

KY Nurse Aid Training Contract Language update

KY DMS is going to strengthen the contract language for FY 17/18 contracts but would like to give everyone a heads up, can you please place this information on the KNAT – Reimbursement/Multi provider website. Just let everyone know this will be effective July 1, 2016 and they should start practicing this now in order to have invoices processed in a timely manner.

2.03—Payment and Invoicing

Invoices for payment shall be submitted to the Division of Administration and Financial Management, Department for Medicaid Services, 275 East Main Street, Frankfort, KY 40621 or electronically to DMS.Invoice@ky.gov. Invoices must be submitted no later than **thirty** (30) days after completion of the service. The invoice must include at a minimum:

1. Vendor's Name and Address
2. PON2 number that invoice(s) are using for funding.
3. Clearly list dates of service (from and to). Examples:
 - i. Monthly Invoice: Dates of Service From: July 1, 2016 To: July 31, 2016.
 - ii. Quarterly Invoice: Dates of Service From: July 1, 2016 To: September 30, 2016.
4. Date of Invoice (date invoice is prepared) July's invoice should be prepared no later than August 30, 2016.
5. Total amount due for the current billing cycle.
6. Cumulative Total for all invoices to date.

Invoices not listing the requirements above will be rejected and sent back to the vendor for re-invoicing.

Payment will be made as a PRC document in the Commonwealth's electronic financial system (eMARS), and in accordance with Section 3.08.