Oregon **Health** Authority

Non-Medicaid Invoice Instructions

Guidance for behavioral health providers and contracted programs

Provider instructions

Each month, providers must complete supplemental workbooks appropriate for the service elements they provide. To create new workbooks:
- Open workbook and review tabs for each Part C element.
- Save workbook as County_Program_MonthYear.
- Re-save workbook prior to adjusting information.

The following sections explain how to complete each type of workbook to identify all individuals they served in the previous month.

Once completed, provide total requested for each Service Element Part C, then send workbook and supporting documentation to the contractor (local mental health program). Contact your local program to find out their preferred due date.

Before invoicing OHA, make sure the individual has no other resource (e.g., Medicaid, Medicare, private insurance or other resources) to cover requested services.

26 28 30 Workbook

26, 28, or 30 Supervision tabs
For each person served in the previous month, enter:
- The name and date of birth.
- The service(s) provided. Use one line per service. Individuals can have more than one line of services. Examples include, but are not limited, to the items in the "Service" table below.
- Identify dates of service: if whole month (7/1/19- 7/31/19) Identify total cost for each service line. Identify additional information in Notes section.

Service	Description/instructions
Additional staffing	Identify total cost for the month per individual.
Guardian	If required and established. Use Public Guardian or appropriate family members if possible.
Transportation	For non-Medical Taxi approved needs, ensure all other options are explored.
Interpreter	Use Medicaid options first. Identify total cost per individual.
Medical Services and Medication	Provider should be assisting individual to seek benefits, Use free clinics, FQHC, Pharmaceutical Assistance programs, Good Rx, etc.…
Rental Assistance (MHS 30 only)	Calculate the cost using the Rental Assistance Tab. • Room and Board- $599.00 (Standard 2019 Rate: Daily $19.69). Personal Incidental Funds- $172.00 (Standard 2019 Rate: Daily $5.65).

Service	Description/instructions
Non-Medically Approved Services	Including but not limited to Assessment, Evaluation, Polygraph, and Out Patient Treatment: • This is only for non-Medicaid services or for individuals who have no other insurance or resources. • Can include Medicare recipients requiring non Medicare covered services. Calculate the total cost for the prior month using the Treatment tab.
Subcontracted services	Provide Invoice from Subcontractor on first invoice, then standard amount monthly unless amount changes. (Data elements should be entered in MOTS in the Non-Medicaid Services Data section.)

30 Security tab

For each person served in the previous month, provide First Name, Last Name, Date of Birth, Rate #, Daily Rate, Days of Service and Total Amount Requested. Also provide total sum requested for the month.

In subsequent reports, only provide additions to the list. Subtract names of individuals who have been revoked or discharged from PSRB.

Non-OHP 27 Residential Workbook

For each non-Medicaid eligible individual served in the previous month, list:
• Client name, date of birth, name of the residential program, date of POC authorization
• Current approved LSI score
• Adult Foster Home or Tier Rate based on LSI score
• # of days
• Workbook will Calculate cost.
• Identify additional information in Notes section.

Non-OHP 28 Residential Workbook

Non-OHP residential tab

For each non-Medicaid eligible individual served in the previous month, list:
• Client name, date of birth, name of the residential program, date of POC authorization
• Current approved LSI score
• Adult Foster Home or Tier Rate based on LSI score
• # of days
• Workbook will Calculate cost.
• Identify additional information in Notes section.

Non-OHP Retainer Payments

For RTF/RTH/SRTF non-Medicaid eligible individuals served in the previous month, list:
• Client name, date of birth, residential program name
• Tier 1 rate
• # of days
• Calculate Cost
• Prior Authorization Verified
• Identify additional information in Notes section.

Non-OHP 34 AFH Workbook

For each individual served in the previous month, list:
- Client name, date of birth, AFH name
- Current approved LSI score and add-ons
- Current monthly rate based on LSI score
- # of days
- Workbook will Calculate cost.
- Identify additional information in Notes section.

PASRR Workbook

For each individual served in the previous month, list:
- Client name, date of birth
- Date of service
- Service code (T2010 or T2011)
- Workbook will Calculate cost.

Contractor instructions

Review provider documents

Review workbooks and supporting documentation for completeness and accuracy.

Prepare invoice

Invoice form exists in the Invoice Link inside the Invoice Tracker. Use one per Contractor unless otherwise agreed upon.
- Complete all top fields of invoice. The Invoice Track assigns the invoice number. Every contractor has their own acronym of two letters followed by the contract period followed by a unique four-digit number. For example, a 2019-2021 Benton County invoice could be numbered "BE19211001."
- Every Contractor needs to use their unique 19-21 Contract #
- Fill in the corresponding SE rows with the $ amounts that match your excel workbook totals
- Name your invoice Contract Name_Month_Year_Invoice
- Click File Save As to save the invoice in your internal file and then refer to the Contractor Training and Procedures document to upload the completed invoice form

Send invoice

Send invoice with all uploaded supporting documentation through HSD's secure web-based business solution, the Invoice Tracker.

Send all invoices received by the 15th of each month.

Next steps

Evaluation team

- Monitors and reviews submitted invoices for accuracy, completeness and supporting documentation.
- Forwards correct, complete and accurate invoices to HSD Business Operations Director for Electronic Signature and Approval.

- All other invoices (e.g., incomplete, incorrect or not recommended for payment) will be returned to contractor with a Notification of Invoice Correction.

Business Operations Director

Reviews invoices and supporting documentation recommended for payment by the evaluation team.
- If approved, Director will sign the invoice and send it Financial Services for payment.

Financial Services:

- Processes payment; notifies contractor and HSD of pending payment.
- Updates each invoice record before archiving with the corresponding Document ID (designed to help contractors align when payment arrives through EFT).