

Department of Health and Social Services  
Office of the Secretary - Administration, and  
Division of Substance Abuse and Mental Health

Business Management Improvement Project  
Re-training: Invoice Processing

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# Invoice Processing

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This training will provide stakeholders with an overview of policies and procedures for "Invoice Processing". Following this presentation, you will have a more thorough understanding of:

- Common Definitions
- Overview of Relevant Policies and Procedures
- Operational Procedures
- Components of an Invoice



# About DocuWare

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Delaware Department of Health and Social Services - Division of Substance Abuse & Mental Health (DHSS DSAMH) has implemented a document management and workflow solution in DocuWare to gain better control of processes for submitting, approving, and storing invoices.



**DHSS**

**Division of Substance Abuse and Mental Health**



**DocuWare**

All invoices submitted after July 1, 2023, (CR, Fixed Rate, Fixed Rate SUDS NARR (1-3), FFS-IMD, FFS-SUD, FFS-PROMISE, Operational, and GSS) are submitted through email to the Business Operations Mailbox and will be manually uploaded into DocuWare by OSEC staff.

# Terms and Definitions

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Invoice Cover Letter

Ingestion



***\*IMPORTANT: Providers may have multiple cover letters for various contracts. Please be sure to submit the correct cover letter associated with your invoice to ensure proper payment.***

# Policy Overview

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Delaware State Code <https://delcode.delaware.gov/>

Policy Memorandums (PMs):

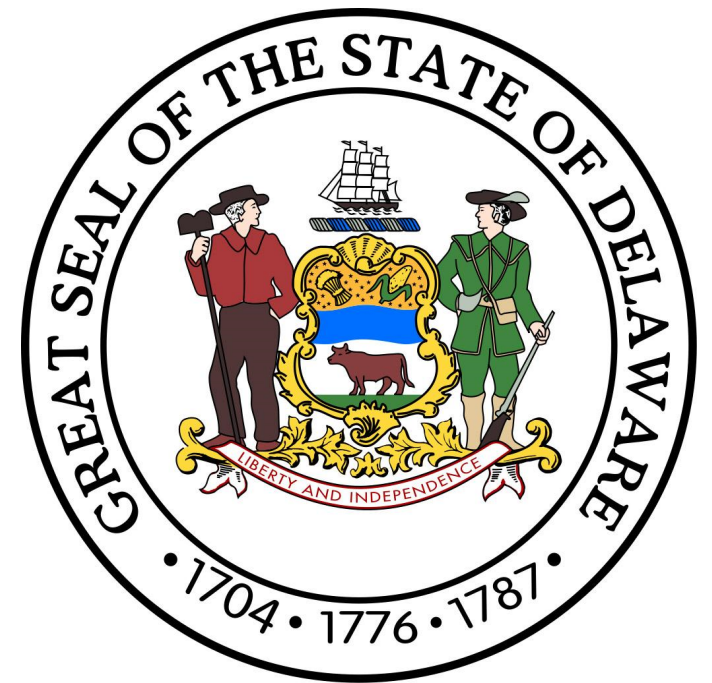
<https://www.dhss.delaware.gov/dhss/admin/policy/files/pm37.pdf>

Provider Policies:

<https://dhss.delaware.gov/dsamh/policies/ProviderPolicies.html>

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**POLICY HIGHLIGHT:** All invoices should be submitted within **30 days** of the month of service. DSAMH will not process any invoices that include services that occurred more than **one year** prior.



# Egress

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When an invoice contains protected health information (phi), providers must submit using EGRESS, a secure protocol. When submitting invoices using EGRESS, providers must first include Lamar Hill and then DSAMH Business Operations in the TO: line of the message. Any other relevant staff should be listed in the CC: line.

Example:

TO: [s.lamar.hill@delaware.gov](mailto:s.lamar.hill@delaware.gov),  
[dsamhbusinessoperations@delaware.gov](mailto:dsamhbusinessoperations@delaware.gov)  
CC: DSAMH Program Contact

# Required Invoice Documentation

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In addition to implementing DocuWare, DSAMH has reduced the need for providers to submit supporting documentation with each invoice. Instead, the following documents are required:

**For Cost Reimbursement, Fixed Rate, and PROMISE invoices**, submit invoice cover letter and invoice spreadsheet.

**For IMD and Substance Use Disorder (SUDS) Residential invoices**, submit invoice cover letter, invoice spreadsheet, final authorization form, and EOB or underinsured justification (if applicable).

**For GSS or Operational invoices** there is no change. Invoices and supporting documentation will be submitted without a cover letter.

