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Program Approved Service Agency Invoicing Manual

Welcome to the Rocky Mountain Human Services (RMHS) provider network. This manual is a resource concerning RMHS' continuum of services. It also provides guidelines for doing business with RMHS.

Rocky Mountain Human Services is a 501(c) 3 nonprofit organization that serves clients in a variety of programs. In 2012, we celebrated our 20th anniversary and changed our name from Denver Options, Inc. to Rocky Mountain Human Services to reflect the expansion of our services.

Rocky Mountain Human Services serves humanity, provides opportunity, and encourages a community of compassion and hope. We utilize our human services expertise to improve the health, self-sufficiency, and overall quality of life for individuals who face challenges from developmental delays, cognitive and intellectual impairments, and/or social conditions. Providing resources, care coordination and direct services for individuals, families, non-profit organizations and government agencies, we do our very best to deliver unsurpassed human services every day.

Rocky Mountain Human Services is committed to ensuring that everyone who enters the agency is provided with an experience that is helpful, meaningful, and individualized. RMHS values the idea and principle that each individual be given the opportunity for choice, and decision making in an environment of individual power, authority, and autonomy. We believe individual needs are constantly evolving for each person who walks through our doors. We operate based on a person-centered philosophy for all of the people with whom we work.

The information in this manual will provide you with a better understanding of what to expect while doing business with RMHS, but it should not be relied upon for your own company's business, financial, or legal advice. If you have any questions about the information contained in this manual, our staff welcomes your call. Our goal for this manual is to facilitate a better understanding of the requirements for PASA's and we will update it frequently as substantive changes are made to information, processes, etc. You can find the most current version of this manual on the RMHS website at www.rmhumanservices.org.

RMHS hosts quarterly PASA Director Meetings in order to encourage collaboration and share information. You will receive an invitation to attend and contribute to the agenda. Please visit the [PASA section of our website](#) or contact Joelle Ashley, Program Manager, Communications & Outreach with any feedback, comments, or questions at jashley@rmhumanservices.org or 303-636-5968.

We welcome you to RMHS!

Contents

PASA with Current Contract - Required Documents at Time of Contract Renewal	4
Required Insurance Coverage.....	4
Work and/or services to be provided by the Contractor.....	5
Invoicing with RMHS	6
Prior Authorization Request.....	6
Invoicing Process	7
Contact Expectations.....	9
Receiving Payment	10
RMHS Contact Information.....	10
Service Coordination Guide.....	11

PASA with Current Contract - Required Documents at Time of Contract Renewal

- Insurance (See below)
- The last 2 years of audited financial statements. If an audit has not been conducted, please send a copy of the most recent year-end statement and the latest YTD financial statements or profit/loss statements. (Exemption form available if this information is not available)
- A copy of the results of the last 2-quality assurance visits from CDPHE and the plans of correction that resulted from those visits.
- HCA License (if applicable)

Required Insurance Coverage

A. During the term of this Agreement, the Provider Organization represents and warrants that the Provider Organization is covered, and shall remain covered by liability insurance as indicated below, and provide RMHS with proof of insurance coverage upon signing this Provider Organization Agreement and at other times upon request of RMHS. If the insurance is on a claims-made basis, the policy shall include coverage which extends two years beyond the performance period. During the term of this Agreement, the Provider Organization shall furnish to RMHS a copy of the certificate of insurance for the policies below three (3) days prior to the previous policy expiration date.

- 1) Standard Worker's Compensation and Employer's Liability as required by State statute including occupational disease, covering all employees on or off the work site, acting in the course and scope of their employment. Worker's Compensation and Employer's Liability policies must contain:
 - a. All states coverage or Colorado listed as a covered state for the Worker's Compensation.
 - b. Waiver of Subrogation and Rights of Recovery against RMHS, its officers, and employees.
- 2) Commercial General, Liability Insurance (written on ISO occurrence form CG 00 01 10/93 or equivalent) covering premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability with minimum limits as follows:
 - a. \$1,000,000.00 each occurrence;
 - b. \$2,000,000.00 general aggregate;
 - c. \$1,000,000.00 products and completed operations aggregate, and;
 - d. \$50,000.00 any one fire.

