**Oregon Health Authority**

**Health Systems Division**

**Invoice Instructions- updated 3/10/2017**

**MHS 30 Monitoring** is not included in the invoice process. Funds are provided through MHS 30 Part A in a slot rate- per person, per month. The number of slots per county are determined by averages from prior biennium and current capacity where individuals are on conditional release.

**Provider:**

1. Open Supplemental Workbook and Review Tabs for each Part C element.
2. Save Workbook as- County\_Program\_MonthYear.
3. Each month re-save workbook prior to adjusting information

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| --- | --- | --- | --- |
| Security Matrix | Low Risk | Med Risk | High Risk |
| High Care | Rate 1 | Rate 2 | Rate 3 |
| Med Care | Rate 2 | Rate 3 | Rate 4 |
| Low Care | Rate 3 | Rate 4 | Rate 5 |

1. For **MHS 30 Security** for individuals on conditional release by the Psychiatric Security Review Board (PSRB) – Security Services are identified in the PSRB or JPSRB conditional release order, which are not medically approved services but are required for purposes of individuals and public safety at a rate based on a determination of risk and care needs as identified in the Security Services Matrix below:

The Security Score is reviewed yearly by the Forensic Utilization Coordinator.

To invoice for monthly security rates on the workbook complete the following:

* 1. Open Tab Identified as MHS 30 Security: Provide List of Names, Date of Birth, Rate #, Daily Rate, Days of Service and total amount per person. Provide total sum requested for month on the Invoice.
	2. On following months, provide additions of newly conditionally released individuals and subtractions of individuals who have been revoked or discharged from PSRB.
1. For **MHS 30 Supervision**, approved services that are not covered by another resource and will be funded at the current Medicaid Fee Schedule rate as a basis for reimbursement purposes. Identify the service(s) provided in the last month;
	1. Identify Individual(s) and Date of Birth who received Services in the last month. Assure each individual has no other resource (i.e. Medicaid, Medicare, Private Insurance or resources) to cover requested services.
	2. Use one line per service. (1 individual may have more than one line of services)
	3. List each service, for example but not limited to:
		1. **Additional staffing** **and rate**- Identify total cost for the month per individual.
		2. **Transportation**- Assure all other options are explored
		3. **Interpreter**- Identify total cost per individual
		4. **Medical Services and Medication** - Provider should be assisting individual to seek benefits, Use free clinics, FQHC, Pharmaceutical Assistance, etc…
		5. **Rental Assistance**- (MHS 30 only) Calculate with the Rental Assistance Tab
		6. **Room and Board**- $571.00 (Standard 2015 Rate: Daily $18.77)
		7. **Personal Incidental Funds**- $164.00 (Standard 2015 Rate: Daily $5.39)
		8. **Guardianship Initial and ongoing costs**: (MHS 30 only)
		9. 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.

* Use the Treatment Tab and list each individual in the supplemental work book. List only services provided in this month. Provide Total cost of treatment during month per individual.
* If service is Subcontracted by Provider- 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.)*
	1. Identify dates of service: if whole month (7/1/15- 7/31/15)
	2. Identify total cost for each service line.
	3. Identify additional information in Notes section.
1. Provide Total Requested from Provider for each Service Element Part C.
2. Send Supplemental Workbook and supporting documentation to the Contractor.

**Contractor:**

1. Reviews Supplemental Workbook and Supporting Documentation for completeness and accuracy.
2. Prepares Invoice
3. Sends Invoice with attached supporting documentation through secure web based business solution called the **HSD Invoice Tracker**.
4. Send all Invoices by the 15th of each month.

**Contracts and Program:**

1. Monitors and reviews submitted invoices.
2. Evaluation Team Reviews for program specific content.
3. Correct and accurate invoices are forwarded to a Health Systems Division Executive Administrator for Electronic Signature and Approval. If signed, Invoice is sent to Financial Services for payment.
4. Invoices and supporting documentation that have errors are considered incomplete and will be returned to contractor with a notation corrections to be made.

**Financial Services:**

1. Processes and provides notification to contractor and Health Systems Division of pending Payment.