

**Georgia Department of Community Health
Schedule of Key Events**

**SFY2024 Nursing Home UPL Calculation
Final Payment (3rd & 4th Qtrs.)**

Friday	July 26, 2024	Notice to Eligible Nursing Home Providers
Thursday	August 1, 2024	Notice of Intent to Transfer Due (Provider to DCH)
Thursday	August 8, 2024 (by 12:00pm)	Intergovernmental Transfer Due (Provider to DCH)
Thursday	August 22, 2024	Payment Date

**Georgia Department of Community Health
Instructions for Nursing Home UPL Intergovernmental Transfers
SFY 2024 Final Payment (3rd & 4th Qtrs.)**

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can only be accepted from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33
General Bank Ref Address: JPM Chase New York, NY 10017
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the nursing home affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the nursing home affiliated with the hospital authority or governmental entity.

Questions regarding *transfer procedures* should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone (470) 540-3949.

SFY 2024 Nursing Home UPL

Submitted to CMS 2/29/2024

APPROVED 07/24/2024

No	MEDICAID #	NAME	SFY 2024 - UPL	1st & 2nd Qtr	3rd & 4th Qtr	Federal Share	ITG Due To DCH By 08/08/2024
				50% of SFY 2023 NH UPL Interim Payment (12/14/2023)	Final Reconciled NH UPL Payment		
1	000142711A	AGAPE H & R-MOULTRIE, LLC	\$ 1,343,672	\$ 519,185	\$ 824,488	\$ 543,255	\$ 281,233
2	000140093A	APPLING NURSING AND REHABILITATION PAVILION	\$ 1,153,084	\$ 454,502	\$ 698,582	\$ 460,296	\$ 238,286
3	000141886A	AZALEA TRACE NURSING CENTER	\$ 211,043	\$ 145,073	\$ 65,971	\$ 43,468	\$ 22,503
4	000140478A	CALHOUN NURSING HOME	\$ 1,958,699	\$ 1,155,467	\$ 803,233	\$ 529,250	\$ 273,983
5	000143338A	CHATUGE REGIONAL NURSING HOME	\$ 1,741,711	\$ 807,933	\$ 933,779	\$ 615,267	\$ 318,512
6	000856028A	COASTAL MANOR	\$ 3,293,692	\$ 1,414,517	\$ 1,879,175	\$ 1,238,188	\$ 640,987
7	000059826A	COOK SENIOR LIVING CENTER	\$ 1,230,021	\$ 708,802	\$ 521,219	\$ 343,431	\$ 177,788
8	000059892A	CORDELE HEALTH & REHAB CENTER	\$ 1,691,662	\$ 707,983	\$ 983,680	\$ 648,146	\$ 335,533
9	000273567A	CRESTVIEW NURSING FACILITY	\$ 9,897,297	\$ 5,375,103	\$ 4,522,194	\$ 2,979,674	\$ 1,542,520
10	000274128A	CRISP REGIONAL NRSNG. & REHAB.	\$ 1,241,408	\$ 676,807	\$ 564,602	\$ 372,016	\$ 192,586
11	000140874A	EARLY MEMORIAL NH	\$ 2,206,027	\$ 1,017,286	\$ 1,188,742	\$ 783,262	\$ 405,480
12	000140907A	EFFINGHAM COUNTY EXTENDED CARE	\$ 1,883,572	\$ 873,272	\$ 1,010,301	\$ 665,687	\$ 344,614
13	000140929A	EMANUEL COUNTY NURSING HOME	\$ 887,624	\$ 349,134	\$ 538,490	\$ 354,811	\$ 183,679
14	000207083A	FLORENCE HAND HOME SNF	\$ 1,523,648	\$ 607,199	\$ 916,450	\$ 603,849	\$ 312,601
15	000141292A	HABERSHAM HOME	\$ 1,586,505	\$ 709,973	\$ 876,532	\$ 577,547	\$ 298,985
16	000141633A	JOE ANNE BURGIN NH	\$ 1,026,703	\$ 800,891	\$ 225,813	\$ 148,788	\$ 77,025
17	000141732A	LAKELAND VILLA CONVALESCENT CE	\$ 1,086,911	\$ 490,807	\$ 596,104	\$ 392,773	\$ 203,331
18	000083047A	MAGNOLIA MANOR COLUMBUS EAST	\$ 3,287,474	\$ 1,274,755	\$ 2,012,719	\$ 1,326,181	\$ 686,538
19	000083124A	MAGNOLIA MANOR COLUMBUS WEST	\$ 3,980,577	\$ 1,963,948	\$ 2,016,629	\$ 1,328,757	\$ 687,872
20	000141809A	MAGNOLIA MANOR MARION COUNTY	\$ 1,951,529	\$ 919,531	\$ 1,031,999	\$ 679,984	\$ 352,015
21	000040785A	MAGNOLIA MANOR METHODIST N. C.	\$ 4,366,235	\$ 2,379,541	\$ 1,986,695	\$ 1,309,033	\$ 677,661
22	000141919A	MEMORIAL MANOR NURSING HOME	\$ 1,537,420	\$ 969,952	\$ 567,469	\$ 373,905	\$ 193,564
23	000141996A	MILLER NH	\$ 10,077,639	\$ 5,088,061	\$ 4,989,578	\$ 3,287,633	\$ 1,701,945
24	000142018A	MITCHELL CONV. CENTER	\$ 1,058,074	\$ 498,196	\$ 559,879	\$ 368,904	\$ 190,975
25	000083223A	MUSCOGEE MANOR	\$ 3,051,226	\$ 1,536,554	\$ 1,514,673	\$ 998,018	\$ 516,655
26	000142007A	NEW HORIZONS NORTH	\$ 2,201,680	\$ 1,192,032	\$ 1,009,649	\$ 665,257	\$ 344,391
27	000141072A	NEW HORIZONS WEST	\$ 2,674,847	\$ 2,064,505	\$ 610,343	\$ 402,155	\$ 208,188
28	000142117A	ORCHARD VIEW	\$ 2,611,281	\$ 1,703,611	\$ 907,670	\$ 598,064	\$ 309,606
29	000142326A	PALEMON GASKINS MEMORIAL NH	\$ 398,684	\$ 175,132	\$ 223,553	\$ 147,299	\$ 76,254
30	000142425A	PELHAM PARKWAY NURSING HOME	\$ 2,056,789	\$ 1,038,003	\$ 1,018,786	\$ 671,278	\$ 347,508
31	000142513A	PINEWOOD MANOR INC.	\$ 2,316,094	\$ 1,525,945	\$ 790,149	\$ 520,629	\$ 269,520
32	000142733A	RETREAT, THE	\$ 1,137,864	\$ 638,120	\$ 499,744	\$ 329,281	\$ 170,463

