

# Nursing Home Payment Checklist

## **Step 1: Submit contract documents to Project ECHO**

- To begin this process, Project ECHO requires 2 forms to be submitted:
  - 1. Contract/Agreement (attachment B) - please submit pages 10-13 of the compensation packet with the following information filled out:
    - Organization (dba name) name at the top as listed with AHRQ should match your W9
    - Signature, date, printed name, and title in Nursing Facility Entity or Organization area only
  - 2. W-9 (attachment C) - please refer to the attachment links below to fill in and sign. We are checking the name on the form submitted against the business names as registered with AHRQ.
    - Business Name, Address, Employer Identification Number (EIN or TIN), Signed
- Once complete, please submit these documents to the ECHO [Online Payment Initiation Form](#). From there, our team will verify all submissions. Please be aware that someone from Project ECHO may be reaching out to you regarding your submission.

If successful, you should receive a Purchase Order from [support@sciquest.com](mailto:support@sciquest.com) with the subject “University of New Mexico PO, PO#: PO#####”. Please check your junk mail if you cannot find this email. This PO number will need to be included on your invoice.

## **Step 2: Submit Invoice along with required documents to UNM Accounts Payable**

- After receiving a PO number and completing the compensation requirements of 2 participants attending 13 sessions, nursing homes are required to submit 3 forms to UNM Accounts Payable. These can be submitted once you have completed the requirements for compensation.
- The 3 forms needed from the nursing homes are:
  - Attendance Report (**attachment D or attendance report provided by your Training Center**)
    - Date of sessions and names of staff members in attendance are needed
    - List of make-up sessions should be identified on or with your attendance report
    - Verified and signed by your Training Center
  - Certificate of completion (**provided by your Training Center**)
    - Facility name listed
    - Signed by Training Center
  - Invoice (attachment E)
    - Purchase Order Number input on invoice
    - Facility Information input
    - Signatures and Initials present
- If you do not have the *attendance report* or *certificate of completion*, please reach out to your Training Center to obtain.
- Please ensure all forms are complete and correct then email all of them to [acctspay@unm.edu](mailto:acctspay@unm.edu).

Once submitted successfully, UNM Accounts Payable will process your request and issue payment.

**Attachments referenced and more in-depth instructions can be found [HERE](#).**

**If you have any questions about this process, email them to: [ECHONursingHome@salud.unm.edu](mailto:ECHONursingHome@salud.unm.edu).**