

1. Introduction

1.1 In order to increase cash flow to providers of services and suppliers impacted by the 2019 Novel Coronavirus (COVID-19) pandemic, the Centers for Medicare & Medicaid Services (CMS) has expanded the current Accelerated and Advance Payment Program to a broader group of Medicare Part A providers and Part B suppliers. The expansion of this program is only for the duration of the public health emergency. Details on the eligibility, and the request process are outlined below. The information below reflects the CARES Act (P.L. 116-136). This memo specifically deals with the professional services of Medicare Part B suppliers (including but not limited to, physicians, non-physician practitioners, ambulatory surgical centers, and clinics/group practices¹), but if you qualify under Medicare Part A there may be more lenient timelines and restrictions than what is listed below.

2. Background

2.1 An accelerated/advance payment is a payment intended to provide necessary funds when there is a disruption in claims submission and/or claims processing or in circumstances such as national emergencies, or natural disasters in order to accelerate cash flow to the impacted health care providers and suppliers. CMS is authorized to provide accelerated or advance payments during the period of the public health emergency to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.

3. Eligibility and Process

3.1 **Eligibility:** To qualify for advance/accelerated payments the provider/supplier must:

3.1.1 Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form,

3.1.2 Not be in bankruptcy,

3.1.3 Not be under active medical review or program integrity investigation, and

3.1.4 Not have any outstanding delinquent Medicare overpayments.

3.2 **Amount of Payment:** Qualified providers/suppliers will be asked to request a specific amount using an Accelerated or Advance Payment Request form provided on each MAC's website. Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a three-month period.

3.3 **Processing Time:** Each MAC will work to review and issue payments within seven (7) calendar days of receiving the request.

3.4 **Repayment:** CMS has extended the repayment of these accelerated/advance payments to begin 120 days after the date of issuance of the payment. Part B suppliers will have 210 days from the date of the accelerated or advance payment was made to repay the balance.

¹ A full list of who is a Part B Supplier can be found here:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/EnrollmentResources/provider-resources/Med-Prov-Enroll-MLN9658742.html>.

3.5 **Recoupment and Reconciliation:**

3.5.1 The provider/supplier can continue to submit claims as usual after the issuance of the accelerated or advance payment; however, recoupment will not begin for 120 days. Providers/ suppliers will receive full payments for their claims during the 120-day delay period. At the end of the 120-day period, the recoupment process will begin and every claim submitted by the provider/supplier will be offset from the new claims to repay the accelerated/advanced payment. Thus, instead of receiving payment for newly submitted claims, the provider's/supplier's outstanding accelerated/advance payment balance is reduced by the claim payment amount. This process is automatic.

3.5.2 Part B suppliers will have up to 210 days from the date the accelerated payment was made to repay the balance. That means after 210 days from the accelerated payment, the MACs will perform a manual check to determine if there is a balance remaining, and if so, the MACs will send a request for repayment of the remaining balance, which is collected by direct payment.

A step by step application guide can be found below. More information on this process will also be available on your MAC's website.

4. Step-by-Step Guide on How to Request Accelerated or Advance Payment

4.1 **Step 1 - Complete and Submit a Request Form:** Accelerated/Advance Payment Request forms vary by contractor and can be found on each individual MAC's website. Complete an Accelerated/Advance Payment Request form and submit it to your servicing MAC via mail or email. CMS has established COVID-19 hotlines at each MAC that are operational Monday – Friday to assist you with accelerated payment requests. You can contact the MAC that services your geographic area. To locate your designated MAC, refer to <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-AdministrativeContractors/Downloads/MACs-by-State-June-2019.pdf>.

4.2 **Step 2 – Information Included in Request Form:** Incomplete forms cannot be reviewed or processed, so it is vital that all required information is included with the initial submission. The provider/supplier must complete the entire form, including the following:

4.2.1 Provider/supplier identification information:

4.2.1.1 Legal Business Name/ Legal Name;

4.2.1.2 Correspondence Address

4.2.1.3 National Provider Identifier (NPI);

4.2.1.4 Other information as required by the MAC.

4.2.2 Amount Requested: See Section 3.2

4.2.3 Reason for request:

4.2.3.1 Please check box 2 (“Delay in provider/supplier billing process of an isolated temporary nature beyond the provider's/supplier's normal billing cycle and not attributable to other third-party payers or private patients.”); and

4.2.3.2 State that the request is for an accelerated/advance payment due to the COVID19 pandemic.

4.3 **Step 3 – Signing the Request Form:** The form must be signed by an authorized representative of the provider/supplier.