No	MEDICAID #	NAME	SFY 2024 - UPL	1st & 2nd Qtr	3rd & 4th Qtr	Federal Share	ITG Due To DCH By 08/08/2024
				50% of SFY 2023 NH UPL Interim Payment (12/14/2023)	Final Reconciled NH UPL Payment		
33	000143129A	SENIOR CARE CTR.-ST. MARYS	\$ 933,436	\$ 477,362	\$ 456,075	\$ 300,507	\$ 155,567
34	000830827B	SEGHs - SENIOR CARE CTR	\$ 4,352,078	\$ 1,842,683	\$ 2,509,396	\$ 1,653,441	\$ 855,955
35	000404995A	TOWNSEND PARK H & R	\$ 2,833,731	\$ 1,607,801	\$ 1,225,930	\$ 807,765	\$ 418,165
36	000143349A	TREUTLEN COUNTY NURSING HOME	\$ 1,260,096	\$ 747,075	\$ 513,021	\$ 338,030	\$ 174,991
37	000142843A	TWIN FOUNTAINS HOME	\$ 1,421,221	\$ 762,594	\$ 658,627	\$ 433,969	\$ 224,658
38	000143393A	TWIN OAKS CONVALESCENT CENTER	\$ 1,899,814	\$ 719,159	\$ 1,180,655	\$ 777,934	\$ 402,721
39	000143415A	UNION COUNTY NURSING HOME	\$ 2,042,103	\$ 1,111,478	\$ 930,625	\$ 613,189	\$ 317,436
40	000141952A	WARM SPRINGS MED. CTR. N.H.	\$ 2,594,277	\$ 1,463,350	\$ 1,130,928	\$ 745,168	\$ 385,759
41	000143481A	WASHINGTON COUNTY ECF	\$ 1,334,249	\$ 542,692	\$ 791,557	\$ 521,557	\$ 270,000
42	000142359A	WELLSTAR PAULDING NURSING CTR	\$ 4,753,395	\$ 2,552,076	\$ 2,201,320	\$ 1,450,449	\$ 750,870
		TOTAL	\$ 100,095,092	\$ 51,608,079	\$ 48,487,013	\$ 31,948,093	\$ 16,538,920



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000140093A Applying Nursing and Rehabilitation Pavilion

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

Applying Nursing and Rehabilitation Pavilion

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$272.63	\$292.59
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$220.59	\$222.78
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$237.69	\$239.88

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$34.94	\$52.71
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		24,602
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		21,876

Facility-Specific UPL calculation

Line 10			\$1,153,084.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,153,084.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,153,084.00

UPL calculation subject to aggregate limit

\$1,153,084.00

	Interim Payment Paid December 14, 2023	\$454,502.00
	Balance of Payment Due To Provider	\$698,582.00
	Intergovernmental Transfer Amount	\$238,286.32

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



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Russel Carlson, Commissioner

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DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000141886A AZALEA TRACE NURSING CENTER

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

AZALEA TRACE NURSING CENTER

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$382.49	\$410.49
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$275.65	\$278.38
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$292.75	\$295.48

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$89.74	\$115.01
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		2,064
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		1,835

Facility-Specific UPL calculation

Line 10			\$211,043.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$211,043.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$211,043.00

UPL calculation subject to aggregate limit

\$211,043.00

	Interim Payment Paid December 14, 2023	\$145,072.50
	Balance of Payment Due To Provider	\$65,970.50
	Intergovernmental Transfer Amount	\$22,502.54

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OF COMMUNITY HEALTH**

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Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

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Director of Reimbursement
Kim.morris@dch.ga.gov

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Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
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SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



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DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000140478A CALHOUN NURSING HOME

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

CALHOUN NURSING HOME

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$345.32	\$370.60
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$222.04	\$224.23
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$239.14	\$241.33

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$106.19	\$129.27
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		17,040
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		15,152

Facility-Specific UPL calculation

Line 10			\$1,958,699.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,958,699.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,958,699.00

UPL calculation subject to aggregate limit

\$1,958,699.00

Interim Payment Paid December 14, 2023	\$1,155,466.50
Balance of Payment Due To Provider	\$803,232.50
Intergovernmental Transfer Amount	\$273,982.61

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FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000143338A CHATUGE REGIONAL NURSING HOME

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

CHATUGE REGIONAL NURSING HOME

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$322.33	\$345.92
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$242.70	\$245.10
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$259.80	\$262.20

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$62.54	\$83.72
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		23,396
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		20,804

Facility-Specific UPL calculation

Line 10			\$1,741,711.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,741,711.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,741,711.00

UPL calculation subject to aggregate limit

\$1,741,711.00

Interim Payment Paid December 14, 2023	\$807,932.50
Balance of Payment Due To Provider	\$933,778.50
Intergovernmental Transfer Amount	\$318,511.85

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Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000856028A COASTAL MANOR

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

COASTAL MANOR

Medicare UPL Rate

Line 1

PPS rate based on Medicaid patients for
each quarter

\$372.26

\$399.51

Medicaid UPL Rate

Line 2

Medicaid rate without provider fee

\$220.59

\$222.77

Line 3

Provider Fee adjustment

\$17.10

\$17.10

Line 4

Adjusted Medicaid rate for UPL

\$237.69

\$239.87

Medicare UPL rate minus Medicaid UPL rate

Line 5

\$134.57

\$159.64

Medicaid Patient Days

Line 6

Medicaid days reported from quarterly provider fee report (base year)

23,203

Line 7

Estimated change in patient days for SFY2024

-11.08

Line 8

Portion of year

100%

Line 9

Adjusted Medicaid patient days for UPL

20,632

Facility-Specific UPL calculation

Line 10

\$3,293,692.00

Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$3,293,692.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$3,293,692.00

