or by a county.
- Providers must submit their requests to the county for review.

ECC Adjustment

- Counties are responsible for submitting the form to ODJFS.
- Payment adjustment requests may not be submitted by the provider directly to ODJFS. Forms submitted by providers will be returned.
- If the form is incomplete or information is inaccurate, the form will be returned to the county for follow up which may result in the county returning the form to the provider.
- Providers may not claim absent days on a payment adjustment request. ALL absent days must be claimed using the PWeb or Ohio ECC Provider Helpline.

ECC Adjustments

- At the top of the Adjustment Form, 2 check boxes appear: County Request and Provider Request

<input type="checkbox"/> COUNTY REQUEST	<input type="checkbox"/> PROVIDER REQUEST
---	---

Section	Instructions for the section
County Request or Provider Request	Mark the appropriate request checkbox.

Section I. Provider and Case Information

SECTION I. PROVIDER AND CASE INFORMATION		
Provider Name	Provider ID Number	Authorization Number
Caretaker First Name	Caretaker Last Name	Case Number (10 digits)
Child First Name	Child Last Name	Child ID Number (12 digits)
Service Week/Period (MM/DD/YYYY – MM/DD/YYYY)	Settlement Date (MM/DD/YYYY)	

SECTION I. PROVIDER AND CASE INFORMATION	Provider or County complete this section
Provider Name	List the information as it appears on your license or certificate.
Provider ID Number	Provider ID number can be found on the license, certificate, PWeb (Provider Profile Screen), and the CCIDS provider portal, as well as the PFPD screen in CP and perform a provider inquiry and go to the provider profile tab in the AT.
Authorization Number	This number can be found on the PWeb Provider Profile Screen, select Authorizations button, in EA Auth # found on AUICC.
Caretaker First Name	List primary caretaker's first name on the case. Authorization Inquiry and view Authorization – Profile.
Caretaker Last Name	List primary caretaker last name on the case.
Case Number	Ten digit number can be found on the PWeb Provider Profile Screen, select Authorizations button, or in AT on the Authorization Profile.
Child First Name	List the first name of the child for whom claim is being submitted.
Child Last Name	List last name of the child for whom claim is being submitted.
Child ID Number	Twelve digit number found on Authorization Profile in the AT.
Service Week/Period (MM/DD/YYYY-MM/DD/YYYY)	Enter the Sunday begin date and Saturday end date of the week of service.
Settlement Date (MM/DD/YYYY-MM/DD/YYYY)	Settlement Date can be found on PWeb on Provider Payment Detail Screen.

Section II. Reason for Request

SECTION II. REASON FOR REQUEST <i>(only submit request if payment is being changed. You must use one form for each week.)</i>	
Reason for the request <i>(check one)</i>	
<input type="checkbox"/> Swipe error	<input type="checkbox"/> Authorization change
<input type="checkbox"/> Caretaker failure to swipe	<input type="checkbox"/> Manual claim error
Describe the reason for request	

SECTION II. REASON FOR REQUEST	Provider or County complete this section
Reason for the Request	Check one of the Reasons listed in the section.
Swipe Error	Caretaker back swipe was incorrect and was not corrected during the back swipe period.
Authorization Change	The authorization needs to change child in attendance utilized more care than authorized.
Caretaker Failure to Swipe	Caretaker does not swipe or loses swipe card.
Manual Claim Error	A manual claim payment amount was incorrect.
Describe the reason for submitting request	Provider details for submitting the adjustment request.

Section III. Attendance During Service Week / Period

SECTION III. ATTENDANCE DURING SERVICE WEEK/PERIOD				
Attendance (enter in and out time, including hours and minutes with AM or PM indicator)				
Enter Sunday Begin Date: _____ (MM/DD/YYYY) for the service/week period of attendance you are submitting				
Day of Week	Time in (HH:MM) check AM/PM	Time out (HH:MM) check AM/PM	Time in (HH:MM) check AM/PM	Time out (HH:MM) check AM/PM
Sunday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Monday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Tuesday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Wednesday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Thursday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Friday	<input type="checkbox"/> AM <input type="checkbox"/> PM			
Saturday	<input type="checkbox"/> AM <input type="checkbox"/> PM			

SECTION III. ATTENDANCE DURING SERVICE/WEEK PERIOD	
Enter Sunday Begin Date	Enter the Sunday date of the beginning of the week of attendance in the format MM/DD/YYYY.
Day of Week	For each day of week indicate time in HH:MM format and check am or pm for each check in and checkout time (may be more than one per day).

