Creating Invoices

Knowledge Base Article

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Department of Children & Youth

Creating Invoices

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.

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

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

2. Click the **Invoicing** tab

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

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 Invoices
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.

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4. Click the **Unprocessed Invoices** tab.
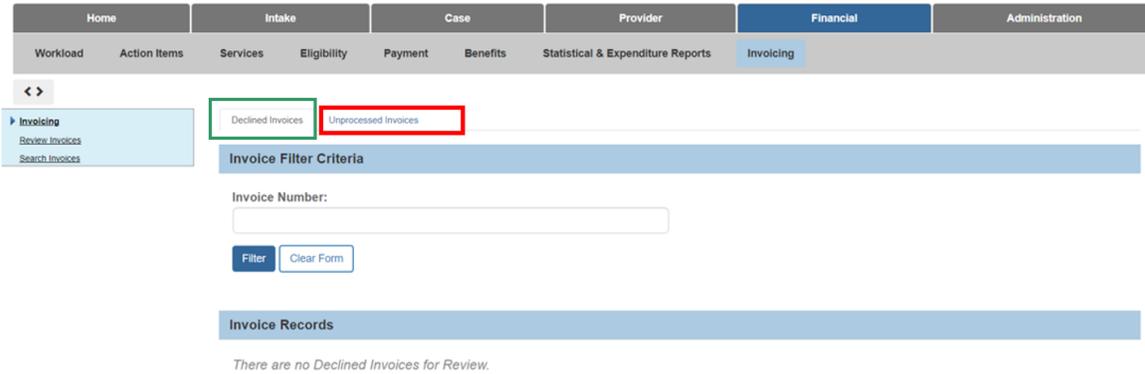
Understanding the Unprocessed Invoices Screen

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**.

The **Create Invoice** screen appears.

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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 multple 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.

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

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

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

6. Click, **Select Service Authorization**.

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

Create Invoice

Invoice Details

Invoice Number: *

XXXXXXXXX

Invoice Date: *

06/30/2021

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

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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**.

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

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

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**.

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**.

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Line Item Details

INVOICE NUMBER: *00000000*   PROVIDER NAME / ID: *ProviderName / 00000000*

Line Item Details

Line Item Number: *

00000001

Service Recipient Details

Person Name / ID:
Lastname, Firstname / 00000000

Service Details

Service: Service Auth Dates: Title IV-E Agency
<Service>   MM/DD/YYYY - MM/DD/YYYY   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 Covered By Medicaid is Yes Screen Prototype:

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:	$0.00
Service Cost (Maintenance):	$0.00
Operating Cost (Administration):	$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**.

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Line Item Details

INVOICE NUMBER:	PROVIDER NAME / ID: *Buckeye Ranch, Inc.*

Line Item Details

Line Item Number: *
```
0000002
```

Service Recipient Details

Person Name / ID: Case ID:

Service Details (MST / FFT)

Service	Service Auth Dates:	Title IV-E Agency / ID:
Functional Family Therapy (FFT)	06/01/2021 -	County Job and Family Services

Date of Service: *
```
08/03/2021
```

Unit of Measure:	Service Rate:	Units:	Service Covered by Medicaid?
15 Minutes	$0.00		

[Calculate]

Eligibility Details

Name / ID	Age as of Service Date	PS Eligible	Eligibility Dates
	10		

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*

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Calculate Prevention Services Cost

Prevention Services Total Cost Amount: $

    Service Cost (Maintenance): $

    Operating cost (Administration): $

New Status:

[▾]

Comments:

[   ] ✔ ABC

                                                                                            2000

Current Status: **Date:**
Unprocessed   08/19/2021 12:55:09 pm

Comments:

Save   Cancel

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The **Unprocessed Invoices** tab screen appears.

4. Click, **Process Line Items**.

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**.

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

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