

Knowledge Base Article

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Overview

This knowledge base article discusses the **Provider Invoices** functionality detailing the steps to create and submit Invoices including linking a provider to the invoice and selecting service authorizations associated to the provided services. It will also discuss withdrawing invoices that have been submitted.

Navigating to the Provider Invoicing Screen

From the Ohio SACWIS Home Page:

1. Click the Financial Tab.

Но	Home Intake		ake		Case	Provider	Financial	Administration
Workload	Action Items	Services	Eligibility	Payment	Benefits S	Statistical & Expenditure Reports	Invoicing	

The sub-menu of tabs will change to financially related issues.

2. Click the **Invoicing** tab



The left navigation pane appears.

3. Click **Invoicing** in the navigation pane.

	Home	Intake			Case	Provider		Financial	Administration
Workload	Action Items	Services	Eligibility	Payment	Benefits	Statistical & Expenditure Reports	Invoicing		
<>									
Invoicing									
Review Involces									
Search Invoices									

The **Declined Invoices** tab screen appears, displaying any Invoice Line Items that have a Status of Declined for Rework.

Understanding the Declined Invoices Screen

- Upon navigation to this screen, all Invoice Line Items that have a status of Declined for Rework will display, sorted by Invoice Date in ascending order.
- A search can be completed with the specific Inovice number to filter the results to that invoice.
- Select **edit** to be taken to the Line Item Details screen. Review the reason the Line Item was Declined for Rework and make any necessary adjustments/corrections.
- Select **Withdraw** to be taken to the Line Item Details screen to withdraw the Line Item.



4. Click the Unprocessed Invoices tab.

	Home	Intake			Case	Provider	Financial	Administration
Workloa	d Action Items	Services	Eligibility	Payment	Benefits	Statistical & Expenditure Reports	Invoicing	
Invoicing Review Invoice Search Invoice	5	Declined Im	roices Unproces	sed Invoices	-			
		Invoice I Filter	Number: Clear Form					
		Invoice	Records					
		There a	re no Declined	Invoices for	Review.			

Understanding the Unprocessed Invoices Screen

The Unprocessed Invoices tab screen appears.

- Upon navigation to this screen, all Invoice Line Items that have a Status of Unprocessed will display by Invoice Number in ascending order.
- A search can be completed with the specific Inovice Number to filter the results to that Invoice.
- Clicking Create Invoice will navigate the user to the Create Invoice Screen to create an Invoice.
- Clicking Process Line Items will navigate the user to the Process Line Items screen to submit Invoice Line Items for review/approval.
- Clicking edit next to the Invoice Number will navigate the user to the Create Invoice screen to modify the associated Invoice.
- Clicking edit next to the Line Item Number will navigate the user to the Line Item Details screen to modify the Line Item.
- Clicking the trashcan will delete the Line Item.
- 5. Click, Create Invoice.

Invoicing	Declined Invoices Unprocessed Invoices
Search Invoices	Invoice Filter Criteria
	Invoice Number: Filter Clear Form
	Invoice Records
	Create Invoice Process Line Items
	There are no Unprocessed Invoices.

The Create Invoice screen appears.



Creating an Invoice

- The user can start building an Invoice by entering the Invoice Number and Invoice Date, and then linking a Provider and Service Authorization(s).
- After linking a Provider and selecting Service Authorization(s), the screen will display each Service Authorization as a Line Item to be numbered. Service Authorizations can be selected multiple times to reflect the number of Service Dates for the Person and Provider.
- 1. Enter the **Invoice Number**.
- 2. Enter the **Invoice Date**.
- 3. Enter a **Provider Name**, or **Provider ID**.
- 4. Click, Search Provider.

The system will conduct a wildcard search to find all Providers based on the entered filter criteria.

Create Invoice		
Invoice Details		
Invoice Number: *		Invoice Date: "
Service Provider Details		
Provider Name:	OR	Provider ID:
Search Provider		

The **Provider Search** screen appears, displaying the search results.