Section IV. Signatures

SECTION IV. SIGNATURES (by signing below, I agree that my child was in care at this provider during the dates and times entered above)	
Caretaker Signature	Date Caretaker Signs (MM/DD/YYYY)
Caretaker Name (please print)	Phone Number of Caretaker
(by signing below, I agree that I provided care to this child at this provider during the dates and times entered above)	
Provider/Designee Signature	Date Provider/Designee Signs (MM/DD/YYYY)
Provider/Designee Name (please print)	Phone Number of Provider/Designee
The total payment amount is subject to payment rules and procedures required by the Ohio Department of Job and Family Services. The provider must submit this completed form to the County Department of Job and Family Services to request a payment adjustment. This form must be received or post marked no later than 7 weeks from the week of service being submitted unless otherwise determined by the Bureau of State Hearings.	
Sunday Begin Date	Child ID Number

SECTION IV. SIGNATURES	For Caretakers and Providers to complete
Caretaker Signature	Caretaker signs signature
Date Caretaker Signs	Caretaker lists the date (MM/DD/YYYY)
Caretaker Name	Caretaker prints name
Phone Number of Caretaker	Caretaker lists contact phone number
Provider/Designee Signature	Provider/Designee signs signature
Date Provider/Designee Signs	Provider/Designee lists the date (MM/DD/YYYY)
Provider/Designee Name	Provider/Designee prints name
Phone Number of Provider/Designee	Provider/Designee lists contact phone number
Sunday Begin Date	Enter the Sunday date of the beginning of the week of attendance in the format MM/DD/YYYY
Child ID Number	Twelve digit number found on Authorization Profile in the AT

Section V. Revised Payment Information

SECTION V. REVISED PAYMENT INFORMATION	
Age Category of Child <i>(check one)</i>	<input type="checkbox"/> infant <input type="checkbox"/> toddler <input type="checkbox"/> preschool <input type="checkbox"/> school age <input type="checkbox"/> summer school age
Customary Rate <i>(from CP)</i>	\$
Appendix Rate <i>(appendix to Rule 5101:2-16-41)</i>	\$
Child Special Needs <i>(from EA)</i>	\$
Child Special Needs Waiver <i>(from EA)</i>	\$
Non-traditional Care	\$

SECTION V. REVISED PAYMENT INFORMATION	County completes this section
Age Category of Child <i>(check one)</i>	Check one age category of child at time services were provided
Customary Rate	This rate can be found in CP on screen PFPR or PFRH
Appendix Rate	This rate can be found in Appendix to Rule 5101:2-16-41
Child Special Needs	This indicator can be found in EA on AECIC, if yes, up to 5% of payment rate not to exceed provider's customary charge
Child Special Needs Waiver	This indicator can be found in EA on AECIC, if yes rate equals twice the payment rate in appendix to rule 5101:2-16-41.
Non-traditional care 7:00p.m. – 6:00a.m. Weekdays 12:00a.m. Saturday – 6:00 a.m. Monday Holidays: New Year's day, Thanksgiving day, Christmas day, Memorial day, Labor day, Independence day and Martin Luther King, Jr. day	This indicator can be found in CP on screen PFPR or PFRH, if yes rate equals up to 5% of payment rate not to exceed provider's customary charge.

Section V. (Continued) Revised Payment Information

Accreditation or Star Rating <i>(from CP)</i> <input type="checkbox"/> (NAEYC) <input type="checkbox"/> (NAFCC) <input type="checkbox"/> (NECPA) <input type="checkbox"/> (COA) <input type="checkbox"/> (NAC) <input type="checkbox"/> (ACSI) <input type="checkbox"/> SUTQ Star Rated \$		
<input type="checkbox"/> SUTQ 2 Star Rated <input type="checkbox"/> SUTQ 3 Star Rated \$		
Copayment Amount <i>(from EA)</i> \$		
Original Payment Amount for Week \$	Revised Payment Amount for Week \$	Adjustment Amount \$ Check one <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment

