

Invoicing and Payment Guide

For providers with pre-authorized services

Follow these guidelines to ensure your organization receives timely and accurate payment from Hennepin County.

Billing frequency

Submit invoices for payment according to the schedule established within your contract.

- Submit invoices within thirty (30) calendar days following the last day of each month
- **Invoices received beyond 90 days after the last day of the month of service will not be paid***
- Do not submit duplicate copies of an invoice
- Do not submit an invoice until you have received service authorization numbers for all individuals listed on the invoice

**This 90 day period begins after Hennepin County has been determined to be the payer of last resort. If requesting special consideration for payment of services beyond 90 days after the last day of the month of service, submit services on a separate invoice along with justification to your contract manager. Use the billing calculator on the hennepin.us/hhspartners web page to determine if services are eligible for payment.*

Required billing information

An invoice must contain the following billing information to be used for payment of eligible expenses:

- Provider name
- Remittance address
- Provider ID number
- Contract number
- Description of service for which Hennepin County is being billed
- Date(s) of service
- Service authorization number specific to service, client, and dates of service

Contacts

Contract Management Services

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Financial Analysis and Accounting

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Accounts Payable Supervisor
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Hennepin County

Health and Human Services
300 South 6th Street
Minneapolis, MN 55487

Website

hennepin.us/hhspartners

June 2023



- Dollar amount requested to be paid that is consistent with the unit of service and rate indicated in the contract
- If applicable: date of payment denial by third-party payer
- Signature with date

Tips for preparing an invoice

Errors in preparing an invoice will lead to delays in payment. Avoid these common mistakes to ensure timely payment.

- Always use the Excel invoice template found online on the [Human Services and Public Health Invoicing web form](#).
- Invoices should not contain services that were previously included on a past invoice
- If you are copying and pasting information from a previous invoice into a new invoice, verify that necessary information is updated on the new invoice (especially dates of service or errors from the previous invoice)
- Review your invoice to be sure it contains the required information before submitting it to Hennepin County
- **Before submitting, verify:**
 - The service authorization number matches the person’s name
 - The service authorization is current and the service authorization dates match the dates of service that are being billed
 - Units billed are within the designated number of units available for that person for the given dates
- If you need a service authorization or service authorization number, contact your contract manager
- Your organization should track units billed per client to avoid over or under billing

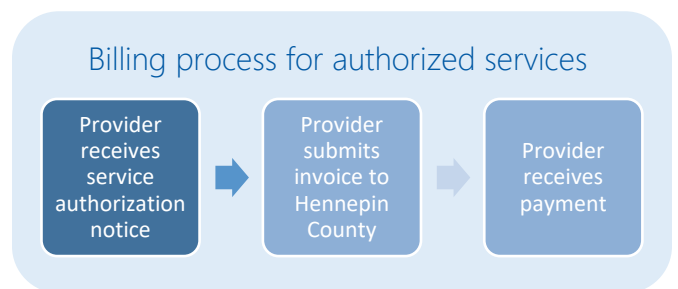
Submitting invoices

Invoices that contain client data should be submitted online through the [Human Services and Public Health Invoicing web form](#). Detailed [instructions for submitting invoices online](#) can be found [here](#).

- Complete the web form, and indicate the “Corporate” option
- Attach a spreadsheet containing invoice details. A link to a blank Excel invoice template is available on the web form.

Note: If Hennepin County was determined to be the payer of last resort more than 90 days from the last day of the month of service, enter the date of denial from the third-party biller in the “Notes” column of the Excel invoice template spreadsheet.

- Sign the web form electronically, then submit.
- You will receive an email confirmation that the invoice has been received.



Payment processing

For additional information on payment processing, including overpayments, see the Contracting Guide at hennepin.us/hhspartners.

- It is the county’s policy to make payments within 35 days of receiving an invoice.
- To check the status of payment processing, use the [Human Services and Public Health invoicing tracker web page](#). You can search by Hennepin County invoice number or by provider ID. You will also receive an email notification each time the status of your invoice is updated.
- When you receive payment from Hennepin County, be sure to review the remittance advice for necessary corrective action on future invoices.

Enroll in direct deposit

Hennepin County offers electronic Automated Clearing House (ACH) payments to vendors. The ACH payment method allows Hennepin County to deposit payments directly into a vendor's bank account, eliminating the need for paper checks. There is no charge for enrolling to receive direct deposit ACH payments.

