

SHINES MANUAL INVOICE VALIDATION GUIDE

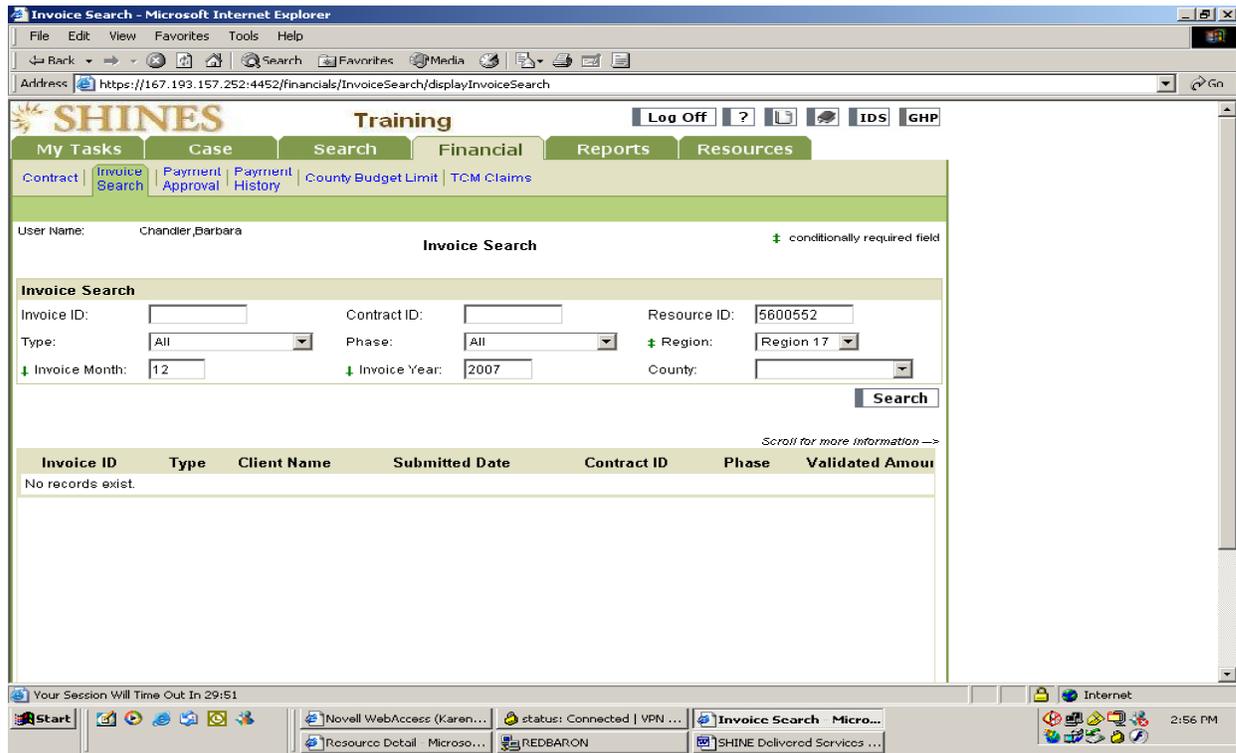
A. Manual Invoices

1. Requirements – Resource ID#, Contract ID#, and Person ID#
2. Click on Financial Tab → Invoice Search Tab → Invoice Search Page