UPL calculation subject to aggregate limit

\$3,293,692.00

Interim Payment Paid December 14, 2023	\$1,414,517.00
Balance of Payment Due To Provider	\$1,879,175.00
Intergovernmental Transfer Amount	\$640,986.59

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000059826A Cook Senior Living Center

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

Cook Senior Living Center

Medicare UPL Rate

Line 1

PPS rate based on Medicaid patients for
each quarter

\$282.25

\$302.91

Medicaid UPL Rate

Line 2

Medicaid rate without provider fee

\$231.90

\$234.20

Line 3

Provider Fee adjustment

\$17.10

\$17.10

Line 4

Adjusted Medicaid rate for UPL

\$249.00

\$251.30

Medicare UPL rate minus Medicaid UPL rate

Line 5

\$33.25

\$51.61

Medicaid Patient Days

Line 6

Medicaid days reported from quarterly provider fee report (base year)

26,803

Line 7

Estimated change in patient days for SFY2024

-11.08

Line 8

Portion of year

100%

Line 9

Adjusted Medicaid patient days for UPL

23,833

Facility-Specific UPL calculation

Line 10

\$1,230,021.00

Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,230,021.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,230,021.00

UPL calculation subject to aggregate limit

\$1,230,021.00

Interim Payment Paid December 14, 2023	\$708,802.00
Balance of Payment Due To Provider	\$521,219.00
Intergovernmental Transfer Amount	\$177,787.80

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**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000059892A CORDELE HEALTH & REHAB CENTER

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

CORDELE HEALTH & REHAB CENTER

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$362.18	\$388.69
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$253.30	\$255.81
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$270.40	\$272.91

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$91.78	\$115.78
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		16,431
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		14,611

Facility-Specific UPL calculation

Line 10			\$1,691,662.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,691,662.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,691,662.00

UPL calculation subject to aggregate limit

\$1,691,662.00

	Interim Payment Paid December 14, 2023	\$707,982.50
	Balance of Payment Due To Provider	\$983,679.50
	Intergovernmental Transfer Amount	\$335,533.08

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000273567A CRESTVIEW NURSING FACILITY

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

CRESTVIEW NURSING FACILITY

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$340.30	\$365.21
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$215.24	\$217.37
Line 3	Provider Fee adjustment	\$0.00	\$0.00
Line 4	Adjusted Medicaid rate for UPL	\$215.24	\$217.37

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$125.06	\$147.84
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		75,287
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		66,946

Facility-Specific UPL calculation

Line 10			\$9,897,297.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$9,897,297.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$9,897,297.00

UPL calculation subject to aggregate limit

\$9,897,297.00

Interim Payment Paid December 14, 2023	\$5,375,103.00
Balance of Payment Due To Provider	\$4,522,194.00
Intergovernmental Transfer Amount	\$1,542,520.37

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000274128A CRISP REGIONAL NRSG. & REHAB.

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

CRISP REGIONAL NRSG. & REHAB.

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$363.61	\$390.23
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$266.39	\$269.02
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$283.49	\$286.12

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$80.12	\$104.11
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		13,410
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		11,924

Facility-Specific UPL calculation

Line 10			\$1,241,408.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,241,408.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,241,408.00

UPL calculation subject to aggregate limit

\$1,241,408.00

	Interim Payment Paid December 14, 2023	\$676,806.50
	Balance of Payment Due To Provider	\$564,601.50
	Intergovernmental Transfer Amount	\$192,585.57

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000140874A EARLY MEMORIAL NH

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

EARLY MEMORIAL NH

Medicare UPL Rate

Line 1

PPS rate based on Medicaid patients for
each quarter

\$270.06

\$289.83

Medicaid UPL Rate

Line 2

Medicaid rate without provider fee

\$178.53

\$180.30

Line 3

Provider Fee adjustment

\$17.10

\$17.10

Line 4

Adjusted Medicaid rate for UPL

\$195.63

\$197.40

Medicare UPL rate minus Medicaid UPL rate

Line 5

\$74.43

\$92.43

Medicaid Patient Days

Line 6

Medicaid days reported from quarterly provider fee report (base year)

26,841

Line 7

Estimated change in patient days for SFY2024

-11.08

Line 8

Portion of year

100%

Line 9

Adjusted Medicaid patient days for UPL

23,867

Facility-Specific UPL calculation

Line 10

\$2,206,027.00

Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$2,206,027.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$2,206,027.00

UPL calculation subject to aggregate limit

\$2,206,027.00

Interim Payment Paid December 14, 2023	\$1,017,285.50
Balance of Payment Due To Provider	\$1,188,741.50
Intergovernmental Transfer Amount	\$405,479.73

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000140907A EFFINGHAM COUNTY EXTENDED CARE

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

EFFINGHAM COUNTY EXTENDED CARE

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$308.99	\$331.61
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$230.25	\$232.53
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$247.35	\$249.63

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$61.64	\$81.98
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		25,839
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		22,976

Facility-Specific UPL calculation

Line 10			\$1,883,572.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

			\$1,883,572.00
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Negative UPL amounts

			0
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Allocation of UPL aggregate limit

			\$1,883,572.00
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UPL calculation subject to aggregate limit

			\$1,883,572.00
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	Interim Payment Paid December 14, 2023	\$873,271.50
	Balance of Payment Due To Provider	\$1,010,300.50
	Intergovernmental Transfer Amount	\$344,613.50

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000140929A EMANUEL COUNTY NURSING HOME

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

EMANUEL COUNTY NURSING HOME

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$293.45	\$314.93
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$219.94	\$222.12
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$237.04	\$239.22

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$56.41	\$75.71
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		13,185
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		11,724

Facility-Specific UPL calculation

Line 10			\$887,624.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$887,624.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$887,624.00

UPL calculation subject to aggregate limit

\$887,624.00

Interim Payment Paid December 14, 2023	\$349,134.00
Balance of Payment Due To Provider	\$538,490.00
Intergovernmental Transfer Amount	\$183,678.94

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**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000207083A FLORENCE HAND HOME SNF

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

FLORENCE HAND HOME SNF

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$278.70	\$299.10
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$219.25	\$221.42
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$236.35	\$238.52

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$42.35	\$60.58
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		28,285
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		25,151