# Filename Protocols

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**\*When submitting invoice documentation, invoice numbers and filenames are extremely important! Providers must be sure to follow the naming convention below, including the order of components and underscored spaces. Failure to follow the format could result in a rejected invoice.**

**Invoice Number Format:** Contract Year\_Provider\_service type\_location\_payment methodology\_Month\_Year of Service. *Example: FY24\_RI\_CAPAC\_NCC\_CR\_04\_2024*

## **Filename Formats:**

**Invoice Cover Letter**, (doc or pdf), 'InvoiceNumber\_ Month\_Year of Service'

*Example: FY24\_RI\_CAPAC\_NCC\_CR\_04\_2024*

**Invoice Spreadsheet** (xls), 'InvoiceNumber\_ Month\_Year of Service'

*Example: FY24\_RI\_CAPAC\_NCC\_CR\_04\_2024*



# Invoice Cover Letter

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Cover Letter: FY24\_AbleHands\_GH\_MINQUIL\_FFS-PROMISE

Invoice Submission must include this cover letter with the following:

- On Line 1.a, add the month and year of service
- On Line 1.e, add the invoice amount
- On Line 2, add an authorized signature
- On Line 3.b, add the total expenditures to date
- On Line 3.c, add the remaining balance of the budget

**\*Do not change any other information**

1. Certification Letter

- a. Invoice Number: FY24\_AbleHands\_GH\_MINQUIL\_FFS-PROMISE\_MM\_YYYY
- b. Contract Number: FY21-HSS-20-040 AH
  - i. Fiscal String (State)
  - ii. **Purchase Order:** PO656512
  - iii. **Bud Ref\*:** 2024
  - iv. **Fund Code\*:**
  - v. **Department\*:** 350620
  - vi. **Appropriation\*:**00521
  - vii. **Account Code\*:**
  - viii. **OPU (Operation Unit)\*:**
  - ix. **Project\*\***
  - x. **Activity\*\***
  - xi. **Percent Allocation:** 100%
  - xii. **Start Dates for Billing to Fiscal String (State):**
  - xiii. **End Date for Billing to Fiscal String (State):**

# Invoice Cover Letter

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- c. Fiscal String (Federal)
  - xiv. **Purchase Order:**
  - xv. **Bud Ref\*:**
  - xvi. **Fund Code\*:**
  - xvii. **Department\*:**
  - xviii. **Appropriation\*:**
  - xix. **Account Code\*:**
  - xx. **OPU (Operation Unit)\*:**
  - xxi. **Activity\***
  - xxii. **Percent Allocation:**
  - xxiii. **Start Dates for Billing to Fiscal String (Federal):**
  - xxiv. **End Date for Billing to Fiscal String (Federal):**

*Note\*: required field for all invoice submissions*

*Note\*\*: optional field, only required for invoices that are receiving federal funds*

- d. Invoice Amount:
- e. Invoice Type: FFS-PROMISE
- f. Certification statement: "I hereby certify that the information reported herein is true, accurate, and complete. I understand these reports are made in support of claims for government funds."

2. Approved Signature Authority:

Sign here:

3. Approved budget

- a. Line-Item expenditures for the period being invoiced
- b. Total Expenditures to date:  \$
- c. Remaining Balance of the Budget:  \$

# Invoice Errors - All Invoices

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Per provider contracts, payments will be issued to suppliers within 30 days of ingestion. In the event that an error is discovered the following actions may apply. If an entire invoice is rejected, the provider will need to correct and resubmit the invoice. In this case, the 30 days starts again upon ingestion of the corrected invoice.

**All invoices** - Both the Invoice Cover Letter and the Invoice Spreadsheet **MUST** include the invoice number and matching invoice amounts and dates. If the invoice number is missing or the amount and dates do not match, the entire invoice will be rejected. When re-submitting an invoice, you must indicate that the invoice is a revised invoice by adding ‘\_REVISED’ to the filenames:

***FY24\_RI\_CAPAC\_NCC\_CR\_04\_2024\_REVISED***

# Invoice Errors - Fee for Service

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**IMDs, Residential and Group Homes** – DHSS will review these invoices at the time of submission. Any claim within the invoice that is found to be submitted in error will be rejected and the invoice will be short paid by that amount. Errors include - no prior authorization or incorrect prior authorization, incorrect billing codes/rates, payable by third party payors. When a claim is rejected, providers will be notified and receive a copy of the invoice. Providers can re-submit the invoice with corrected claims OR bill those claims to the appropriate payor (insurance or Medicaid). When resubmitting invoices, please use the original cover letter with the updated invoice amount and with ‘\_REVISED’ added to the filename. (use Revised2, Revised3, etc for subsequent submissions).

**All other FFS invoices** - DHSS will follow the established error rate process for invoices. Once an error rate is established, the invoice will be paid minus the previously calculated error rate. If an invoice crosses quarters, the latest error rate will apply. If there are no invoices submitted during the error rate review period, the previous error rate rolls into the new period.

# Thank you

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**Thank you for attending!**

**For any questions, please contact a member of our team:**

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