If any aggregate limit is reduced below \$1,000,000 because of claims made or paid, the contractor shall immediately obtain additional insurance to restore the full aggregate limit and furnish promptly to RMHS a certificate or other document satisfactory to RMHS showing compliance with this provision.

- 3) Protected Health Information Insurance (HIPAA) covering all loss of Protected Health Information data and claims based upon alleged violations of privacy rights through improper use or disclosure of Protected Health Information with minimum limits as follows:
 - a. \$1,000,000.00 each occurrence; and

b. \$2,000,000.00 general aggregate

4) Professional Liability insurance with minimum limits of liability not less than \$1,000,000.00 for each occurrence and \$1,000,000.00 general aggregate. Policies written on a claims-made basis must remain in full force and effect in accordance with C.R.S. §13-80-104.

5) Automobile Liability Insurance covering any automobile (including owned, hired, and non-owned autos) with a minimum limit as follows:

a. \$1,000,000.00 each accident combined single limit.

b. Automobile Liability insurance must contain, include, or provide for:

i. A waiver of Subrogation and Rights of Recovery against RMHS, its officers and employees, in favor of RMHS

B. Each Policy shall contain a valid provision or endorsement requiring notification to RMHS in the event any of the required policies be canceled, voided or non-renewed before the expiration date of the Policy. Such written notice shall be sent to RMHS in accordance with the notice provision of this Agreement. The notice shall be sent thirty (30) days prior to cancellation, voidance, or non-renewal unless due to non-payment of premiums for which notice shall be sent ten (10) days prior. If such notice is unavailable from the insurer, Provider Organization shall provide written notice of cancellation, voidance, non-renewal and any reduction in coverage to RMHS by certified mail, return receipt requested within three (3) business days of such notice by its insurer. Provider Organization shall be responsible for the payment of any deductible or self-insured retention. The insurance coverages specified above do not lessen or limit the liability of the Provider Organization. The Subcontractor shall maintain, at its own expense, any additional kinds or amounts of insurance necessary to cover its obligations and liabilities under this Agreement.

C. For commercial general liability, auto liability and excess liability/umbrella, provider organization's insurer or insurers shall name RMHS, their elected and appointed officials, employees, volunteers, agents, representatives, officer, directors and principals as additional insureds.

Work and/or services to be provided by the Contractor

The following services are those required for general operation of RMHS and for delivery of program services to persons with developmental disabilities. Services for each person participating in the State-funded Supported Living Services Program are authorized through a Service Plan and Individualized Budget. All contracts may not include all services described herein.

A. Comprehensive Habilitation Services

The Home and Community-Based Services Waiver for Persons with Developmental Disabilities (DD) provides access to 24-hour, seven days a week supervision through Residential Habilitation and Day Habilitation Services and Supports. The service Contractor is responsible for living arrangements. Living arrangements can range from host homes settings with 1-2 persons, individualized settings of 1-3 persons, and group settings of 4-8 persons, as well as residential supports for participants who live with and/or are provided services by members of their family.

Complete service definitions for all services covered under the DD Waiver can be found on the Colorado Department of Health Care Policy and Financing website for the Developmental Disabilities Waiver. A link to this website is found below.

[Developmental Disabilities Waiver \(DD\) | Colorado Department of Health Care Policy and Financing](#)

B. Supported Living Services

The Supported Living Services (SLS) Waiver provides services for adults with developmental disabilities who need limited or extensive supports. Individuals can live independently or, if they need extensive care, are principally supported from other sources, such as the family. Services are used to supplement already available supports for the individuals.

The person receiving services is responsible for his or her living arrangements, which can include living with family or in their own home. Up to three persons receiving services can live together. The person receiving services must not require 24-hour supervision paid through the Waiver.

Complete service definitions for all services covered under the SLS Waiver can be found on the Colorado Department of Health Care Policy and Financing website for the Supported Living Services Waiver. A link to this website is found below.

[Supported Living Services Waiver \(SLS\) | Colorado Department of Health Care Policy and Financing](#)

State funded Supported Living Services are subject to the regulations at 10 CCR 2505-10 8.609.1, 8.609.2 and 8.500.90.

C. Children's Extensive Support Services

The Children's Extensive Support (CES) Waiver helps children and families by providing services and supports that will help children establish a long-term foundation for community inclusion as they grow into adulthood. Complete service definitions for all services covered under the CES Waiver can be found on the Colorado Department of Health Care Policy and Financing website for the Children's Extensive Support Waiver. A link to this website is found below.