Accreditation or Star Rated NAEYC, NAFCC, NECPA, COA, NAC, ACSI, SUTQ Star Rated	This indicator can be found in CP on screen PFPR or PFRH Select checkbox if accreditation is confirmed, rate equals up to 7% of payment rate not to exceed provider's customary charge
SUTQ 2 Star Rated	Select checkbox if star rating is confirmed, rate equals up to an additional 7% above payment rate
SUTQ 3 Star Rated	Select checkbox if star rating is confirmed, rate equals up to an additional 12% above payment rate
Copayment Amount	This amount can be found in EA on AUICC or AURCA
Original Payment Amount for Week	This amount is on the Provider Payment Detail in AT and Pweb
Revised Payment Amount for Week	Enter corrected amount
Adjustment Amount	Amount to be issued or collected
Overpayment Underpayment	Check one

Section VI. In Home Aide

SECTION VI. IN HOME AIDE (only complete if in home aide)			
Customary Rate \$	Weekly Cost of Care \$	Copayment Amount \$	Number of Children
Original Payment Amount for Week \$	Revised Payment Amount for Week \$	Adjustment Amount \$	
		<i>check one</i> <input type="checkbox"/> overpayment <input type="checkbox"/> underpayment	

SECTION VI. IN HOME AIDE	
Customary Rate	This rate can be found in CP PFPR or PFRH
Weekly Cost of Care	Enter amount cost of care for the week
Copayment Amount	This amount can be found in EA on AUICC or AURCA
Number of Children	Enter the number of children cared for by in home aide during service week/period
Original Payment Amount for Week	This amount is on the Provider Payment Detail in AT and Pweb
Revised Payment Amount for Week	Enter corrected amount
Adjustment Amount	Amount to be issued or collected
Overpayment Underpayment	Check one

Section VII. County Contact / Section VII.

SECTION VII. COUNTY CONTACT	
County	County Worker Phone Number
County Worker First Name	County Worker Last Name

SECTION VII. COUNTY CONTACT	
County	County Worker Phone Number
County Worker First Name	County Worker Last Name

SECTION VIII. FOR COUNTY USE ONLY
<input type="checkbox"/> Check here if Adjustment is denied and list reason here

SECTION VIII. FOR COUNTY USE ONLY	Indicate if the adjustment was denied and provide a brief explanation of why it was denied



Frequently Asked Questions

Frequently Asked Questions (FAQs)

Q. I am trying to access information on the PWeb but when I click on a drop down or try to choose a report it doesn't work.

A. This is likely a problem with your browser. In Provider Guidance Letter # 5 – PWeb Tips we specifically address browser settings. We recommend providers use Internet Explorer, version 8 or later to access the PWeb.

Q. My device continues to go into Store and Forward (SAF) mode, what can I do?

A. When the device continues to go to SAF mode it is for one of the following reasons:

- The line is being used for a phone call or incoming/outgoing fax.
- A defective phone cord. Although a cord is provided by the installer, providers who have moved the POS after it is installed to a different location or have exchanged the cord for a longer cord may find the cord to be defective.
- The phone cord has a loose connection either at the wall jack or the back of the POS device.
- The telephone line not working. In this situation the provider needs to contact the local phone service provider.

Frequently Asked Questions (FAQs)

Q. What do I have to do to resolve an Unmatched check in/check out?

A. Providers have two options for resolving unmatched check ins/check outs:

1. If the check-in/out was entered in error, void the check-in/out. Instructions for voiding a transaction on the POS device are on page 21 of your Ohio ECC Provider User Manual.
2. If the check-in is correct, the caretaker must perform a back swipe to record the matching check-out and close the transaction. Instructions for performing previous check-out are on page 12 of your Ohio ECC Provider User Manual and also on the POS Device Quick Reference Guide.

Q. How do I access the PWeb Manual?

A. The PWeb manual can be accessed directly from the PWeb Home page by choosing the “Ohio ECC Provider Website (PWeb) User Manual”

Q. I am a new provider and did not have the opportunity to attend the Provider Webinars held prior to Ohio ECC going live, is there a recording I can listen to?

A. A recording of the Provider Webinar is available on YouTube by searching for “Ohio ECC”. Please note this is a previously recorded webinar and NOT a live session.