Facility-Specific UPL calculation

Line 10			\$1,523,648.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,523,648.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,523,648.00

UPL calculation subject to aggregate limit

\$1,523,648.00

	Interim Payment Paid December 14, 2023	\$607,198.50
	Balance of Payment Due To Provider	\$916,449.50
	Intergovernmental Transfer Amount	\$312,600.92

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000141292A HABERSHAM HOME

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

HABERSHAM HOME

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$297.69	\$319.48
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$215.82	\$217.96
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$232.92	\$235.06

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$64.77	\$84.42
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		21,135
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		18,793

Facility-Specific UPL calculation

Line 10			\$1,586,505.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,586,505.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,586,505.00

UPL calculation subject to aggregate limit

\$1,586,505.00

Interim Payment Paid December 14, 2023	\$709,973.00
Balance of Payment Due To Provider	\$876,532.00
Intergovernmental Transfer Amount	\$298,985.07

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000141633A JOE ANNE BURGIN NH

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

JOE ANNE BURGIN NH

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$286.54	\$307.51
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$218.60	\$220.77
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$235.70	\$237.87

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$50.84	\$69.64
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		16,580
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		14,743

Facility-Specific UPL calculation

Line 10			\$1,026,703.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,026,703.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,026,703.00

UPL calculation subject to aggregate limit

\$1,026,703.00

Interim Payment Paid December 14, 2023	\$800,890.50
Balance of Payment Due To Provider	\$225,812.50
Intergovernmental Transfer Amount	\$77,024.64

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

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Director of Reimbursement
Kim.morris@dch.ga.gov

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Andito Ewing
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andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000141732A LAKELAND VILLA CONVALESCENT CE

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

LAKELAND VILLA CONVALESCENT CE

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$283.43	\$304.18
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$224.23	\$226.44
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$241.33	\$243.54

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$42.11	\$60.64
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		20,157
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		17,924

Facility-Specific UPL calculation

Line 10			\$1,086,911.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,086,911.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,086,911.00

UPL calculation subject to aggregate limit

\$1,086,911.00

Interim Payment Paid December 14, 2023	\$490,807.00
Balance of Payment Due To Provider	\$596,104.00
Intergovernmental Transfer Amount	\$203,331.07

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

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If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000083047A MAGNOLIA MANOR COLUMBUS EAST

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

MAGNOLIA MANOR COLUMBUS EAST

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$328.40	\$352.44
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$198.89	\$200.85
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$215.99	\$217.95

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$112.42	\$134.49
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		27,490
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		24,444

Facility-Specific UPL calculation

Line 10			\$3,287,474.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$3,287,474.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$3,287,474.00

UPL calculation subject to aggregate limit

\$3,287,474.00

Interim Payment Paid December 14, 2023	\$1,274,755.00
Balance of Payment Due To Provider	\$2,012,719.00
Intergovernmental Transfer Amount	\$686,538.45

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000083124A MAGNOLIA MANOR COLUMBUS WEST

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

MAGNOLIA MANOR COLUMBUS WEST

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$346.85	\$372.24
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$192.07	\$193.97
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$209.17	\$211.07

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$137.68	\$161.17
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		27,775
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		24,698

Facility-Specific UPL calculation

Line 10			\$3,980,577.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$3,980,577.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$3,980,577.00

UPL calculation subject to aggregate limit

\$3,980,577.00

Interim Payment Paid December 14, 2023	\$1,963,948.00
Balance of Payment Due To Provider	\$2,016,629.00
Intergovernmental Transfer Amount	\$687,872.15

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000141809A Magnolia Manor Marion County

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

Magnolia Manor Marion County

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$325.91	\$349.77
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$207.71	\$209.77
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$224.81	\$226.87

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$101.10	\$122.90
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		17,857
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		15,879

Facility-Specific UPL calculation

Line 10			\$1,951,529.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,951,529.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,951,529.00

UPL calculation subject to aggregate limit

\$1,951,529.00

Interim Payment Paid December 14, 2023	\$919,530.50
Balance of Payment Due To Provider	\$1,031,998.50
Intergovernmental Transfer Amount	\$352,014.69

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000040785A MAGNOLIA MANOR METHODIST N. C.

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

MAGNOLIA MANOR METHODIST N. C.

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$338.07	\$362.82
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$224.99	\$227.21
Line 3	Provider Fee adjustment	\$0.00	\$0.00
Line 4	Adjusted Medicaid rate for UPL	\$224.99	\$227.21

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$113.09	\$135.61
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		36,209
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		32,197

Facility-Specific UPL calculation

Line 10			\$4,366,235.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$4,366,235.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$4,366,235.00

UPL calculation subject to aggregate limit

\$4,366,235.00

Interim Payment Paid December 14, 2023	\$2,379,540.50
Balance of Payment Due To Provider	\$1,986,694.50
Intergovernmental Transfer Amount	\$677,661.49

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000141919A MEMORIAL MANOR NURSING HOME

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

MEMORIAL MANOR NURSING HOME

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$270.83	\$290.65
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$194.10	\$196.02
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$211.20	\$213.12

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$59.63	\$77.53
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		22,301
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		19,830

Facility-Specific UPL calculation

Line 10			\$1,537,420.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,537,420.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,537,420.00

UPL calculation subject to aggregate limit

\$1,537,420.00

Interim Payment Paid December 14, 2023	\$969,951.50
Balance of Payment Due To Provider	\$567,468.50
Intergovernmental Transfer Amount	\$193,563.51

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

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Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000141996A MILLER NH

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

MILLER NH

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1

PPS rate based on Medicaid patients for
each quarter

\$526.71

\$565.27

Medicaid UPL Rate

Line 2

Medicaid rate without provider fee

\$321.90

\$325.09

Line 3

Provider Fee adjustment

\$17.10

\$17.10

Line 4

Adjusted Medicaid rate for UPL

\$339.00

\$342.19

Medicare UPL rate minus Medicaid UPL rate

Line 5

\$187.71

\$223.08

Medicaid Patient Days

Line 6

Medicaid days reported from quarterly provider fee report (base year)

50,804

Line 7

Estimated change in patient days for SFY2024

-11.08

Line 8

Portion of year

100%

Line 9

Adjusted Medicaid patient days for UPL

45,175

Facility-Specific UPL calculation

Line 10

\$10,077,639.00

Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$10,077,639.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$10,077,639.00

