MEMORANDUM

Date: September 10, 2021

To: Chief Executive Officer/Chief Financial Officer

From: Kim S. Morris, Director of Reimbursement
Division of Financial Management

Subject: State Fiscal Year 2021 Upper Payment Limit (UPL) Nursing Home Payments

BY ELECTRONIC MAIL

The federal Centers for Medicare and Medicaid Services (CMS) has accepted the Department’s nursing home UPL calculation for State Fiscal Year 2021. Information about the schedule of events, notice of intent, UPL payment and intergovernmental transfer amounts are attached. This information will be available at a later date on the Department’s web site at www.dch.georgia.gov by selecting options for “Providers,” “Provider types,” “Nursing Home Providers,” then “Nursing Home Supplemental Reimbursement.”

To assure that the timely receipt of intergovernmental transfers can be confirmed, a Notice of Intent to Transfer form must be submitted by September 15, 2021, to document the expected method of transfer. If the required intergovernmental transfer is not received by noon on Friday, September 24, 2021, the associated UPL payment will be delayed until later this year.

The UPL payment to nursing homes will be issued through Georgia Medicaid Management Information System (GAMMIS). The same system that currently processes and pays Georgia Medicaid claims.

If you have any questions about this notice, please contact Annetta Smith at (404) 463-6669 or asmith@dch.ga.gov.
<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday</td>
<td>September 10, 2021</td>
<td>Notice to Nursing Homes</td>
</tr>
<tr>
<td>Wednesday</td>
<td>September 15, 2021</td>
<td>Due</td>
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<td></td>
<td></td>
<td>Notice of Intent to Transfer</td>
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<tr>
<td>Friday</td>
<td>September 24, 2021</td>
<td>Due</td>
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<td></td>
<td></td>
<td>Intergovernmental Transfers</td>
</tr>
<tr>
<td>Thursday</td>
<td>October 21, 2021</td>
<td>Payment</td>
</tr>
</tbody>
</table>
Georgia Department of Community Health
SFY 2021 Nursing Home UPL
Notice of Intent to Transfer Form

Notice of Intent to Transfer form for Nursing Home UPL payment is **due by Wednesday, September 15, 2021**. Intergovernmental transfer for Nursing Home UPL payment is **due no later than 12 p.m. on Friday, September 24, 2021**.

Name of Governmental Unit Making IGT: ________________________________________

(IGT can only be accepted from hospital authorities or other governmental entities.)

<table>
<thead>
<tr>
<th>Name of affiliated Nursing Home</th>
<th>IGT amount</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
<td></td>
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<td>3.</td>
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<tr>
<td><strong>Total IGT amount due</strong></td>
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</tbody>
</table>

Expected method of transfer (select one):

- EFT _______
- ACH _______

Designated contact if additional information is needed:

- Name ________________________________
- Title / Organization ____________________________
- E-mail address ________________________________
- Telephone number ____________________________

Return completed form by e-mail to DCH.Supplemental@dch.ga.gov
Georgia Department of Community Health
Instructions for Nursing Home UPL Intergovernmental Transfers

Please note the change in banking information

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 Friday, September 24, 2021. 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 hospital 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 hospital affiliated with the hospital authority or governmental entity.

• Questions regarding transfer procedures should be directed to Mr. Ravenel Dyson, Revenue Manager, by e-mail at Ravenel.dyson@dch.ga.gov.