[Children's Extensive Support Waiver \(CES\) | Colorado Department of Health Care Policy and Financing](#)

D. Family Support Services Program

The purpose of the Family Support Services Program (FSSP) is to provide support to families in their role as primary care givers for a family member with a developmental disability. Services are provided in conformity with a Family Support Plan and 10 CCR 2505-10-8.613

Invoicing with RMHS

Prior Authorization Request

RMHS obtains a prior authorization request (PAR) on behalf of any PASA invoicing through RMHS. PARs are obtained for any service identified by the Service Plan. The PAR secures approval for services to be rendered.

- PASA agencies can start providing services once a coversheet is received from RMHS. This coversheet details what services are authorized with a PAR and how many units are approved per service.
- PASA agencies can start invoicing RMHS after services are rendered.
- PASA agencies are responsible for tracking utilization (how many units have been used) for each service per client. RMHS reserves the right to deny payment or takeback funds for the amount over-utilized per provider.
- Questions or concerns about what services your agency is authorized to do should be directed to Service Coordination.

Invoicing Process

All PASA invoices and contact notes can be submitted via email or fax. We highly recommend PASA agencies electronically submit invoicing to invoices@rmhumanservices.org because you will receive an email confirmation when submitted via email. Otherwise, RMHS accepts invoicing at the following fax number: 303-636-5800.

HIPAA Compliance

All patient health information (PHI) must sent be submitted in a HIPPA compliant manner. PHI includes but is not limited to client names, demographic information, etc. According to HIPAA guidelines, all invoicing must:

- Be sent through a secure email portal (i.e. Mimecast) and no PHI should be included on the subject line of the email. Please see the [Provider FAQ section of our website](#) for more information regarding the use of Mimecast.
- Be sent in a PDF format. A word or excel document can be altered by the recipient. Examples of documents covered by this policy are contact notes, invoices, incident reports, and protocols. This is not an exhaustive list.
- Contain a fax coversheet that contains a confidentiality statement, if submitting via fax.
- Please refer to Exhibit 1- HIPAA Business Associate Agreement in your contract with RMHS for all HIPAA regulations and requirements.
- Providers submitting invoices with consistent issues, HIPPA violations and/or any other issues identified will have to be addressed in person at RHMS.

Invoicing Confirmation

If invoicing is submitted via email, PASA agencies can expect to receive a confirmation email from invoices@rmhumanservices.org within 3-5 business days of your invoice submission with the following notification:

"Thank you for sending the email. If this is an invoice, we acknowledge the receipt of the invoice(s) and it is currently being processed. Any questions and clarifications on your invoice will be communicated to you through appropriate party/protocol that currently exists. Please be advised that this email is just an acknowledgement and by no means that your invoices have been approved for billing and/or payments. Invoice Processing Team, Rocky Mountain Human Services"

If invoicing is submitted via fax, no confirmation will be provided. Therefore, we encourage providers to submit invoicing via encrypted email.

Payment Requirements

PASA agencies are required to submit the following to receive payment:

1. Contact Note per client that details the service details listed on the invoice.
2. One invoice per month, detailing the number of units and total amount invoiced for services rendered.

Invoice Requirements

All documents must be submitted in a timely manner and be of high quality, i.e. they must include complete, accurate and legible information. Any of the requirements listed below need to be written in English language, no other languages will be accepted. Industry standards and best practice is that contact notes should be completed within 48 hours of service provision.

Typically, PASA's have an existing invoice that is modified to meet the below requirements:

- Provider/Agency Name
- The full legal name of the child, as written on the Service Plan
- Funding Source: Medicaid (05) or State (10)
- Date of Service
- Type of Service (including the mileage band or level of service in description)
- Total number of units per service
- Rate (visit the RMHS website for the updated HCPF fee schedule)
- Total dollar amount invoiced
- Provider/Agency Signature and Date signed
- Grand Total Amount invoiced

ROCKY MOUNTAIN HUMAN SERVICES -- PASA INVOICE TEMPLATE

PASA Provider Name _____

Month and Year of Service _____

Customer Name	Customer Program	Medicaid (05) or State (10)	Service		Service		Service		Service		Service		Total
			Units	Rate	Units	Rate	Units	Rate	Units	Rate	Units	Rate	
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
													-
Total													-

Certification Statement:

I certify that the services for which payment is requested were either rendered personally by me or rendered by qualified personnel under direct and personal supervision. The provider and persons signing this claim understand that false claims constitutes fraud and may subject the persons responsible to criminal charges, civil penalties and forfeitures.