UPL calculation subject to aggregate limit

\$10,077,639.00

Interim Payment Paid December 14, 2023	\$5,088,061.00
Balance of Payment Due To Provider	\$4,989,578.00
Intergovernmental Transfer Amount	\$1,701,945.06

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

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If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000142018A MITCHELL CONV. CENTER

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

MITCHELL CONV. CENTER

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$314.83	\$337.88
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$224.94	\$227.17
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$242.04	\$244.27

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$72.79	\$93.61
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		12,711
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		11,303

Facility-Specific UPL calculation

Line 10			\$1,058,074.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,058,074.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,058,074.00

UPL calculation subject to aggregate limit

\$1,058,074.00

Interim Payment Paid December 14, 2023	\$498,195.50
Balance of Payment Due To Provider	\$559,878.50
Intergovernmental Transfer Amount	\$190,974.56

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000083223A Muscogee Manor

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

Muscogee Manor

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$343.07	\$368.18
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$248.32	\$250.78
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$265.42	\$267.88

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$77.65	\$100.30
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		34,212
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		30,421

Facility-Specific UPL calculation

Line 10			\$3,051,226.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$3,051,226.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$3,051,226.00

UPL calculation subject to aggregate limit

\$3,051,226.00

Interim Payment Paid December 14, 2023	\$1,536,553.50
Balance of Payment Due To Provider	\$1,514,672.50
Intergovernmental Transfer Amount	\$516,654.79

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000142007A NEW HORIZONS NORTH

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

NEW HORIZONS NORTH

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$335.65	\$360.22
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$213.75	\$215.87
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$230.85	\$232.97

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$104.80	\$127.25
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		19,458
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		17,302

Facility-Specific UPL calculation

Line 10			\$2,201,680.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$2,201,680.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$2,201,680.00

UPL calculation subject to aggregate limit

\$2,201,680.00

Interim Payment Paid December 14, 2023	\$1,192,031.50
Balance of Payment Due To Provider	\$1,009,648.50
Intergovernmental Transfer Amount	\$344,391.10

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000141072A NEW HORIZONS WEST

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

NEW HORIZONS WEST

Medicare UPL Rate

Line 1

PPS rate based on Medicaid patients for
each quarter

\$350.20

\$375.83

Medicaid UPL Rate

Line 2

Medicaid rate without provider fee

\$230.48

\$232.76

Line 3

Provider Fee adjustment

\$17.10

\$17.10

Line 4

Adjusted Medicaid rate for UPL

\$247.58

\$249.86

Medicare UPL rate minus Medicaid UPL rate

Line 5

\$102.63

\$125.97

Medicaid Patient Days

Line 6

Medicaid days reported from quarterly provider fee report (base year)

23,880

Line 7

Estimated change in patient days for SFY2024

-11.08

Line 8

Portion of year

100%

Line 9

Adjusted Medicaid patient days for UPL

21,234

Facility-Specific UPL calculation

Line 10

\$2,674,847.00

Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$2,674,847.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$2,674,847.00

UPL calculation subject to aggregate limit

\$2,674,847.00

Interim Payment Paid December 14, 2023	\$2,064,504.50
Balance of Payment Due To Provider	\$610,342.50
Intergovernmental Transfer Amount	\$208,187.83

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000142117A Orchard View

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

Orchard View

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$323.92	\$347.63
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$256.59	\$259.13
Line 3	Provider Fee adjustment	\$0.00	\$0.00
Line 4	Adjusted Medicaid rate for UPL	\$256.59	\$259.13

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$67.33	\$88.50
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		33,183
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		29,506

Facility-Specific UPL calculation

Line 10			\$2,611,281.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

			\$2,611,281.00
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Negative UPL amounts

			0
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Allocation of UPL aggregate limit

			\$2,611,281.00
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UPL calculation subject to aggregate limit

			\$2,611,281.00
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	Interim Payment Paid December 14, 2023	\$1,703,611.00
	Balance of Payment Due To Provider	\$907,670.00
	Intergovernmental Transfer Amount	\$309,606.24

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000142326A PALEMON GASKINS MEMORIAL NH

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

PALEMON GASKINS MEMORIAL NH

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$280.83	\$301.39
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$207.58	\$209.63
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$224.68	\$226.73

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$56.16	\$74.66
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		6,005
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		5,340

Facility-Specific UPL calculation

Line 10			\$398,684.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

			\$398,684.00
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Negative UPL amounts

			0
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Allocation of UPL aggregate limit

			\$398,684.00
--	--	--	--------------

UPL calculation subject to aggregate limit

			\$398,684.00
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	Interim Payment Paid December 14, 2023	\$175,131.50
	Balance of Payment Due To Provider	\$223,552.50
	Intergovernmental Transfer Amount	\$76,253.76

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000142425A PELHAM PARKWAY NURSING HOME

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

PELHAM PARKWAY NURSING HOME

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$265.25	\$284.67
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$188.38	\$190.25
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$205.48	\$207.35

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$59.77	\$77.32
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		29,916
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		26,601

Facility-Specific UPL calculation

Line 10			\$2,056,789.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$2,056,789.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$2,056,789.00

UPL calculation subject to aggregate limit

\$2,056,789.00

Interim Payment Paid December 14, 2023	\$1,038,003.00
Balance of Payment Due To Provider	\$1,018,786.00
Intergovernmental Transfer Amount	\$347,507.90

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000142513A PINEWOOD MANOR INC.

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

PINEWOOD MANOR INC.

