



Toolkit: Invoices

Use these tips for completing Invoices!

Q: What is this toolkit for?

A: This toolkit explains how to make the invoice process work smoothly! Members/Participants, Employers and Contractors can work together to help make sure invoices get processed and paid on time.

Keys to Getting Paid the Correct Amount, On Time!

Follow these tips to avoid delayed payment of your invoice.

- **Be sure ALL vendor paperwork has been completed and submitted.**
- **Effective July 15, 2011, invoices that are received by Xerox more than 90 days after the service was provided, will not be processed for payment.** According to Medicaid timely-filing requirements, we cannot process any request for payment that has not been submitted within 90 days from the date the vendor performed the service. This means that all invoices must be submitted to Xerox no later than Midnight on the 90th day after services have taken place. Any invoices that are submitted after this time limit will not be paid by Xerox and will be returned to you. Also, if you need to make corrections to your invoice, you must complete them within this timeframe (90 days from the date the service was performed).

- **Follow the CURRENT Vendor Payment Schedule.**

Keep a copy of the Vendor Payment Schedule in front of you. If you submit your invoice after the deadline on Saturday, your vendor payment may be delayed.

Note: The deadline for submitting invoices is always on a Saturday by Midnight (before 12:00 am on Sunday).

- **Use your legally registered business name.**

For example,

- Smith Industries, LLC is your legally registered business name with State of New Mexico. **This is the name you must use on your invoice!**
- Bobby Smith is your personal name. Do not use!
- Smith Wheelchair Repair is a name you sometimes use to refer to your company but it is not your legal name. Do not use!

- **Submit invoices for daily or monthly service codes after the service is complete.**

Some service codes, for example T2033FL (Family Living), are for daily service. In this example, daily service means 24 hours. When submitting a service code such as this one, you must only sign, fax or email it after the day is complete. In other words, you must wait until Midnight of the day when services are delivered (after 11:59 PM) to submit the invoice. If the service is monthly you must wait until after 11:59 PM on the last day of the month. If the service is hourly, you must wait until you have finished working on that day. For example, if you finish working at 3:00 pm, you cannot submit your timesheet until 3:01 pm on the same day. The general rule is: you cannot enter, submit or sign an invoice for services not yet rendered.

- **Use correct units on invoices**

For example, if the rate for service is in 15 minute increments, you must enter the invoice charge in 15 minute increments. Do not combine amounts into hourly.

- **Only the vendor can make a correction to an invoice**

If the vendor needs to make a correction on their invoice, they can cross out the mistake and then write in the correction. They must also put their initials next to the correction. We will not accept invoices if white-out appears to have been used or if changes appear to have been made by anyone other than the vendor.

- **You can use your own invoice form, but...**

Your invoice must include the same level and type of detail shown on the Self-Direction Invoice (see below.) This detail is required for legal and auditing purposes and to ensure you get paid correctly and on time.

- **Send in the Self-Direction Payment Request Form (PRF)**

The Self-Direction Payment Request Form (PRF) must also be submitted (in addition to the invoice). This applies whether it is you or the member/participant who typically sends in the PRF or faxes in the invoice. (The member/participant is responsible for being sure that the PRF is sent in.)

- **Fax your invoice.**

Only fax your invoice one time unless you are faxing a corrected invoice. If it is a corrected invoice, check the box **Yes** for “Is this a correction to a **PRIOR** Invoice?”. Re-faxing the same invoice or forgetting to check the “Corrected” box for a corrected invoice will cause delays in a check being issued. **The fax number is 866-302-6787.** This applies whether it is you or the member/participant who typically faxes in the invoice (the member/participant is responsible for being sure that the invoice is faxed in).

INVOICE FOR NON-TIMESHEET Provider Agency/Contractor

FAX: 1-866-302-6787

MAIL: Xerox PO Box 27460, Albuquerque, NM 87125

Revised

02/01/12

Provider Agency/Contractor Dr. John Doe Is this a correction to a PRIOR invoice? Yes No

Date of Invoice (mm/dd/yyyy) 04/29/2011 Total Invoice \$ 81.06 (must match total \$ below)

Member Name: Pauline Participant Member Date of Birth: 01/01/1975

Date	Service Code	Hours per Day *	Rate per Hour *	Rate per Unit **	# of Units **	Total Charge	What Service(s) were provided? Be specific.	Member present?
4/25/11	G0151			\$13.51	4	\$54.04	Physical therapy	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
4/28/11	G0151			\$13.51	2	\$27.02	Physical therapy	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
								<input type="checkbox"/> Y <input type="checkbox"/> N
Total Hours			Total Units/Charge		6	\$81.06		

This is the date the service was performed.

Use your Plan to verify the correct service code

The Total Charge should always equal the # of Units x Rate

*Hours are entered for any service that is delivered hourly.

** A 'UNIT' is defined as a service that is delivered as a single item (each), per 15 minutes, daily, monthly, mile or visit/session.

Provider/Vendor Signature: Dr. John Doe Date 04/29/2011

Make sure the vendor signs here

Signature date must be on or after the last service date.

Date	SVC Code	Hrs per Day	Rate per Hour	Rate per Unit	Units per Day	Total Charge	What Service(s) were provided? Be specific.	Member present?
04-25-11	S9470	4	12.00			\$48.00	Nutritional Counseling	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
04-26-11	T2049			0.034	50	\$17.00	Mileage to the community center and back home.	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
04-27-11	T2033			25.00	1	\$25.00	Customized In-Home Living Support	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Total Hours		4	Total Units		51	\$90.00		

This form MUST be attached to the Payment Request Form (PRF) for all services.