



**Office of Fiscal Management (Finance)**  
**Payment Processing Schedule**  
**Inpatient and Autism Service Providers**  
**FY2023/2024**

**Claims and Encounters MUST be submitted within MH-WIN by 5:00 pm.**  
**Dates are subject to change in observance of holidays.**  
**EFT/ACH Payments are initiated on the date preceding the payment issue date.**

Submitted to MH-WIN By:	Payment Issued By:
10/6/2023	10/13/2023
10/20/2023	10/27/2023
11/3/2023	11/10/2023
11/17/2023	11/22/2023
12/1/2023	12/8/2023
12/15/2023	12/21/2023
12/29/2023	1/5/2024
1/12/2024	1/19/2024
1/26/2024	2/2/2024
2/9/2024	2/16/2024
2/23/2024	3/1/2024
3/8/2024	3/15/2024
3/22/2024	3/29/2024
4/5/2024	4/12/2024
4/19/2024	4/26/2024
5/3/2024	5/10/2024
5/17/2024	5/24/2024
5/31/2024	6/7/2024
6/14/2024	6/21/2024
6/28/2024	7/5/2024
7/12/2024	7/19/2024
7/26/2024	8/2/2024
8/9/2024	8/16/2024
8/23/2024	8/30/2024
9/6/2024	9/13/2024
9/20/2024	9/27/2024
10/4/2024	10/11/2024