

**MONTGOMERY COUNTY INTELLECTUAL DISABILITES
INVOICING PROCEDURES**

Updated: September 26, 2005

Header Information

<u>CODE</u>	<u>ITEM</u>	<u>DESCRIPTION</u>
A	Invoice Number	County use only.
B	Vendor Number	Six digit number (see latest contract Exhibit B).
C	Facility Number	Twelve digit number (see latest contract Exhibit B).
D	Month/Year	Enter month and year of service as formatted.
E	Page	Enter current page "of" total pages.
F	Waiver Prov. #	Enter Waiver Provider Number on invoices containing waiver consumers. Can be found on your signed Medicare agreement.
G	Service Code	Four digit cost center code, same as last four digits of facility number (see latest contract Exhibit B).
H	Provider Name	Enter your provider name.
I	Address (Provider)	Enter your provider address.
J	Facility Name	Enter name of facility if applicable, or re-enter facility #.
K	Address (Fac.)	Enter address of facility.
L	Contact Person	Enter the name of provider personnel whom should be contacted regarding this invoice.
M	Telephone Number	Enter the telephone number of provider personnel whom should be contacted regarding this invoice.

Body Information

(1)	Name of Consumer	Enter last name of consumer only.
(2)	BSU #	Enter 10 digit BSU number WITHOUT hyphen.
(3)	Dates of Service	Enter "first day served" – "last day served" within the Month.
(4)	Transaction Code	Enter five digit alpha-numeric transaction code (see latest contract Exhibit B).
(4a)	Info Modifier	Enter two digit information modifier if applicable. if not, please leave blank.
(5)	Rate	Enter CURRENT, APPROVED contract rate only (see latest contract Exhibit B).
(6)	# of Units	Enter number of units being invoiced for, NO FRACTIONAL UNITS are allowed.
(7)	County Program	Enter "net" total dollars being invoiced for (= 5 x 6).
(8)	Room & Board	Enter consumer's room & board amount when applicable.
(9)	Liability	Enter consumer's liability amount when applicable.

Body Information (continued)

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|------|-------------------|--|
| (10) | Other | Enter any other non county funding where applicable.
Require pre-approval from Montgomery County. |
| (11) | Total Dollars | Enter total consumers expenditures (= 7 + 8 + 9 + 10 - 12). |
| (12) | Ineligible | Amount not eligible for DPW participation. |
| (13) | Other Inc Defined | Enter abbreviated identifier such as MA(medical Assistance), DON(donation), INS(Insurance), etc... |

General Information

- Billing should be completed monthly and dates of service should not span months. Invoices are due twenty (20) days after the month end.
 - Providers are responsible for re-invoicing for services denied for non-authorized clients, or amounts that exceed the limits set forth in the respective contract.
 - Be sure to complete the “Page Total” line for columns seven (7) to twelve (12), for each page, and “Grand Total” on the last page of invoice. Also, have the certification line signed by the appropriate personnel on the “Grand Total” page.
 - Do not mix different service codes, submit a separate invoice for each service code.
 - Please use a separate page for each facility under one service code. A summary invoice may be used to invoice several facilities under one service code, on one invoice. The only information to enter differently when filling out the summary invoice is:
 - Facility number (C) should read “SUMMARY”.
 - Facility name (L) and address (M) should read “SUMMARY”.
 - Column (1) should contain the facility number, and column (2) should contain the facility name where applicable.
- Summary invoices needing multiple pages should have line “Page Total” completed for each page, “Grand Total” completed on the last page, and the certification line signed by the appropriate personnel on the “Grand Total” page.
- Please use invoice labeled EARLY INTERVENTION for early intervention invoices. Note that there are no Room and Board or Client Liability columns. Instead enter Medical Assistance and any possible “Other” third party incomes for Early Intervention.

General Information (continued)

- Please use invoice labeled PRIVATE LICENSED FACILITY for private licensed facilities (PLF's). Be sure to note that rates are gross and third party revenue (columns eight (8) to ten (10)) is deducted from PROGRAM TOTAL, column seven (7) to calculate NET DOLLARS. (7 - 8 - 9 - 10 -12 = 11).
- Invoices should be completed using the **CURRENT, APPROVED** facility numbers, service codes, procedure codes and modifier if applicable, and rates found on Exhibit B of the executed contract. **Invoices containing information that does not fall within the parameters of Exhibit B of the current executed contract will be returned unprocessed. Also, invoices submitted on the wrong form, submitted incomplete, and/or incorrect will be returned.**
- Please submit all invoice **ONLY** to the following attention and address:

Attention: Fiscal Office – Invoices
Montgomery County Human Services Center
MH/MR/D&A/BH Fiscal Office
1430 DeKalb Pike; PO Box 311
Norristown, PA 19404-0311

Invoices addressed in any other manner will delay or prevent payment.