5. Click, **select** beside the relevant **Provider Name/ID**.

Provider Search		
Search Criteria		
Provider Name: Buckeye Search	OR	Provider ID:
Provider Search Results		
Provider Name / ID		Current Primary Address
select The Buckeye Ranch /		

The **Create Invoice** screen appears, displaying Provider information in the **Service Provider Details** grid.

6. Click, Select Service Authorization.



Note:

- Clicking **Save** will create the Invoice and return to the Unrpocessed Invoices screen.
- Clicking **Save and Add Another** will save the Invoice and create a new Invoice.

Create Invoice				
Invoice Details				
Invoice Number: *		Invoice D	Date: *	
200000000		06/30/	V/2021	
Service Provider Details				
Service Provider / ID: The Buckeye Ranch /				
Change Provider				
Service Authorization Details				
No Service Authorizations have been selected.				
Select Service Authorization				
	Save	Save & Add Another	Cancel	



The Select Service Authorization screen appears.

Linking a Service Authorization

Upon navigation to the **Select Service Authorization** screen, the system will display all Service Authorizations associated to the selected Provider with Services that are able to be invoiced by the logged in user's agency.

- 1. Place a checkmark in the check box beside the relevant service authorization(s).
 - a. If you would like to select all Service Authorizations, select the checkbox in the column header.
- 2. Click, Select.

Currently displaying all non-end dat	ted Service Authorization	s. Enter filter criteria to find any c	losed Service A	uthorizations.		
Name:			OR	Person ID:		
First Name	Last Name					
Service Auth Begin Date:	Service Aut	th End Date:				
Filter						
Filter ervice Authorizations Service Auth ID	Person Name / ID	Service Descripti	on / ID	Begin Date	End Date	Title IV-E Agency
Filter ervice Authorizations Service Auth ID I	Person Name / ID	Service Descripti	on / ID T)	Begin Date 06/01/2021	End Date	Title IV-E Agency County Job and Family Services
Filter ervice Authorizations Service Auth ID I	Person Name / ID	Service Descripti Functional Family Therapy (FF Functional Family Therapy (FF	on / ID T) T)	Begin Date 06/01/2021 05/01/2021	End Date	Title IV-E Agency County Job and Family Services County Job and Family Services

The **Create Invoice** screen appears, displaying the Service Authorization.

- 3. Enter a Line Item Number.
- 4. Click, Save.



Create Invoice							
Invoice Details							
Invoice Number: *			06/0	e Date: * 3/2021			
Service Provider Details							
Service Provider / ID: Buckeye Ranch, Inc.							
Service Authorization Details							
Select Service Authorization							
ervice Authorization Details							
Select Service Authorization							
ervice Authorization Details							
Select Service Authorization							
ervice Auth Person Name / ID ID	Service Description / ID	Begin Date	End Date	Title	IV-E Agency	Line Item Number	
	Functional Family Therapy (FFT) /	06/01/2021		Services	Job and Family	0000001	Û
	Functional Family Therapy (FFT) /	06/01/2021		Services	Job and Family	0000002	8
	Save	Save & Add Anol	ther C	ancel			

The Unprocessed Invoices tab screen appears.

- 5. Click the **Invoice Line Items** drawer to expand the screen and display existing Line Item information.
- 6. Once the drawer is expanded, select **edit** beside the relevant **Line Item Number**.

Invoicing Search Invoices	Declined Invoices Unprocessed Invoices
	Invoice Filter Criteria
	Invoice Number:
	Filter Clear Form



Invoi	Invoice Records										
Create Invoice Process Line Items											
	Invoice Number Invoice Date Provider Name / ID										
edit	Test COE2	06/03/2021	Buckeye Ranch, Inc.			Ŀ					
	Invoice Line Items]									
	Line Item Number	Person Name / ID	Service Service Date	Cost Total	Prevention Amount						
	edit 0000002		Functional Family Therapy (FFT)	\$0.00	\$0.00	â					
	edit 0000001		Functional Family Therapy (FFT) 08/02/2021	\$0.00	\$0.00	盦					
	Totals			\$0.00	\$0.00						

The Line Item Details screen appears.