Signature _____

Date _____

Submit Invoices and Contact Notes to:

 Email: invoices@rmhumanservices.org
 Fax: 303-636-5800

****ATTN: Please convert this document to a PDF format before submitting securely to invoices@rmhumanservices.org.**

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[Please visit the RMHS website if interested in utilizing the RMHS PASA invoice template/fillable form.](#)

Contact Expectations

PASA's will be contacted by RMHS invoicing staff if invoice documentation has errors or missing information that could delay the invoicing process. Providers are notified of invoicing errors or when a partial payment can be expected, along with any action needed for full-payments to be processed. Please check your email or voicemail for this type of notification. If none is received and 30 days has passed since the date you submitted your invoicing, please contact us. If handwritten corrections are made to invoices or contact notes, please ensure the editing party initials any changes.

Monthly Deadlines

- Invoicing must be submitted by 5 pm on the 3rd business day following the end of the month in which services have been provided.
- Failure to submit invoicing information in a timely manner shall cause a delay in payment.

End of Fiscal Year Deadline

- RMHS' fiscal year ends on June 30th of every year. *Invoices and other required documentation, for the period of July 1st, 2017 to June 30th, 2018 not submitted by July 5, 2019 will not be eligible for payment.*

Receiving Payment

PASA providers can expect payment to be processed within thirty (30) days of the invoice deadline.

- Payment for invoicing may be variable, but will not exceed 30 days after the established invoicing date.
- If invoice documents are received after the deadline, RMHS reserves the right to deny or delay payments beyond the 30 days contractual deadline.
- If corrected invoices are submitted, payments for any corrected, re-submitted invoices will be processed within 30 days from the date of receipt.
- RMHS encourages providers to monitor payments and contact RMHS within 30 days of non-payment. Feel free to send payment follow up questions to invoices@rmhumanservices.org if payment in full is not received within 30 days of the initial or resubmitted invoice date.

RMHS Contact Information

Please see the table below containing frequently asked questions that arise regarding services or invoicing. Each question can be best addressed by either the RMHS Service Coordinator or the RMHS invoicing department contact.

Who PASA Providers Should Contact:		
RMHS Service Coordinator	Revenue Cycle Team invoices@rmhumanservices.org	RMHS Provider Support (providersupport@rmhumanservices.org)
What services should I be providing?	How do I submit invoices to RMHS for services I provide?	Whom do I contact regarding my contract?
How many units do I have left?	What are the monthly and annual deadlines for submitting invoicing to RMHS?	Whom do I send my contract compliance documents to?
When can I start providing services? When should I stop?	How do I fill out the invoice and contact notes?	How do I become a Mill Levy Provider?
My client has lost Medicaid eligibility, what do I do?	Where do I send my invoicing?	
My client needs another service, what do I do?	How do I send my invoicing that meets HIPAA requirements?	
My client no longer needs a service, what do I do?	When can I expect payment to be processed?	
My client no longer needs services or wants to receive services from a different provider, what do I do?	How do I receive payment?	
	I did not receive payment or a full-payment, what do I do?	

Service Coordination Guide

This is a guide regarding the Service Coordination Department. Please go through your service coordinator and their supervisors for customer specific questions. If you have general questions or questions regarding the following programs or processes, feel free to contact the program manager listed below.

Contact Travis Wilson by phone a 303-636-5877 or email at twilson@rmhumanservices.org for information regarding:

- Human Rights Committee (HRC)
- Employee training, support staff training and questions
- Records and documents
- Transportation
- CCB referral and transfers
- Provider referral process
- DD Determination/Enrollment

Contact Melissa Emery by phone at 303-636-3814 or email at memery@rmhumanservices.org for information regarding:

- Incident reports and investigations
- Foster care and regional centers
- State SLS and CES, CWA, SLS, Comp Waivers
- 3 Bed Waiver
- CDASS
- Appeals
- SIS redos and disputes