

HOW TO CREATE AN INVOICE FOR GR

Senior and Disabilities Services

Why Do I Need to Invoice?

- The State of Alaska has a new accounting system and invoices are going to be processed differently.
- The General Relief ALH (GR) program is not going to create invoices for ALHs anymore.
- You will not be paid unless you submit an invoice to GR to request payment.

What is the Purpose of an Invoice?

- Record of service
- Request for payment
- Good accounting practice

An Invoice is a Record of Service

- An Invoice shows GR:
 - Who was living in your home
 - Which ALH it was
 - What month and year the resident lived there
 - How many days each resident lived there
 - If extra services needing an authorized augmented rate were provided

An Invoice Requests Payment

- An invoice is how GR knows a service provider is requesting payment for services
- An invoice is a monthly statement that shows:
 - ▣ What the approved daily rate is for each client
 - ▣ What the approved augmented rate is, as needed
 - ▣ The total GR owes the ALH owner for services provided that month

Good Accounting Practice

- Invoices provide documentation of services provided and amount owed
- Invoices are records of payments requested
- Invoices should be kept and matched with payment received to make sure you are paid the correct amount
- You can use the information on the invoice to track down missing payments

How Do I Create an Invoice?

Formats

What does the state require?

Formatting an Invoice

- You can use any type of computer program or a typewriter to create an invoice
- Word, wordpad, secure email or another simple document format is ok
- You DO NOT need to use excel or specialized accounting software
- The invoice does need to be legible and easy to understand

State of Alaska Invoice Rules

- The State of Alaska has rules about what items must be listed on an invoice before it will be paid.
- GR cannot waive these requirements.
- This is the list of required items:
 - ▣ Your company's contact information including mailing address
 - ▣ SDS Provider Identification Number
 - ▣ Taxpayer identification code,
 - ▣ Provider number (PVN)
 - ▣ an itemized description of services

Itemized Description of Services

- What must be included in an itemized description of services?
 - ▣ the name of the Assisted Living Home where the service occurred,
 - ▣ the resident's name and dates of service,
 - ▣ individualized daily rate as calculated by the GR unit,
 - ▣ any authorized augmented rate and
 - ▣ a total dollar amount due

Sample Invoice

This is the sample invoice that was sent out in early June to all GR providers.

Please contact GR if you need a copy.

You do not have to use this form, but do need to supply an invoice with the required items.

INVOICE FOR PAYMENT FOR GENERAL RELIEF ASSISTED LIVING SERVICE

ALH name: ABC ALH Co.	SDS Provider number: 123456	Taxpayer ID: 1234567
Mailing Address: 123 1 st St. Anchorage, AK 99501		Phone: 123-4567

Individual	Daily Rate	Start	End	Days	Monthly Total	Actual number of days individual was served
Resident name 1	\$70	6/1/11	6/30/11	30	\$2100	30
Resident name 2	\$70	6/1/11	6/30/11	30	\$2100	30
Resident name 3	\$70	6/1/11	6/30/11	30	\$2100	30
Resident name 4	\$70	6/1/11	6/30/11	30	\$2100	30
Resident name 5	\$70	6/1/11	6/30/11	30	\$2100	30
Resident name 5 Augmented Rate	\$20	6/1/11	6/30/11	30	\$600	30

Total: \$11,100

ASSISTED LIVING HOME ADMINISTRATOR: Please notify this office in writing if your client moves, transfers, dies, goes to the hospital or disappears from your assisted living home.

Signature _____ PVN _____
 I certify that the named residents received the services specified in the prescribed manner for number of days indicated in the space above.

This form should be properly completed and sent to the address below for payment within 30 days of receipt.

Mail to:
 Division of Senior and Disabilities Services
 Department of Health and Social Services
 550 W. 8th Avenue
 Anchorage, Alaska 99501
 Fax: (907) 269-3648

The Division of Senior and Disabilities Services is not liable for reimbursement for any services **unless performed in accordance with the provider agreement.** Prior to submitting this authorization, the provider should verify that the provider number is the same as on the license and the services were delivered to the individuals within the dates specified above, and was for the person/persons named hereon, and that the number of days is correct.

For SDS Use
 General Relief Authorization for Payment: Initials: _____ Date: _____

An Invoice in Detail

What Service are you requesting payment for?

What is your provider ID and payment ID?

INVOICE FOR PAYMENT FOR GENERAL RELIEF ASSISTED LIVING SERVICE

ALH name: ABC ALH Co.		SDS Provider number: 123456		Taxpayer ID: 1234567		
Mailing Address: 123 1 st St. Anchorage, AK 99501				Phone: 123-4567		
Individual	Daily Rate	Start	End	Days	Monthly Total	Actual number of days individual was served
Resident name 1	\$70	6/1/11	6/30/11	30	\$2100	30

Where was the service performed?

How can we reach you by mail or by phone with questions?

An Invoice in Detail

Who did you provide services for in this month?

When did services start and end this month?

How many days was this person served this month?

Individual	Daily Rate	Start	End	Days	Monthly Total	Actual number of days individual was served
Resident name 1	\$70	6/1/11	6/30/11	30	\$2100	30
Resident name 2	\$70	6/1/11	6/30/11	30	\$2100	30
Resident name 3	\$70	6/1/11	6/30/11	30	\$2100	30

List GR approved daily rate for each person

TIP: The GR approved daily rate is on the calculation sheet that GR sends to you.

