

Methods For Paying The Nursing Home Provider Fee

In order that payments of nursing home provider fees can be processed accurately and in a timely manner, the Department of Community Health has established a method by which payments can be made by electronic transfer. Operated on behalf of the Department by the Bank of America, the payment procedures include appropriate measures to assure that a facility's funds as well as any required financial information will be handled in a secure manner.

Payment of a nursing home provider fee will require that the banking information form, presented below, be submitted to the Department. Within 1 – 2 weeks after the provider information is received, Bank of America will provide the contact person identified for your facility with detailed instructions about how electronic transfers can be made. These instructions will be mailed under separate cover from the bank and will explain that your facility can choose to make the transfer by an internet-based transaction or by telephone, with access password protected.

Please note that only your facility controls when the payment by electronic transfer occurs and your facility specifies the amount of payment to be made. The banking information being provided for your facility does not allow the Department or the Bank of America to withdraw funds from your designated bank account unless your facility initiates such a transaction.

Facilities enrolled in the Medicaid program that have a common home office may elect to submit their quarterly provider fee reports in a "multi-facility" report format. To assure an accurate matching of provider fee obligations with funds received, a single electronic transfer should be made for all facilities included in the same "multi-facility" report. A banking information form should be submitted for the home office that includes the home office's Department-assigned identification number.

Your prompt submittal of the banking information form should allow for your facility's initial nursing home provider fee payment, due on July 30, 2003, to be made by electronic transfer.

Send Paperwork for Initial Set-up of Electronic Transfer (following 2 pages) to:

Mrs. He Sheng Huang
Office of Financial Services
Department of Community Health
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159
Telephone No. (404) 463-0134
Fax No. (877) 711-2262
hhuang@dch.ga.gov

If your facility's electronic transfer option is not activated in time to make the initial nursing home provider fee payment, the fee can be made by a check made payable to the Georgia Office of the Treasury and Fiscal Services. The check and information identifying the facility for which the fee is being paid can be directed to:

Mrs. Paula Tolbert
Office of Financial Services
Department of Community Health
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159
Telephone No. (404) 656-4429
ptolbert@dch.ga.gov

Any immediate questions regarding payments by electronic transfer and the banking information form or immediate questions regarding outstanding provider fee payments should be directed to Mrs. He Sheng Huang at the telephone number or e-mail address listed above.

Any immediate questions regarding making payments by check should be directed to Mrs. Paula Tolbert at the telephone number or email address listed above.

Georgia Department of Community Health
Banking Information for Electronic Transfer of Funds
For Payment of Nursing Home Provider Fee

About the facility / home office:

Facility / Home office name: _____

Facility / Home office address: _____

Medicaid identification number: _____

Taxpayer identification number: _____

(only for nursing homes not enrolled in the Medicaid program)

About the contact person for your facility / organization:

Name: _____

Title: _____

Address: _____

E-mail address: _____

Telephone number: _____

Georgia Department of Community Health
Banking Information for Electronic Transfer of Funds
For Payment of Nursing Home Provider Fee

About the bank account that will be used for your provider fee payment:

Bank account number: _____

Bank routing (ABA) number: _____

Bank name and address: _____

Attach blank voided check or deposit slip to form:

Return completed Banking Information for Electronic Transfer of Funds forms (2 pages) and attachment

by fax to (877) 711-2262

or

by mail or delivery to:

Mrs. He Sheng Huang
Office of Financial Services
Department of Community Health
2 Peachtree Street, N.W.
Atlanta, Georgia 30303-3159