

Adding Payment Information for a Provider

This knowledge base article discusses how to add information regarding a payee, the payment method, and the payment effective date.

In SACWIS, the payment information for a private agency home will default to the payment information recorded for the associated network provider for foster care maintenance.

However, Child-Specific Provider Payment Information can be recorded when an adoption subsidy is received by the home directly from OAKS. The payment should then be routed to a unique address.

1. On the SACWIS **Home** screen, click the **Financial** tab.
2. Click the **Payment** tab. The **Navigation** menu appears.
3. Click the **Provider Payment Info** link. The **Provider Search** screen appears.
4. Click the **Provider Search** button.

The screenshot shows the SACWIS navigation menu with the **Financial** tab selected. The **Payment** sub-tab is also selected. The **Provider Payment Info** link is highlighted in the navigation menu. The **Provider Search** button is highlighted in the search form.

The **Provider Profile Search Criteria** screen appears.

5. Enter filter criteria information in the appropriate fields.
6. Click the **Search** button.

The screenshot shows the **Provider Profile Search Criteria** screen. The **Search** button is highlighted. The form contains the following fields:

- Provider Name:
- Provider Type:
- Agency Type:
- Member First Name:
- Provider Reference Type:
- Provider ID:
- AKA:
- Agency:
- Member Last Name:
- Provider Reference Number:
- Provider Category:
- Sounds Like:
- Provider Status:

The results appear in the **Provider Profile Search Results** section.

Adding Payment Information for a Provider

7. Click the **Select** link in the appropriate row.



Provider Profile Search Results
Result(s) 1 - 15 of 413 Page 1 of 28

Provider Name/ ID	Provider Status	Provider Category	Address
select	ACTIVE	HOME	

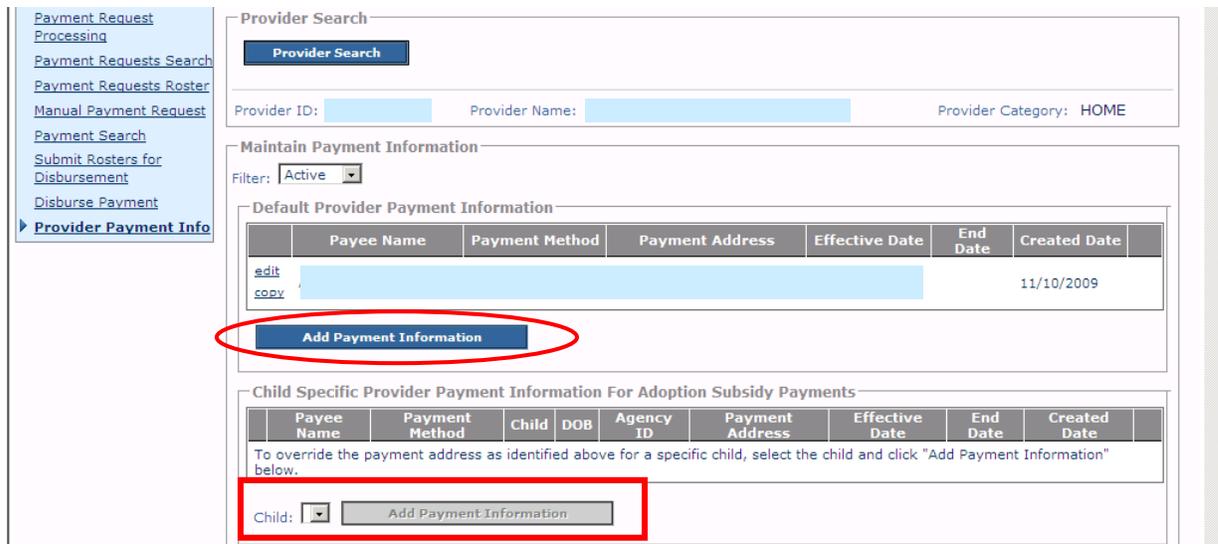
The **Provider Search** screen appears.