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$312.84	\$335.74
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$173.09	\$174.81
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$190.19	\$191.91

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$122.65	\$143.83
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		18,109
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		16,103

Facility-Specific UPL calculation

Line 10			\$2,316,094.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

			\$2,316,094.00
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Negative UPL amounts

			0
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Allocation of UPL aggregate limit

			\$2,316,094.00
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UPL calculation subject to aggregate limit

			\$2,316,094.00
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	Interim Payment Paid December 14, 2023	\$1,525,945.00
	Balance of Payment Due To Provider	\$790,149.00
	Intergovernmental Transfer Amount	\$269,519.82

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000142733A RETREAT, THE

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

RETREAT, THE

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$334.14	\$358.60
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$212.83	\$214.93
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$229.93	\$232.03

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$104.21	\$126.57
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		10,110
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		8,990

Facility-Specific UPL calculation

Line 10			\$1,137,864.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,137,864.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,137,864.00

UPL calculation subject to aggregate limit

\$1,137,864.00

Interim Payment Paid December 14, 2023	\$638,120.00
Balance of Payment Due To Provider	\$499,744.00
Intergovernmental Transfer Amount	\$170,462.68

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000143129A SENIOR CARE CTR.-ST. MARYS

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

SENIOR CARE CTR.-ST. MARYS

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$295.19	\$316.80
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$220.98	\$223.17
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$238.08	\$240.27

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$57.11	\$76.53
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		13,717
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		12,197

Facility-Specific UPL calculation

Line 10			\$933,436.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$933,436.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$933,436.00

UPL calculation subject to aggregate limit

\$933,436.00

	Interim Payment Paid December 14, 2023	\$477,361.50
	Balance of Payment Due To Provider	\$456,074.50
	Intergovernmental Transfer Amount	\$155,567.01

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000830827B SOUTHEAST GEORGIA HEALTH SYSTEM - SENIOR CARE CTR

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

SOUTHEAST GEORGIA HEALTH SYSTEM - SENIOR CARE CTR

Medicare UPL Rate

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
Line 1	PPS rate based on Medicaid patients for each quarter
\$326.38	\$350.27

Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$210.99	\$213.08
Line 3	Provider Fee adjustment	\$0.00	\$0.00
Line 4	Adjusted Medicaid rate for UPL	\$210.99	\$213.08

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$115.39	\$137.19
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		35,676
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		31,723

Facility-Specific UPL calculation

Line 10			\$4,352,078.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

			\$4,352,078.00
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Negative UPL amounts

			0
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Allocation of UPL aggregate limit

			\$4,352,078.00
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UPL calculation subject to aggregate limit

			\$4,352,078.00
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Interim Payment Paid December 14, 2023	\$1,842,682.50
Balance of Payment Due To Provider	\$2,509,395.50
Intergovernmental Transfer Amount	\$855,954.81

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

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If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

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Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

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- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000404995A Townsend Park H & R

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

Townsend Park H & R

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
--	---------------------

Medicare UPL Rate

Line 1

PPS rate based on Medicaid patients for
each quarter

\$354.19

\$380.12

Medicaid UPL Rate

Line 2

Medicaid rate without provider fee

\$194.84

\$196.77

Line 3

Provider Fee adjustment

\$17.10

\$17.10

Line 4

Adjusted Medicaid rate for UPL

\$211.94

\$213.87

Medicare UPL rate minus Medicaid UPL rate

Line 5

\$142.25

\$166.25

Medicaid Patient Days

Line 6

Medicaid days reported from quarterly provider fee report (base year)

19,169

Line 7

Estimated change in patient days for SFY2024

-11.08

Line 8

Portion of year

100%

Line 9

Adjusted Medicaid patient days for UPL

17,045

Facility-Specific UPL calculation

Line 10

\$2,833,731.00

Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$2,833,731.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$2,833,731.00

UPL calculation subject to aggregate limit

\$2,833,731.00

Interim Payment Paid December 14, 2023	\$1,607,801.00
Balance of Payment Due To Provider	\$1,225,930.00
Intergovernmental Transfer Amount	\$418,164.72

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000143349A TREUTLEN COUNTY NURSING HOME

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

TREUTLEN COUNTY NURSING HOME

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$315.87	\$338.99
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$210.55	\$212.63
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$227.65	\$229.73

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$88.22	\$109.26
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		12,970
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		11,533

Facility-Specific UPL calculation

Line 10			\$1,260,096.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,260,096.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,260,096.00

UPL calculation subject to aggregate limit

\$1,260,096.00

	Interim Payment Paid December 14, 2023	\$747,075.00
	Balance of Payment Due To Provider	\$513,021.00
	Intergovernmental Transfer Amount	\$174,991.46

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000142843A TWIN FOUNTAINS HOME

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

TWIN FOUNTAINS HOME

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$253.23	\$271.77
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$193.13	\$195.04
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$210.23	\$212.14

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$43.01	\$59.63
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		26,804
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		23,834

Facility-Specific UPL calculation

Line 10			\$1,421,221.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,421,221.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,421,221.00

UPL calculation subject to aggregate limit

\$1,421,221.00

	Interim Payment Paid December 14, 2023	\$762,594.00
	Balance of Payment Due To Provider	\$658,627.00
	Intergovernmental Transfer Amount	\$224,657.67

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000143393A TWIN OAKS CONVALESCENT CENTER

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

TWIN OAKS CONVALESCENT CENTER

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$319.45	\$342.83
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$223.34	\$225.55
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$240.44	\$242.65

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$79.01	\$100.18
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		21,327
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		18,964

Facility-Specific UPL calculation

Line 10			\$1,899,814.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,899,814.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,899,814.00

UPL calculation subject to aggregate limit

\$1,899,814.00

Interim Payment Paid December 14, 2023	\$719,159.00
Balance of Payment Due To Provider	\$1,180,655.00
Intergovernmental Transfer Amount	\$402,721.42

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000143415A UNION COUNTY NURSING HOME

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

UNION COUNTY NURSING HOME

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$314.31	\$337.32
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$235.13	\$237.46
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$252.23	\$254.56

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$62.08	\$82.76
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		27,750
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		24,675

Facility-Specific UPL calculation

Line 10			\$2,042,103.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$2,042,103.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$2,042,103.00

UPL calculation subject to aggregate limit

\$2,042,103.00

Interim Payment Paid December 14, 2023	\$1,111,478.00
Balance of Payment Due To Provider	\$930,625.00
Intergovernmental Transfer Amount	\$317,436.19

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
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Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000141952A Warm Springs Med. Ctr. N.H.

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

Warm Springs Med. Ctr. N.H.

