

STATE OF ALABAMA DEPARTMENT OF MENTAL HEALTH

RSA UNION BUILDING

100 NORTH UNION STREET POST OFFICE BOX 301410 MONTGOMERY, AL 36130-1410 WWW.MH.ALABAMA.GOV



Kay Ivey Governor Kimberly G. Boswell Commissioner

MEMORANDUM

25-MHSU-01

TO: ADMH - SU Contract Treatment Providers

FROM: Denice Morris, Director of Substance Use Treatment and Development

DATE: June 16, 2025

RE: "Fee for Service" Invoice Claims

In an attempt to reconcile billing and payments from the time period of March 16, 2025, to present, we are asking each provider to submit invoices for "fee for service" claims. We have provided steps on the procedure that needs to be used for this process. Failure to follow each step will most likely lead into a slower process for verification of those claims.

- The template for submission is attached to this email and must be completed in its entirety.
- There must be a separate invoice for each funding source that you currently utilize per your ADMH contract. (SOR3, SOR4, Medicaid, PPW, or Block/State)
- Each funding source also must be separated by level of care. For example, if you have Block Grant, SOR3 and Medicaid Funds and you have levels 3.3, 3.5, and 1.0, then you are submitting 3 invoices for Block Grant claims, 3 invoices for SOR3 and 3 invoices for Medicaid, separated by levels of care. (See attached invoice template)
- The first three lines under the invoice description is mandatory Block Grant reporting information. We need the number of unduplicated male enrollments, unduplicated female enrollments, and unduplicated pregnant female enrollments per funding source and level of care. These are clients that enrolled and began services under that funding source for that month.
- The invoice template must be signed by an authorized signer and electronic signatures are allowed. (ED, Finance Director, Billing Manager, CFO, CEO)
- Any claims that have successfully been submitted into WITS must not be duplicated in your invoiced claims submissions.
- The following supporting documentation must be attached to the invoice template:





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- For Levels 1.0 and 2.01: Service logs signed by client showing services provided and signed off by clinician providing the services. A printout from your current EHR will suffice.
- o For all residential levels of care with a bundled rate including withdrawal management: Provide bed logs for bundled services. For all services billed outside the bundle rate provide service logs and/or sign in sheet with client signature, name of services provided and signature of clinician providing the services.
- For all residential levels of care without a bundled rate: Service logs signed by client showing services provided and signed off by clinician providing the services. A printout from your current EHR will suffice.
- o **OTP:** Medication logs with the client and authorized staff signatures.
- o **PPW:** Follow the above instructions for bundled and non-bundled rates but indicate on the invoice these are PPW claims.
- Telehealth Services: For agencies that have not collected a signature yet for telehealth services, submit consent for telehealth services per client but all telehealth claims will follow the above bullets.
- Prevention: In the prevention template for submission, the tabs contain the required service summary report by county and funding source. The number of hours and units must be included for the requested strategy and will then calculate the claim payment amount per strategy. The invoice cover sheet must include the prevention strategies and amounts requested for reimbursement and must include the documentation contained in the prevention billing documentation template.

Once you have completed your package, submit a pdf version to your program manager and copy <u>Valencia.Pernell@mh.alabama.gov</u>. Completed invoice packages for March 16th – March 31st is due by June 20, 2025. We will send another email next week giving the dates to submit April and May invoices.

Sincerely,

Denice Morris, MS, MEd

Director of Substance Use Treatment and Development