- [To enroll in the direct deposit program, complete the online form.](#) **Note:** The form is titled "Foster care provider direct deposit enrollment," but is the correct form for enrollment.
- When you enroll in direct deposit, a general remittance notification will be sent to you via email when payment is made.
- When you enroll in direct deposit, you will view remittance advice online. Please visit the [Remittance Advice web page](#) each month to view and download remittance advice.

Examples

- Service authorization letter (page 4)
- Remittance advice (page 5)

Example of Service Authorization Letter

Human Services and Public Health Department
A-1500 Government Center
Minneapolis, MN 55415

CFS Parent Support Outreach Program

Date of Notice: September 18, 2018

Provider Name
12345 Main Street
Minneapolis, MN 55414

NOTICE OF CURRENT SERVICE AUTHORIZATION VENDOR COPY

Provider Number: 55555

Provider PI

Provider Name:

Client ID: 999999999

Client Name: LAST NAME, FIRST NAME

Care Manager: Provider Name

Worker Phone: 612-555-5555

Service Begin Date: 07/31/2018

Service End Date: 12/31/2018

WE HAVE AUTHORIZED THE FOLLOWING

SSIS service authorization Brass service number: [167]
#: 999999999

1 Service: Parent Support Outreach, Parent Support Outreach Services [167]

Unit Type: 15 Minutes

Total number of service Units: 240

Unit Rate: \$ 18.00

Total Amount: \$ 4320.00

Note: Comments: PSOP DS

Auth No: SSIS-999999999

Date Filed: 09/17/18

When preparing an invoice:

- Make sure the service authorization number matches the client's name
- Make sure dates of service on an invoice are within the service authorization start and end dates
- Make sure the units billed are within the remaining allotment of units for the service authorization. Contact your contract manager if the allotted units have been exceeded.



Example of Remittance Advice

Provider ID 00000XXXX

Warrant Number XX-XXXXXX

Issue Date 08/22/2018

Issue Amount \$6,774.20

Provider Name

12345 Main Street

MINNEAPOLIS, MN

Client ID	Client Name	Begn Date	End Date	Service Description	Amount
PROVIDER NAME	00000XXXX				
9999999	LASTNAME, FIRSTNAME	07/02/2018	07/12/2018	Transportation	1.60
9999999	LASTNAME, FIRSTNAME	07/02/2018	07/12/2018	Extended Supported Employment	2.58
RE: Firstname Lastname- No Authorization Found - - Contact County Worker -					
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/13/2018	Transportation	3.92
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/27/2018	Extended Supported Employment	3.66
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/13/2018	Transportation	3.24
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/31/2018	Extended Supported Employment	5.64
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/31/2018	Extended Supported Employment	3.00
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/06/2018	Transportation	4.96
9999999	LASTNAME, FIRSTNAME	07/10/2018	07/31/2018	Extended Supported Employment	1.20
9999999	LASTNAME, FIRSTNAME	07/01/2018	07/27/2018	Extended Supported Employment	2.82
NO Units Remain Available for Transportation - Contact County Worker -					
9999999	LASTNAME, FIRSTNAME	07/10/2018	07/31/2018	Extended Supported Employment	1.44
Correct SA# 999999999					
9999999	LASTNAME, FIRSTNAME	07/10/2018	07/24/2018	Transportation	1.60
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/31/2018	Extended Supported Employment	2.40
9999999	LASTNAME, FIRSTNAME	07/10/2018	07/11/2018	Transportation	36.64
9999999	LASTNAME, FIRSTNAME	07/10/2018	07/30/2018	Extended Supported Employment	\$734.38
9999999	LASTNAME, FIRSTNAME	07/02/2018	07/06/2018	Transportation	\$73.28
9999999	LASTNAME, FIRSTNAME	07/02/2018	07/31/2018	Extended Supported Employment	\$1,086.48
					\$6,774.20

When reviewing remittance advice:

Make a note of errors or issues on past invoices that you will need to correct on future invoices, including:

- Incorrect service authorization numbers
- Persons with no service authorizations
- Overbilling on unit allotment
- Listing services provided more than 90 days after the last day of the month of service (these will **not** be reimbursed by the county)

If you are unsure of the appropriate county worker to contact to address an issue, ask your contract manager.