8. To establish a default payment information record for a provider, click the **Add Payment Information** button.

Important: The **Default Provider Payment Information** will be used for all FCM, AA, and SAMS payments issued to the provider. Payments made for purchased care services will be issued using the Provider Payment Information associated with the network provider.

9. If the payment information is for a child receiving an adoption subsidy, select the child's name from the **Child** field drop-down list. See important information below.

10. Then, click the **Add Payment Information** button.



Provider Search

Provider ID: Provider Name: Provider Category: HOME

Maintain Payment Information

Filter:

Default Provider Payment Information

Payee Name	Payment Method	Payment Address	Effective Date	End Date	Created Date
edit					11/10/2009
copy					

Child Specific Provider Payment Information For Adoption Subsidy Payments

Payee Name	Payment Method	Child	DOB	Agency ID	Payment Address	Effective Date	End Date	Created Date
To override the payment address as identified above for a specific child, select the child and click "Add Payment Information" below.								
Child:	<input type="text"/>	<input type="button" value="Add Payment Information"/>						

The **Provider Payment Information Details** screen appears.

Adding Payment Information for a Provider

Important Information: Child-Specific Provider Payment Information is only used for adoption subsidy payments and is optional. The **Child** field drop-down list displays the name and date-of-birth for any children who have adoption subsidy records which are linked to that provider and are “owned” by the agency associated with the logged-in worker.

If a child’s provider payment information record is active, the payee information associated with the child’s record will be used for the adoption subsidy payments, regardless if an active default provider payment information also exists for the provider. If no child specific provider payment record exists, the active default payment information record (if one exists) will be used for the adoption subsidy payments.

There is no need to establish a child-specific payment information record if the payee information for the provider is the same as the default provider payment information.

A child-specific payment information record can be established if a special account (different from the payment method or account information established by the default provider payment information record) has been set up for the child and a direct deposit is desired for that separate account.

Child-specific provider payment information can also be established if the payee for the child’s subsidy is different from that of the default record, such as in the case of a separation or divorce and the children resides with different adoptive parents.

11. In the **Payee Name** field, enter the appropriate name.

12. In the **Payment Method** field, select the method from the drop-down list.

Important: If **Check** is selected, the Payee Name entered will print on the check exactly as it is entered in this field.

13. If the **Effective Date** field, select the appropriate date.

Provider Payment Information Details

Created Date: _____ Created By: _____
Modified Date: _____ Modified By: _____

Payee Name: * **Payment Method:** * ⓘ

Account Type: Bank Name:

Account Number: Routing Number:

Vendor Number:

Effective Date: * ⓘ **End Date:** ⓘ

Comments: _____

Adding Payment Information for a Provider

14. In the **Payments Delivered to Address** section, click the radio button next to the appropriate address.

15. If the correct address is not on the list, click the **Address Search** button to complete a search for the desired payee address.

Important: These addresses are generated from the current, non-end-dated addresses listed on the provider's record.

16. When complete, click the **Save** button.

Provider Payment Information Details

Created Date: _____ Created By: _____
Modified Date: _____ Modified By: _____

Payee Name : * Daisy Rose **Payment Method :** * Check ⓘ

Account Type: _____ Bank Name: _____

Account Number: _____ Routing Number: _____

Vendor Number: _____

Effective Date : * 11/01/2011 ⓘ End Date: _____ ⓘ

Comments: _____

Payments Delivered to Address

Select	Address Type	Address	Address Effective Date	Address End Date
<input type="radio"/>	Residence (Primary)			
<input checked="" type="radio"/>				

[Address Search](#)

Medicaid Mailing Information

Current Medicaid Address: _____ Origin of Address: Provider Primary Address ⓘ

To override the Current Medicaid Address with the Payment Address selected above, click here. ⓘ

[Save](#) [Cancel](#)