Completing the Line Items Details Screen

Important: When completing a Line Item Detail, the system will conduct a check to identify any duplicate Line Items based on the following being the same:

- Service Date
- Recipient ID
- Service ID

If a Line Item already exists in the system for the same Provider, Service Recipient, Service and Date of Service, the system will display the following warning message to let you know of a possible duplicate: **Please confirm the Line Item you are completing is not a duplicate prior to submitting to the IV-E Agency.**

- 1. Enter the **Date of Service**.
- 2. Enter the Units.
- 3. Click Calculate.



Line Item Details		
INVOICE NUMBER: 00000000	PROVIDER NAME / ID: ProviderN	lame / 00000000
Line Item Details		
Line Item Number: * 00000001		
Service Recipient Details		
Person Name / ID: Lastname, Firstname / 00000000		
Service Details		
Service: <service></service>	Service Auth Dates: MM/DD/YYYY - MM/DD/YYYY	Title IV-E Agency AgencyName
Date of Service: *		

When the Service is Multisystemic Therapy (MST) or Functional Family Therapy (FFT)

• If Service Covered by Medicaid is **Yes**, upon calculate, the system will set the Medicaid Covered Amount to equal the Cost Total.

2.5.1.1.1 If Service	e Covered By Medicaid is	SYes Screen Prototype:
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Payment Breakdown			
Cost Total:	\$0.00		
Medicaid Covered Amount:	\$0.00		
Prevention Services Total Cost Amount:	\$0.00		

• If Service Covered by Medicaid is **No**, the system will take the Total Cost Amount and subtract amounts covered by other funding sources to calculate the Prevention Services Total Cost Amount.



2.5.1.1.2 If Service Covered By Medicaid is No:

Payment Breakdown			
Cost Total: Service Cost (Maintenance): Operating Cost (Administration):	\$0.00 \$0.00 \$0.00		
Private Insurance Covered Amount:	\$		
Other State Funding Covered Amount:	\$	State Funding Source	
Other Federal Funding Covered Amount:	\$	Federal Funding Source	
Other Funding Covered Amount:	\$	Other Funding Source	
Calculate Prevention Services Cost			

When the Service is Healthy Families America (HFA) or Parents as Teachers (PAT)

- Upon clicking Calculate, the system will take the Total Cost Amount and subtract amounts covered by other funding sources to calculate the Prevention Services Total Cost Amount.
- If Service covered by ODH is yes, Health Total Cost Amount will equal the Prevention Services Cost Amount minus the federal reimbursement (FMAP).

When the Service is Ohio START

- Upon clicking Calculate Prevention Services Cost, the system will look at the Eligibility Details to determine if the service will be covered by Ohio START or Prevention Services. If the youngest child within Eligibility Details is 6 or older or if the Medicaid Covered Amount is more than \$0, the START Total Cost Amount will equate the Cost Total minus any amounts entered for other funding sources.
- If the youngest child within Eligibility Details is younger than 6, or if the Medicaid Covered Amount is blank or \$0. The Prevention Services Total Cost Amount will equal the Cost Total minus any amounts entered for other funding sources.
- 1. Enter the Line Item Number.
- 2. Enter the **Date of Service**.
- 3. Click, Save.



ine Item Details				
INVOICE NUMBER:		PROVIDER NAME / ID: Buckeye	a Ranch, Inc.	
Line Item Details				
Line Item Number: *				
0000002				
Service Recipient Details				
Person Name / ID:	Case ID:			
Passia Dataila (MOT / EET)				
aervice Details (mai / PP I)				
Service Functional Family Therapy (FFT)	Service Auth Dates: 06/01/2021 -		Title IV-E Agency / ID: County Job and Fan	illy Services
Date of Service: * 08/03/2021				
Unit of Measure:	Service Rate:	Units:	Service Covered by Medica	id?
15 Minutes	\$0.00			v
Calculate				
ibility Details				
jibility Details Name / ID	Age as of Service I	Date	PS Eligible	Eligibility Dates