What is the total amount due for providing services to this person this month?

An Invoice in Detail

TIP: List augmented rates separately. They are found on the calculation sheet.

What is the total amount due to you this month for all people you served in this ALH?

Resident name 4	\$70	6/1/11	6/30/11	30	\$2100	30
Resident name 5	\$70	6/1/11	6/30/11	30	\$2100	30
Resident name 5 Augmented Rate	\$20	6/1/11	6/30/11	30	\$600	30

Total: \$11,100

ASSISTED LIVING HOME ADMINISTRATOR: Please notify this office in writing if your client moves, transfers, dies, goes to the hospital or disappears from your assisted living home.

Signature _____ PVN _____

I certify that the named residents received the services specified in the prescribed manner for number of days indicated in the space above.

Signature certified services were performed as described.

State of Alaska Vendor Number

Reviewing the Calculation Sheet

What is it?

What do I need to know?

Calculation Sheet

- Identifies the client
- Identifies the ALH provider
- Lists monthly client income
- Calculates the daily rate that the client pays to the ALH, ALHs are responsible for collecting this amount
- Calculates the daily rate that GR pays to the ALH, ALHs bill GR for this amount
- Shows the date the rate is effective or begins

Calculation Sheet

Department of Health and Social Services
Division of Senior & Disabilities Services

GENERAL RELIEF

CALCULATION SHEET FOR ASSISTED LIVING DAILY RATE

Client name: [REDACTED]	Client number: [REDACTED]
Provider name: [REDACTED]	Client DOB: [REDACTED]
Provider Fax: (907) [REDACTED]	SSN: UNKNOWN
Provider Phone: (907) [REDACTED]	

Make sure the client and provider information is correct.

CALCULATION OF CLIENT INCOME

NET MONTHLY INCOME AVAILABLE TO CLIENT:	\$1,209.40
X 12 months / divided by 365 days	\$39.76
PER APS SUPERVISOR	(Client's daily share)

TIP: GR is always the payer of last resort. If a person's income changes (more or less) contact GR to recalculate payment.

APS DAILY RATE JUNE 2015

GENERAL RELIEF APPROVED TO: [REDACTED]			
\$70.00	-	\$39.76	= \$30.24
Standard payment rate		Client daily share	SDS/GR Rate
			Effective date for SDS/GR Rate <u>6/5/15</u>

The effective date is when this rate starts. You cannot bill for this rate before this date.

Division of Public Assistance:	[REDACTED]	(fax)
Care Coordinator:	[REDACTED]	(fax)



Questions and Answers

Can I bill for more than one month at a time?

- No
- Invoices must be submitted no more often than monthly and within 30 days of the service month finishing.
 - ▣ (Example: Services provided between June 1-30 are billed for before July ends.)
- It is important to submit invoices within 30 days or you will experience additional delays in being paid. Bills submitted 60 days after the service was provided need special permission to pay and can be denied.

How long before I am paid?

The State of Alaska is changing accounting systems on July 1, 2015.

A additional delay of one week may be experienced in July.

- ❑ It can take up to 30 days for payment to occur from the State Accounting system.
- ❑ Checks take longer than direct deposit.
- ❑ You can use your PVN and look up whether or not your invoice has been processed here:
https://dof.doa.alaska.gov/edi_inquiry/z_container.jsp

How do I list multiple short stays?



Individual	Daily Rate	Start	End	Actual number of days individual was served	Total
Resident name 1	\$70	6/1/11	6/3/11	3	
Resident name 1	\$70	6/10/11	6/21/11	12	
Resident name 1	\$70	6/25/11	6/30/11	5	
Resident Name 1	\$70			Total days: 20	\$1400

Tips for Multiple Short stays

- List the dates the person stayed the night in your home, not just total of days.
- Using the example above, Resident 1 went to the hospital on 6/4 and returned on 6/10 and went to the hospital again on 6/22 and returned on 6/25.
- Attach supporting documentation or explanation of hospitalizations, trips or other long absences.
- It is better to be specific and send in a long itemized bill, than to have payment delayed because of additional questions.

What counts as a day?

- A person is considered to be served by your home if they spend the night there even if they arrive as late as 10pm or 11pm.
- Short social absences of 3 days are allowed to be billed for so that a person can have continuity of care.
- Always let GR know if a person has left the home and when they return.
- All GR homes follow this same rule, so everyone is compensated in the same way if a person moves homes.

Sending the Invoice for Payment

Mail

Fax

DSM

Send Invoices to:

- Division of Senior and Disabilities Services
Department of Health and Social Services
- By Mail: 550 W. 8th Avenue
Anchorage, Alaska 99501
- By Fax: (907) 269-4973
- By DSM: contact Christina or Josh at 269-3666

Troubleshooting

Who do I call for questions?

Technical Assistance

- For payment, application or processing questions or to obtain copies or samples of GR forms call your GR Technicians Josh Welsh and Christina Anaruk
- For client eligibility questions contact Lynn Thurston
- Phone: 269-3666
- Email:
 - ▣ Christina – christina.anaruk@alaska.gov
 - ▣ Josh – joshua.welsh@alaska.gov
 - ▣ Lynn- michele.thurston@alaska.gov