



Policy Title: Subcontractor Invoice Validation and Approval		
Department: Contracts		
Date Issued: 02/07/2012	Revised Date: 05/11/2024 Review Date: 05/11/2024	
CEO Approval: 	Effective Date: 9/22/2024	

POLICY:

It is the policy of Central Florida Cares Health System, Inc. (CFCHS) to ensure 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 the Florida Department of Children and Families (Department) Pamphlet 155-2 (PAM 155-2). Data is due no later than midnight on the 5th of the month following the month of services, unless the 5th falls on a weekend or state recognized holiday. In that instance, the data is due by midnight of the next business day.
 - PAM 155-2 data is submitted to cfchsdata.org.
 - Prevention data is submitted to <https://florida.prevention.systems>
2. The CFCHS Contract Managers pull reports from the data system(s) and enter information into the individual Subcontractor's 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.
- 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, Sunnytown, FL 33210																			
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 YTD									
Provider XYZ	ASA	20	Residential 3	SAMH	2353.00	0.00	0.00	2353.00	175,989.11	\$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 _____ Date _____																			

- Payments are determined using a year-to-date (YTD) method based on the following rules. These rules are general guidelines and can be superseded at the discretion of the Contract Managers and Contracts Director or Chief Operating Officer (COO).
 - 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 florida.prevention.systems) – (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.
- 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.
- Once the Invoice Packets are approved, they are used to complete the YTD tab of the Master Invoice. Either the Contract Manager or the Contracts Director 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-Admit	Fund	Dept	OCA	Restric	Program	Category	Contr	Circuit	County	SageOCA	IntractNuml	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	3,026.11	184.60	500.00	36.49	6.05

- The invoice packets are routed to the Finance Department for review and approval. The Finance Department uses the Master Invoice and the Invoice packets to make Subcontractor Payments and any reporting that is required.
- 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

- The Subcontractor must submit form CF-MH 1040 to their CFCHS Contract Manager no later than midnight on the 5th of the month following the month of services, unless the 5th falls on a weekend or state holiday. In that instance, the CF-MH 1040 is due by midnight of the next business day.
- The CFCHS Contract Manager 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	July	July 2				
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	\$ 54,813.16	\$ 51,893.20	4.98%
Administration	\$ 3,618.06														\$ 3,618.06	\$ 69,272.73	\$ 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

For CFCHS Contract Manager use only:

Date Goods/Services Received:	
Date Inspected and Approved:	
Approved By/ Date:	
Contract Manager:	Date

- Payments are determined using the YTD method based on the following rules. These rules are general guidelines and can be superseded at the discretion of the Contract Manager and Contracts Director.
 - 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.
- Process steps 4, 5, 6, and 7 are the same as for Fee-For-Service invoices.