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$335.76	\$360.34
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$204.08	\$206.10
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$221.18	\$223.20

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$114.59	\$137.14
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		21,274
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		18,917

Facility-Specific UPL calculation

Line 10			\$2,594,277.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

			\$2,594,277.00
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Negative UPL amounts

			0
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Allocation of UPL aggregate limit

			\$2,594,277.00
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UPL calculation subject to aggregate limit

			\$2,594,277.00
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	Interim Payment Paid December 14, 2023	\$1,463,349.50
	Balance of Payment Due To Provider	\$1,130,927.50
	Intergovernmental Transfer Amount	\$385,759.37

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

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Andito Ewing
Financial Analyst 3
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Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000143481A WASHINGTON COUNTY ECF

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

WASHINGTON COUNTY ECF

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$301.81	\$323.90
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$201.50	\$203.49
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$218.60	\$220.59

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$83.21	\$103.31
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		14,524
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		12,915

Facility-Specific UPL calculation

Line 10			\$1,334,249.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,334,249.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,334,249.00

UPL calculation subject to aggregate limit

\$1,334,249.00

Interim Payment Paid December 14, 2023	\$542,692.00
Balance of Payment Due To Provider	\$791,557.00
Intergovernmental Transfer Amount	\$270,000.09

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000142359A WELLSTAR PAULDING NURSING CTR

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

WELLSTAR PAULDING NURSING CTR

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$326.96	\$350.89
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$205.04	\$207.07
Line 3	Provider Fee adjustment	\$0.00	\$0.00
Line 4	Adjusted Medicaid rate for UPL	\$205.04	\$207.07

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$121.92	\$143.82
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		37,169
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		33,051

Facility-Specific UPL calculation

Line 10			\$4,753,395.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$4,753,395.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$4,753,395.00

UPL calculation subject to aggregate limit

\$4,753,395.00

Interim Payment Paid December 14, 2023	\$2,552,076.00
Balance of Payment Due To Provider	\$2,201,320.00
Intergovernmental Transfer Amount	\$750,870.08

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**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

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Kim.morris@dch.ga.gov

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Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

- Intergovernmental transfer for Nursing Home UPL payment is **due by 12 p.m. on Thursday, August 8, 2024. NO EXCEPTIONS**
- Intergovernmental Transfers can be accepted only from hospital authorities or other governmental entities. Transfers cannot be accepted from participating providers.
- **Payments can only be made by wire transfer or ACH transfer; no checks will be accepted.**
- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
000142711A AGAPE H & R-MOULTRIE, LLC

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

AGAPE H & R-MOULTRIE, LLC

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1	PPS rate based on Medicaid patients for each quarter	\$301.84	\$323.93
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Medicaid UPL Rate

Line 2	Medicaid rate without provider fee	\$182.99	\$184.80
Line 3	Provider Fee adjustment	\$17.10	\$17.10
Line 4	Adjusted Medicaid rate for UPL	\$200.09	\$201.90

Medicare UPL rate minus Medicaid UPL rate

Line 5		\$101.76	\$122.03
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Medicaid Patient Days

Line 6	Medicaid days reported from quarterly provider fee report (base year)		12,383
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		11,011

Facility-Specific UPL calculation

Line 10			\$1,343,672.00
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Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$1,343,672.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$1,343,672.00

UPL calculation subject to aggregate limit

\$1,343,672.00

Interim Payment Paid December 14, 2023	\$519,184.50
Balance of Payment Due To Provider	\$824,487.50
Intergovernmental Transfer Amount	\$281,232.69

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**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.

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Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

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- Payment made by wire transfer should be sent to:

Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

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Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

		Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
Medicare UPL Rate			
Line 1	PPS rate based on Medicaid patients for each quarter		
Medicaid UPL Rate			
Line 2	Medicaid rate without provider fee		
Line 3	Provider Fee adjustment		
Line 4	Adjusted Medicaid rate for UPL		
Medicare UPL rate minus Medicaid UPL rate			
Line 5			
Medicaid Patient Days			
Line 6	Medicaid days reported from quarterly provider fee report (base year)		
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		
Facility-Specific UPL calculation			
Line 10			
Facility-Specific UPL calculation for 07-01-23 to 06-30-24			
Negative UPL amounts			0
Allocation of UPL aggregate limit			
UPL calculation subject to aggregate limit			

Interim Payment Paid December 14, 2023	
Balance of Payment Due To Provider	
Intergovernmental Transfer Amount	

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OF COMMUNITY HEALTH**

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Andito Ewing
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Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

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GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments
42 Grand Total

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

Grand Total

Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
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Medicare UPL Rate

Line 1

PPS rate based on Medicaid patients for
each quarter

\$13504.72

\$14493.28

Medicaid UPL Rate

Line 2

Medicaid rate without provider fee

\$9,233.19

\$9,324.60

Line 3

Provider Fee adjustment

Line 4

Adjusted Medicaid rate for UPL

\$9865.89

\$9,957.30

Medicare UPL rate minus Medicaid UPL rate

Line 5

\$3,638.83

\$4,535.98

Medicaid Patient Days

Line 6

Medicaid days reported from quarterly provider fee report (base year)

987,041

Line 7

Estimated change in patient days for SFY2024

-11.08

Line 8

Portion of year

100%

Line 9

Adjusted Medicaid patient days for UPL

877,679

Facility-Specific UPL calculation

Line 10

\$100,095,092.00

Facility-Specific UPL calculation for 07-01-23 to 06-30-24

\$100,095,092.00

Negative UPL amounts

0

Allocation of UPL aggregate limit

\$100,095,092.00

UPL calculation subject to aggregate limit

\$100,095,092.00

Interim Payment Paid December 14, 2023	\$51,608,079.50
Balance of Payment Due To Provider	
Intergovernmental Transfer Amount	

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Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

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SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

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GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

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DATE: July 26, 2024

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FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

		Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
Medicare UPL Rate			
Line 1	PPS rate based on Medicaid patients for each quarter		
Medicaid UPL Rate			
Line 2	Medicaid rate without provider fee		
Line 3	Provider Fee adjustment		
Line 4	Adjusted Medicaid rate for UPL		
Medicare UPL rate minus Medicaid UPL rate			
Line 5			
Medicaid Patient Days			
Line 6	Medicaid days reported from quarterly provider fee report (base year)		
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		
Facility-Specific UPL calculation			
Line 10			
Facility-Specific UPL calculation for 07-01-23 to 06-30-24			
Negative UPL amounts			0
Allocation of UPL aggregate limit			
UPL calculation subject to aggregate limit			

