



Policy Title: Subcontractor Invoice Validation and Approval		
Department: Contracts		
Date Issued: 02/07/2012	Revised Date: 06/16/2020 Review Date: 06/16/2020	
CEO Approval 	Effective Date: ____10/15/2021____	

POLICY:

It is the policy of Central Florida Cares Health System, Inc. (CFCHS) to ensure that Subcontractors reverse invoices are accurate and approved within the required time frame

RELATED POLICIES:

Accounting and Financial Policies and Procedure Manual
DCF Data Collection and Reporting Policies – Authority
Sliding Fee Scale

PURPOSE:

To establish guidelines for validating and approving reverse invoices generated from the CFCHS data vendor site and cost reimbursement forms,

PROCEDURES:

Invoice validation through accepted data, as well as cost reimbursement forms occurs monthly for CFCHS Subcontractors through reverse invoices processed for payment, In addition to the monthly invoice process, data/costs submitted are validated during the provider monitoring visits

This policy discusses the following methods of payment:

1. Fee-for-service
2. Cost Reimbursement

Fee-For-Service

1. Subcontractors must submit data in accordance with DCF Pamphlet 155-2 (PAM 155-2). Data is due no later than midnight on the 10th of the month following the month of services.
 - 155-2 data is submitted to cfchsdata.org.
 - Prevention data is submitted to cpg.systems.com.
2. The CFCHS Contract Managers pull reports from the data system(s) and enter information into the individual Subcontractors monthly *Payment per Covered Service and Burn Rate* spreadsheet.
 - Validated and accepted data from cfchsdata.org is entered in the ‘YTD Units in Data System’ column.
 - Prevention data must first be approved by the CFCHS System of Care Department within the prevention database before being entered in the ‘YTD Units in Data System’ column.
 - Sliding fees are obtained from the previous month’s signed Subcontractor *Payment per Covered Service and Burn Rate* spreadsheet and are entered in the ‘Sliding Fees

Reported YTD' column. Sliding Fees reduce the amount to be paid to the Subcontractor.

Agency: Provider XYZ PO Box 12345, Summystown, FL 33210														YTD Units				
Covered Service Description	July	August	September	October	November	December	January	February	March	April	May	June	rand Total Pai	Contracted	Difference	Burn Rate	Unit Rate	YTD Units Paid
Residential Level III	\$ 25,723.58												\$ 25,723.58	\$ 308,683.00	\$ 282,959.42	8.33%	\$ 85.73	300.05
Sub Total	\$ 25,723.58	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,723.58	\$ 308,683.00	\$ 282,959.42	8.33%		
GRAND TOTAL	\$ 25,723.58	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,723.58	\$ 308,683.00	\$ 282,959.42	8.33%		
Data Variance Report	Program	Cost Center	Cost Center	Fund	YTD Units in Data Sys	Sliding Fees Reported YTD	Sliding Fees reported converted to units	YTD Total Units (less sliding fees reported)	Over/Under Prorated Share	Prior Month Sliding Fees MTD								
Provider XYZ	ASA	20	Residential 3	SAMH	2353.00		0.00	2353.00	175,999.11	\$50.00								
CERTIFICATION & APPROVAL																		
I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with CFCHS. I agree that at the time of submission, no other funding source was known for the invoiced services. Additionally, I certify that all client demographic and service event data has been submitted to CFCHS in accordance with the contract.																		
Signature			Title			Date												
For CFCHS Contract Manager use only:																		
Date Goods/Services Received:																		
Date Inspected and Approved:																		
Approved By/ Date:																		
Contract Manager																		

3. Payments are determined using a YTD method based on the following rules. These rules are general guidelines and can be superseded at the discretion of the Contract Managers and Contract Manager Supervisor.

- Availability Covered Services – Pay prorated amount regardless of units delivered. Utilization will be evaluated and contracts negotiated accordingly.
- Utilization Covered Services – Pay based on the following calculation: (unit rate) x (YTD number of units accepted by cfchsdata.org or cpg.systems.com) – (YTD previous payments). The result is compared to the prorated amount for the month and the lesser of the two amounts is paid. If the Subcontractor has earned more than the prorated amount for the month, the following rules apply:
 - Funded with Restricted OCAs – Generally pay what is earned until exhausted.
 - Funded with General Revenue – Generally pay up to prorated amount.