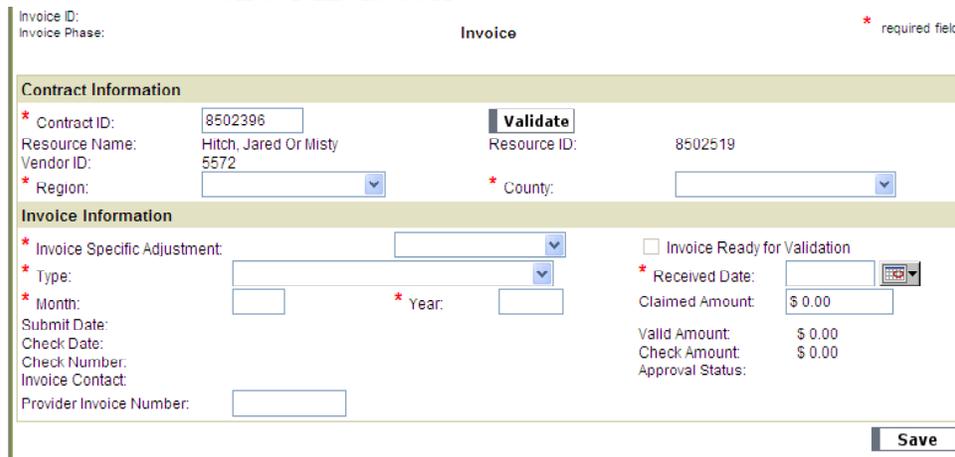
3. Enter Resource ID# (if looking for 1 resource at a time) or Person ID
4. Click Type drop down menu
5. Choose **Foster Care, Relative Care or Delivered Services**
6. Click Phase drop down menu
7. Choose Pre-Bills
8. Select Region Your Region
9. Enter service month
10. Enter service year
11. Click on SEARCH button and scroll down for Search Results

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August 2010



12. Search Results
13. Click the ADD button to go to the invoice page.
14. Enter the Contract ID#
15. Click the Validate Button. Make sure the resource name and vendor ID is correct



16. Click on the Region drop down menu and pick the correct Region.
17. Click on the County drop down menu and pick the correct County, if applicable.

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August 2010

- 18. Click on Invoice Specific Adjustments and Select "NO".
- 19. Click on Type drop down box and pick "Foster Care".
- 20. Enter Service Month from statement/paper invoice.
- 21. Enter Service Year.
- 22. Enter Received Date.
- 23. Enter MANUAL in the Provider Invoice Number Field

- 24. Click on SAVE.
- 25. Scroll down to the bottom of the page to the Foster Care List Section.
- 26. Click the ADD button under Foster Care → Foster Care Detail Page

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August 2010

- a. Enter the Person ID
- b. Enter Resource ID
- c. Click on Validate and verify the child's name
- d. Enter Service Month
- e. Enter Service Year
- f. Select Service Type from the pull down menu.
- g. Do not enter # of days = (From 1 To 31)
- h. Enter rate and check Total Amount

Invoice

Invoice ID: 17239570
Invoice Phase: VLP

Foster Care Detail * required field

Foster Care

* Person ID: 9432393 * Resource ID: 8502396 **Validate**

Name: Broom, Cynthia H Facility Number:

* Month: 8 * Year: 2010 ‡ From: 1 ‡ To: 31

* Service: 50201 - Per Diem Regular

* Rate: 16.50 ‡ Units: 31.00

Income: \$ 0.00 Item Total: \$ 511.50

Reversal

Save

- i. Click on SAVE button.

29. Enter Received Date
30. Enter Claimed Amount.
31. Click "Ready for Validation"

* Contract ID: 8502396 Resource ID: 8502519

Resource Name: Hitch, Jared Or Misty Vendor ID: 5572

* Region: Region 1 * County: Catoosa

Invoice Information

* Invoice Specific Adjustment: Not Adjustment Invoice Ready for Validation

* Type: Foster Care * Received Date: 08/13/2010

* Month: 8 * Year: 2010 Claimed Amount: \$ 0.00

Submit Date: Valid Amount: \$ 0.00

Check Date: Check Amount: \$ 0.00

Check Number: Approval Status:

Invoice Contact:

Provider Invoice Number: Manual

Save

Foster Care List Scroll for more information -->

Rejection	Person ID	Name	Resource ID	Month	Year	F
<input type="radio"/>	9432393	Broom, Cynthia H	8502396	8	2010	1

32. Click SAVE
33. Repeat step 14 to 32 if there are other invoices for the same Resource ID#.

NOTE: WHEN ENTERING A MANUAL INVOICE TYPE MANUAL IN THE PROVIDER INVOICE NUMBER FIELD, UNLESS THE PROVIDER HAS

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August 2010

LISTED THEIR INVOICE NUMBER ON THE INVOICE.