

College Tuition Roster FFY 2019

[illegible]

What's new for FFY 2019?

- Changed to a Monthly Roster
- Cover Sheet updated
- Billing Roster layout updated to capture monthly expenses

Step 1: The Cover Sheet

| Provider Information | |
|---|--------------|
| Provider Name: | College Name |
| eJAS Contractor Code: | 6PG |
| Return List to the following email address(es): | |
| | |
| | |
| | |

| Billing Information | |
|---|----------|
| Are you billing Participant Reimbursement or Tuition for THIS Quarter? | Yes |
| Select the FFY for this Billing | FFY 2019 |
| Select the month for this Billing | December |
| Select the current Quarter for this Billing | Fall |
| Are you billing Tuition for NEXT Quarter? | Yes |
| Select month when the NEXT Quarter begins | January |

| DSHS Use Only | |
|---------------|--|
| Completed By: | |
| Completed On: | |

Revised (10/2018)

Provider Information

| Provider Information | |
|---|--|
| Provider Name: | |
| eJAS Contractor Code: | |
| Return List to the following email address(es): | |
| | |
| | |
| | |
| | |

Complete the Provider Information section by:

- Your College's name
- eJAS Contractor Code
- Email addresses for all individuals to receive the completed copy

Billing Information

| Billing Information | |
|---|--|
| Are you billing Participant Reimbursement or Tuition for THIS Quarter? | |
| | |
| Are you billing Tuition for NEXT Quarter? | |
| | |

- Complete the Billing Information section for the roster.
- Use the dropdown menu to answer these questions.

A “Yes**” answer will open up the blacked out rows.*

Billing Information


| Billing Information | |
|---|----------|
| Are you billing Participant Reimbursement or Tuition for THIS Quarter? | Yes |
| Select the FFY for this Billing | FFY 2019 |
| Select the month for this Billing | December |
| Select the current Quarter for this Billing | Fall |
| Are you billing Tuition for NEXT Quarter? | Yes |
| Select month when the NEXT Quarter begins | January |

- Use the dropdown menu to select the FFY, month and current quarter for this billing.
- Use the dropdown menu to select the month next Quarter's tuition was paid.



**This information will autofill on the Billing Roster.*


Step 2: The Billing Roster

| <i>DSHS Use Only</i> | |
|-----------------------------|--|
| <i>Completed By:</i> | |
| <i>Completed On:</i> | |



Switch to 2nd worksheet
Billing Roster

| | | | |
|---|--------------------|-----------------------|---|
|  | Cover Sheet | Billing Roster |  |
|---|--------------------|-----------------------|---|

dy 

Step 2: The Billing Roster (cont)

| Provider Name: College Name | | | Provider Code: | 6PG | FFY 2019 |
|-----------------------------|--------------|-----------|----------------|----------------------|---------------|
| Demographics | | | Fall | Next Quarter Tuition | DSHS Comments |
| Last Name ▼ | First Name ▼ | eJAS ID ▼ | December ▼ | January ▼ | |
| Tribbiani | Joseph | 111222333 | X | X | |
| Buffay | Phoebe | 444555666 | | X | |
| Geller | Monica | 777888999 | X | | |

1. Enter the student's name and eJAS ID
2. Enter an 'X' in the applicable column you want DSHS to review.

**Please note: Only enter the students that you issued participant reimbursement or tuition.*

Step 3: Save and Send

1. Save your Billing Roster using the following naming convention:

- (eJAS contractor code)_(billing quarter)
- For example:
 - 6AE_Fall
 - 2BH_Winter

**This naming convention helps us sort and find your rosters faster.*

2. Send the Billing Roster to BFETBILLING@dshs.wa.gov

Returned Billing Roster

This is what you will receive back from the BFET Operations Team.

| DSHS Use Only | |
|----------------------|----------|
| Completed By: | Dave |
| Completed On: | 11/28/17 |



DSHS will complete GREEN columns.

| Provider Name: College Name | | | Provider Code: | 6PG | FFY 2019 |
|-----------------------------|------------|-----------|----------------|----------------------|---------------------------|
| Demographics | | | Fall | Next Quarter Tuition | DSHS Comments |
| Last Name | First Name | eJAS ID | December | January | |
| Tribbiani | Joseph | 111222333 | Yes | No | No comps for next quarter |
| Buffay | Phoebe | 444555666 | | Yes | |
| Geller | Monica | 777888999 | No | | No BFA |



DSHS will provide a denial reason in the **DSHS Comments** column.

Need help completing your Billing Roster?

Contact a member of the BFET Operations Team for assistance.

| Name | Phone | Email |
|------------------|----------------|--|
| Debbie Wilson | (509) 839-7219 | Debra.Wilson@dshs.wa.gov |
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