

**State of Maryland
Department of Health and Mental Hygiene**



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URGENT

MEMORANDUM

June 22, 2015

TO: Chief Financial Officers

FROM: Dennis N. Phelps, Associate Director - Audit & Compliance

RE: Correction - Health Care Coverage Assessment

The purpose of this memorandum is to correct the FY 2016 Health Care Coverage Assessment issued on June 10, 2015. The reason for the correction is that Holy Cross Germantown Hospital was inadvertently omitted from the assessment calculation.

Attached you will find the revised Care Coverage Assessment for FY 2016 due beginning September 5, 2015, as well as the instructions for its submission by both ACH and FedWire. Hospitals are required to submit to the Commission (to the attention of Andrea Strong) verification of the submission of each month's assessment to the Health Care Coverage Fund, i.e., copies of the transmission from your bank, by the fifteenth of each month.

If you have any questions, you may contact Dennis N. Phelps or Andrea Strong at 410-764-2605.

**METHOD FOR ACH SUBMISSION OF PAYMENTS TO THE HEALTH CARE
COVERAGE FUND**

In order to be able to remit payments, your hospital must arrange with your bank to set up an Automated Clearing House (ACH) transfer. The State Treasurer's Office requires that the following information be included in the ACH record file as follows:

Health Care Coverage Fund

Nacha A6-5" field should contain the Bank Account Number **3933342324**

Nacha A6-7" field should contain your hospital's Federal Taxpayer I. D. number

Nacha A6-8" field should contain your hospital's six Digit Medicare Provider number followed by the letter "H"

All ACH transfers should be sent to:

Bank of America - Routing number: **052001633**

**METHOD FOR FEDWIRE SUBMISSION OF PAYMENTS TO THE HEALTH CARE
COVERAGE FUND**

Detail Wire Information - Beneficiary Bank Information for all FedWire submissions is:

Beneficiary Bank Identifier	026009593:
Beneficiary Bank Name:	Bank of America
Address:	100 West 33 rd Street New York, New York 10001
Country:	USA

Beneficiary Account Information

Beneficiary Account Identifier:	003933342324
Beneficiary Account Name:	State of Maryland MOO-99 Health Care Coverage
Address:	201 W. Preston Street Baltimore, Md. 21201
Country:	USA

Information for Beneficiary

HC Payment, Federal ID Number, Medicare Provider Number followed by the letter "H"