Payment Breakdown (MST & FFT - Medicaid No)		
Cost Total:	\$	
Service Cost (Maintenance):	\$	
Operating cost (Administration):	\$	
Private Insurance Covered Amount:	\$	
Other State Funding Covered Amount:	\$	
	State Funding Source	
Other Federal Funding Covered Amount:	\$	
	Federal Funding Source	
Other Funding Covered Amount:	\$	
	Other Funding Source	



Calculate Prevention Services Cost		
Prevention Services Total Cost Amount:	\$	
Service Cost (Maintenance):	\$	
Operating cost (Administration):	\$	
New Status:		
Comments:		
		✓ ABC
		2000
Current Status: Unprocessed	Date: 08/19/2021 12:55:09 pm	
Comments:		

Save Cancel



The **Unprocessed Invoices** tab screen appears.

4. Click, Process Line Items.

nvoicina										
9	O Your data	a has been saved								
earch Invo	Declined I	nvoices Unprocessed Invoices								
	Invoice	e Filter Criteria								
	Invoice Number:									
	Filter Clear Form									
Invo	ice Records									
Cre	eate Invoice Process Line I	tems		Expand All						
				<u> </u>						
	Invoice Number	Invoice Date	Provider Name / ID							
edit	Invoice Number	Invoice Date 06/03/2021	Provider Name / ID Buckeye Ranch, Inc.							
edit	Invoice Number	Invoice Date 06/03/2021	Provider Name / ID Buckeye Ranch, Inc.							
edit	Invoice Number	Invoice Date 06/03/2021 06/30/2021	Provider Name / ID Buckeye Ranch, Inc.							
<u>edit</u>	Invoice Number	Invoice Date 06/03/2021 06/30/2021	Provider Name / ID Buckeye Ranch, Inc.							
edit edit	Invoice Number	Invoice Date 06/03/2021 06/30/2021 07/02/2021	Provider Name / ID Buckeye Ranch, Inc. Applewood Centers - Lorain Office							

The Process Line Items screen appears.

Processing Line Items

Note: From this screen, the user can select all Line Items that are ready to be reviewed by the Title IV-E Agency. Upon clicking Save, the system will set the Status of the selected Line Items to **Submitted**.

- 5. Place a checkmark in the check box beside the relevant agency.
- 6. Click, Save.



ne l	tems							
Sort b Inv By se	y: oice Number (/ lecting the Line	Ascending)	 Filter king save, you are confirming the 	Line Item(s) are valid and ready for ap	proval by the Title IV-E .	Agency.		
	Invoice Number Invoice Date	Line Item Number	Title IV-E Agency	Provider Name / ID	Person Name / ID	Service Service Date	Cost Total	Prevention Amount
	xxxxxxxxx 06/30/2021	1	County Job and Family Services	Buckeye Ranch, Inc. / 24473		Functional Family Therapy (FFT)	\$0.00	\$0.00
	12345 08/09/2021	2	County Job and Family Services	Buckeye Ranch, Inc. / 24473		Functional Family Therapy (FFT)	\$0.00	\$0.00
	67890 07/02/2021	test2	County Job and Family Services	Applewood Centers - Lorain Office / 28070914		Multisystemic Therapy (MST)	\$0.00	\$0.00
	xxxxxxxxx 08/09/2021	0000001	County Job and Family Services	Buckeye Ranch, Inc. / 24473		Functional Family Therapy (FFT)	\$0.00	\$0.00

If you have additional questions pertaining to this Deployment Communication, please contact the <u>Customer Care Center</u>.