4. For each Subcontractor, the Contract Manager assimilates the *Payment per Covered Service and Burn Rate* spreadsheet, a check request, and any supporting documentation into an electronic packet referred to as the Invoice Packet. The Invoice Packet is routed to the COO for review and approval.

5. Once the Invoice Packets are approved, they are used to complete the YTD tab of the Master Invoice. Either the Contract Manager or the Contract Manager Supervisor will complete the Master Invoice. Once the Master Invoice is completed for 100% of the network, the Finance Department is notified.

Descrip	Vendor	GL-Serv	3L-Admir	Fund	Dept	OCA	Restric	Program	Category	Contr	Circuit	Count	SageOCA	ntractNum	Provider	CostCenter	Program	Expend	Admin	Units	UnitRate	alcUnitRate
Adult R&R MH	XYZ	6904	6905	DCF	RRAMH	MHA09	Unres	60910506	100610	XYZ_Main	000326	Org	MHA00MHA09	XYZ18	XYZ	30. Information and Referral	AMH	56,675.52	\$ 3,457.21	1,553.18	36.49	36.49
Adult R&R MH	XYZ	6904	6905	DCF	RRAMH	MHA09	Unres	60910506	100610	XYZ_FEMA	027005	Org	MHA00MHA09	XYZ19	XYZ	FEMA Non Person Specific	AMH	2,562.00	\$ 156.28	500.00	36.49	5.12
Adult R&R MH	XYZ	6992	6993	DCF	RRAMH	MHHIP	Unres	60910506	100610	XYZ_FEMA	027005	Org	MHHIP	XYZ20	XYZ	FEMA - IRMA	AMH	3,026.17	\$ 184.60	500.00	36.49	6.05

6. The invoice packets are routed to the Finance Department for review and approval. Finance Department use the Master Invoice and the Invoice packets to make Subcontractor Payments and any reporting that is required.
7. The *Payment per Covered Service and Burn Rate* spreadsheet is sent to each Subcontractor via email to enter sliding fees collected and for their electronic signature acknowledging the CFCHS approved payments. Subcontractor signed spreadsheets are then saved into the electronic contract file.

Cost Reimbursement

1. Subcontractor must submit form CF-MH 1040 to their CFCHS Contract Manager no later than midnight on the 10th of the month following the month of services.
2. The CFCHS Contract Managers reviews and approves the CF-MH 1040 form. Once approved the CFCHS Contract Manager enters CF-MH 1040 information into the *Payment per Covered Service and Burn Rate* spreadsheet. Expenditures are entered directly into the corresponding ‘month’ column.

Provider XYZ 12345 Sunnytown, FL 32820														Grand Total	Contracted	Difference	Burn Rate
Budget Line Item	July	August	September	October	November	December	January	February	March	April	May	June	July2				
Personnel	\$ 23,923.60													\$ 23,923.60	\$ 409,529.95	\$ 385,606.35	5.84%
Expenses	\$ 9,537.00													\$ 9,537.00	\$ 128,584.16	\$ 119,047.16	7.42%
Enhancement Expenses	\$ 2,719.96													\$ 2,719.96	\$ 54,613.16	\$ 51,893.20	4.98%
Administration	\$ 3,618.06													\$ 3,618.06	\$ 59,272.73	\$ 55,654.67	6.10%
Sub Total	\$ 39,798.62	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,798.62	\$ 652,000.00	\$ 612,201.38	6.10%

CERTIFICATION & APPROVAL

I certify the above to be accurate and in agreement with this agency's records and with the terms of this agency's contract with CFCHS. I agree that at the time of submission, no other funding source was known for the invoiced services. Additionally, I certify that all client demographic and service event data has been submitted to CFCHS in accordance with the contract.

Signature	Title	Date
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For CFCHS Contract Manager use only:

Date Goods/Services Received: _____

Date Inspected and Approved: _____

Approved By/ Date: _____

Contract Manager	Date
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3. Payments are determined using a YTD method based on the following rules. These rules are general guidelines and can be superseded at the discretion of the Contract Managers and Contract Manager Supervisor.
 - Pay based on the following calculation: (YTD dollar amount reported on form CF-MH 1040) – (YTD previous payments). The result is then compared to the prorated amount for the month and the lesser of the two amounts is paid. If the Subcontractor has earned more than the prorated amount for the month, they may submit a request and justification for payment above the prorated amount for CFCHS to consider. Submission of a request does not guarantee the request will be approved.
4. Process steps 4, 5, 6, and 7 are the same as for Fee-For-Service invoices.