OPWDD State Paid Services Billing Instructions
Computer Generated Billing Detail

INTRODUCTION
OPWDD has several Billing Forms service providers are required to use when submitting claims for state paid reimbursement of services, such as Residential Habilitation and Day Habilitation. State paid reimbursement is made when the SERVICE provided can not be reimbursed through the Department of Health's (DOH) eMedNY system (e.g., Assistive Supports) or the service was provided to an INDIVIDUAL who does not meet various eligibility criteria. (e.g., HCBS enrollment / Medicaid ineligible).

COMPUTER GENERATED BILLING DETAIL with BILLING FORM
To facilitate the processing of state paid claims, OPWDD instructs service providers to list all consumers, in alphabetic order by last name, on a Billing Form. Recognizing that some service providers may need more than one Billing Form to include all consumers served, OPWDD will allow service providers to submit their own Computer Generated Billing Detail printouts within the following parameters:

A.   The Service Provider is required to submit a completed and original signed Standard Voucher (AC-92) or Claim for Payment (AC3253S) whenever a Billing Form is submitted; and

B.   The Service Provider can only submit **ONE** OPWDD Billing Form **PER SERVICE, RATE CODE, and SERVICE MONTH** for which a Computer Generated Billing Detail is being submitted. On the OPWDD Billing Form, the Service Provider must complete the following fields:

- Agency Name
- Federal Employer ID #
- DDSO
- Contact Person and Phone #
- Check service being claimed
- Month/Year of Service being claimed
- ORIGINAL Payee Signature, Title and Date

    In the first field under "Individual Name" put SEE ATTACHED BILLING DETAIL

C.   On each Computer Generated Billing Detail, the Service Provider must include **FOUR sections**:

   1. General Information:
- Agency Name
- Federal Employer ID#
- DDSO
- Service Name as indicated on the billing form (ONLY ONE per report)
- Rate Code as indicated on the billing form (ONLY ONE per report)

- Month/Year of Service being claimed
- Total number of pages being submitted

2. Individual Specific Billing Information:
- Individual's Name (alphabetic by Last Name, First Name)
- Individual's TABS ID
- Provider ID/Price ID
- # of Units be claimed for the individual
- Fee being claimed
- Amount Payable being claimed (# of Units times Fee) for the individual

3. Billing Detail Total Information:
- Total units claimed on service/service month specific Computer Generated Billing Detail
- Total Payment claimed on service/service month specific Computer Generate Billing Detail
- Total number of pages in service/service month specific Computer Generated Billing Detail

4. Signature Information (on last page of Computer Generated Billing Detail):
- ORIGINAL payee signature
- Printed name
- Date payee signed Computer Generated Billing Detail

Failure to comply with all of the above instructions when submitting a Computer Generated Billing Detail may result in the entire voucher being rejected, or the adjustment of the voucher to exclude the service being claimed on the Computer Generated Billing Detail.