

# Invoicing and Payment Guide

## For providers with 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 365 days from date 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

**\*Effective January 1, 2020:** *Standard contract language will change, and Hennepin County will refuse payment for invoices received more than **90 days** after the last day of the month of service. This 90 day period begins after Hennepin County has been determined to be the payer of last resort.*

### Required billing information

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

- Provider (Vendor) name
- Remittance address
- Vendor 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
- Dollar amount requested to be paid that is consistent with the unit of service and rate indicated in the contract
- Signature with date

## Contacts

### Contract Management Services

Julie Megli-Wotzka  
Administrative Manager  
Office: 612-596-8603  
[julie.megli-wotzka@hennepin.us](mailto:julie.megli-wotzka@hennepin.us)

### Financial Analysis and Accounting

Nancy Menssen  
Accounts Payable Supervisor  
Office: 612-348-8646  
[nancy.menssen@hennepin.us](mailto:nancy.menssen@hennepin.us)

### Hennepin County

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

## Website

[hennepin.us/hhspartners](http://hennepin.us/hhspartners)

July 2019



## Tips for preparing an invoice

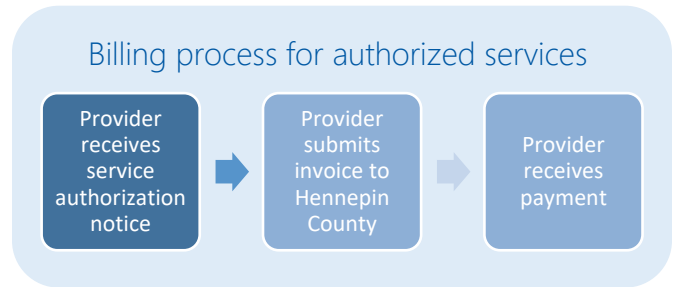
Errors in preparing an invoice can lead to delays in payment. Avoid these common mistakes to ensure timely payment.

- Always use the correct invoice template (if you are unsure of which invoice template to use, contact your contract manager)
- 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 amount 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 must be submitted via mail to:

Hennepin County HHS Accounts Payable  
Attn: Admin Payables/MC 155  
300 South 6<sup>th</sup> Street  
Minneapolis, MN 55487-0155



## Payment processing

For additional information on payment processing, including overpayments, see the [Contracting Guide](#).

- It is the county's policy to make payments within 35 days of receiving an invoice
- To check the status of payment processing after 35 days, call Accounts Payable staff at 612-348-3445
- When you receive payment from Hennepin County, be sure to review the remittance advice for necessary corrective action on future invoices

## Examples

- Service authorization letter (page 3)
- Remittance advice (page 4)

## 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 Name:

Client ID: 999999999

Client Name: LAST NAME, FIRST NAME

Care Manager: Provider Name

Provider Phone: 612-555-5555

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



## 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	\$91.60
9999999	LASTNAME, FIRSTNAME	07/02/2018	07/12/2018	Extended Supported Employment	\$432.58
<b>RE: Firstname Lastname- No Authorization Found -</b>					
<b>- Contact County Worker -</b>					
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/13/2018	Transportation	\$109.92
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/27/2018	Extended Supported Employment	\$613.66
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/13/2018	Transportation	\$128.24
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/31/2018	Extended Supported Employment	\$945.64
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/31/2018	Extended Supported Employment	\$503.00
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/06/2018	Transportation	\$54.96
9999999	LASTNAME, FIRSTNAME	07/10/2018	07/31/2018	Transportation	\$201.20
9999999	LASTNAME, FIRSTNAME	07/01/2018	07/27/2018	Extended Supported Employment	\$472.82
<b>NO Units Remain Available for Transportation</b>					
<b>- Contact County Worker -</b>					
9999999	LASTNAME, FIRSTNAME	07/10/2018	07/31/2018	Extended Supported Employment	\$241.44
<b>Correct SA# 999999999</b>					
9999999	LASTNAME, FIRSTNAME	07/10/2018	07/24/2018	Transportation	\$91.60
9999999	LASTNAME, FIRSTNAME	07/03/2018	07/31/2018	Extended Supported Employment	\$402.40
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
					<b>\$6,774.20</b>

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 365 days in the past (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.