Interim Payment Paid December 14, 2023	
Balance of Payment Due To Provider	
Intergovernmental Transfer Amount	

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Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

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Medicare UPL Rate			
Line 1	PPS rate based on Medicaid patients for each quarter		
Medicaid UPL Rate			
Line 2	Medicaid rate without provider fee		
Line 3	Provider Fee adjustment		
Line 4	Adjusted Medicaid rate for UPL		
Medicare UPL rate minus Medicaid UPL rate			
Line 5			
Medicaid Patient Days			
Line 6	Medicaid days reported from quarterly provider fee report (base year)		
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		
Facility-Specific UPL calculation			
Line 10			
Facility-Specific UPL calculation for 07-01-23 to 06-30-24			
Negative UPL amounts			0
Allocation of UPL aggregate limit			
UPL calculation subject to aggregate limit			

Interim Payment Paid December 14, 2023	
Balance of Payment Due To Provider	
Intergovernmental Transfer Amount	

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**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

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Andito Ewing
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Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

Please note that separate instructions are provided for payments made by wire transfers or by ACH transfers.

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Bank Routing Number: 021000021
SWIFT CODE: CHASUS33

General Bank Ref Address: JPM Chase
383 Madison Avenue
New York, NY 10017

Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Ground Ambulance provider affiliated with the hospital authority or governmental entity.

- Payment made by ACH transfer should be sent to:

Bank Routing Number: 028000024
Account Number: 20000011129927
Account Name: Intergovernmental Transfers

Please include as “attached information” the name of the Nursing Home provider affiliated with the hospital authority or governmental entity.

Questions regarding transfer procedures should be directed to Ms. Rochella Chimedza, Revenue Manager by e-mail at rochella.chimedza@dch.ga.gov or by telephone at (470) 540-3949.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Brian P. Kemp, Governor

Russel Carlson, Commissioner

2 Peachtree Street, NW | Atlanta, GA 30303-3159 | 404-656-4507 | www.dch.georgia.gov

DATE: July 26, 2024

(via Electronic mail)

FROM: Department of Community Health - Office of Reimbursement

TO: Chief Executive Officer/Chief Financial Officer

RE: State Fiscal Year 2024 Upper Payment Limit (UPL) Nursing Home Payments

The Department will issue the SFY 2024 final nursing home UPL payments on (Date). Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts will be posted on the Department's web site at www.dch.georgia.gov. To retrieve from web site, select options for "Providers," "Provider Types," "Nursing Home Providers," then "Supplemental Reimbursement."

		Average Base Year (10/1/2021-9/30/2022)	Rate Year - SFY2024
Medicare UPL Rate			
Line 1	PPS rate based on Medicaid patients for each quarter		
Medicaid UPL Rate			
Line 2	Medicaid rate without provider fee		
Line 3	Provider Fee adjustment		
Line 4	Adjusted Medicaid rate for UPL		
Medicare UPL rate minus Medicaid UPL rate			
Line 5			
Medicaid Patient Days			
Line 6	Medicaid days reported from quarterly provider fee report (base year)		
Line 7	Estimated change in patient days for SFY2024		-11.08
Line 8	Portion of year		100%
Line 9	Adjusted Medicaid patient days for UPL		
Facility-Specific UPL calculation			
Line 10			
Facility-Specific UPL calculation for 07-01-23 to 06-30-24			
Negative UPL amounts			0
Allocation of UPL aggregate limit			
UPL calculation subject to aggregate limit			

Interim Payment Paid December 14, 2023	
Balance of Payment Due To Provider	
Intergovernmental Transfer Amount	

To assure that the timely receipt of intergovernmental transfers (IGT) can be confirmed, a Notice of Intent to Transfer Form must be submitted by Thursday, August 1, 2024, to document the expected method of transfer. The Department has implemented use of DocuSign, an electronic signature program, for the completion and submission of the completed Notice of Intent to Transfer Form. Use this link ([Click Here](#)) to access the Notice of Intent to Transfer Form. The Notice of Intent to Transfer Form should only be completed by an authorized provider representative.

The final SFY 2024 nursing home UPL, payment will be issued by ACH to the bank account listed in the Georgia Medicaid Management Information System (GAMMIS) for your facility.



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

Typically, there is a 3 or 4-day delay between when ACH transactions are initiated and when the funds are deposited into a provider's bank account.

Please be aware that the Centers of Medicare and Medicaid Services (CMS) reserves the right to adjust the UPL calculation either positively or negatively.

If you have any questions, please contact Angelica Clark Hester, Senior Manager at aclark@dch.ga.gov.

Kim Morris
Director of Reimbursement
Kim.morris@dch.ga.gov

Angelica Clark Hester
Senior Manager 2
aclark@dch.ga.gov

Andito Ewing
Financial Analyst 3
andito.ewing@dch.ga.gov



Instructions for Nursing Home UPL Intergovernmental Transfers SFY 2024

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Note 1: Claims utilized in this calculation are Medicaid fee-for-service claims for services incurred 1/1/2021 to 12/31/2021. Medicare crossover, managed care, and CHIP/SCHIP claims are excluded.

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Medicare UPL Rate

Line 1

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Medicaid UPL Rate

Line 2

Medicaid rate without provider fee

Line 3

Provider Fee adjustment

Line 4

Adjusted Medicaid rate for UPL

Medicare UPL rate minus Medicaid UPL rate

Line 5

Medicaid Patient Days

Line 6

Medicaid days reported from quarterly provider fee report (base year)

Line 7

Estimated change in patient days for SFY2024

-11.08

Line 8

Portion of year

100%

Line 9

Adjusted Medicaid patient days for UPL

Facility-Specific UPL calculation

Line 10

Facility-Specific UPL calculation for 07-01-23 to 06-30-24

Negative UPL amounts

0

Allocation of UPL aggregate limit

UPL calculation subject to aggregate limit

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Note 2: "Medicaid Payments" represents Medicaid payments and third party payments. An ACR is calculated when a minimum of three commercial payer rates are reported for a given procedure code. If a procedure code has less than three commercial payer rates

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Note 3: The FFY 2023 Federal Medical Assistance Percentage (FMAP) for Georgia is 66.02%. In addition, the Families First Coronavirus Response Act provides a 6.2% increase in the FMAP through December 31, 2022. The federal share has been calculated using

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