4.4 **Step 4 – Submitting the Request Form:** While electronic submission will significantly reduce the processing time, requests can be submitted to the appropriate MAC by fax, email, or mail. You can also contact the MAC provider/supplier helplines listed in Exhibit A.

4.5 **Step 5 –MAC’s Review:** Requests for accelerated/advance payments will be reviewed by the provider or supplier’s servicing MAC. The MAC will perform a validation of the eligibility criteria listed in Section 3.1.

4.6 **Step 6 – Timing of Payment:** The MAC will notify the provider/supplier as to whether the request is approved or denied via email or mail (based on the provider’s/supplier’s preference). If the request is approved, the payment will be issued by the MAC within 7 calendar days from the request.

4.7 **Step 7 – Provider/Supplier Repayment of the Accelerated/ Advanced Payments:** Part B Suppliers will begin repayment of the accelerated/advance payment 120 calendar days after payment is issued.

4.8 **Step 8 – Provider/Suppliers Appeal Rights:** Providers/suppliers do not have administrative appeal rights related to these payments. However, administrative appeal rights would apply to the extent CMS issued overpayment determinations to recover any unpaid balances on accelerated or advance payments.

Exhibit A

CGS Administrators, LLC (CGS) - Jurisdiction 15 (KY, OH, and home health and hospice claims for the following states: DE, DC, CO, IA, KS, MD, MO, MT, NE, ND, PA, SD, UT, VA, WV, and WY) DME B & C (AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NM, NC, OH, OK, SC, TN, TX, VA, WI, WV, PR, US VI)

The toll-free Hotline Telephone Number: 1-855-769-9920 Hours of Operation: 7:00 am – 4:00 pm CT

First Coast Service Options Inc. (FCSO) - Jurisdiction N (FL, PR, US VI)

The toll-free Hotline Telephone Number: 1-855-247-8428 Hours of Operation: 8:30 AM – 4:00 PM ET

National Government Services (NGS) - Jurisdiction 6 & Jurisdiction K (CT, IL, ME, MA, MN, NY, NH, RI, VT, WI, and home health and hospice claims for the following states: AK, AS, AZ, CA, CT, GU, HI, ID, MA, ME, MI, MN, NH, NV, NJ, NY, MP, OR, PR, RI, US VI, VT, WI, and WA).

The toll-free Hotline Telephone Number: 1-888-802-3898 Hours of Operation: 8:00 am – 4:00 pm CT

Novitas Solutions, Inc. - Jurisdiction H & Jurisdiction L (AR, CO, DE, DC, LA, MS, MD, NJ, NM, OK, PA, TX, (includes Part B for counties of Arlington and Fairfax in VA and the city of Alexandria in VA))

The toll-free Hotline Telephone Number: 1-855-247-8428 Hours of Operation: 8:30 AM – 4:00 PM ET

Noridian Healthcare Solutions - Jurisdiction E & Jurisdiction F (AK, AZ, CA, HI, ID, MT, ND, NV, OR, SD, UT, WA, WY, AS, GU, MP). DME A & D (CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT, AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY, AS, GU, MP)

The toll-free Hotline Telephone Number: 1-866-575-4067 Hours of Operation: 8:00 am – 6:00 pm CT

Palmetto GBA - Jurisdiction J & Jurisdiction M (AL, GA, NC, SC, TN, VA (excludes Part B for the counties of Arlington and Fairfax in VA and the city of Alexandria in VA), WV, and home health and hospice claims for the following states: AL, AR, FL, GA, IL, IN, KY, LA, MS, NM, NC, OH, OK, SC, TN, and TX)

The toll-free Hotline Telephone Number: 1-833-820-6138 Hours of Operation: 8:30 am – 5:00 pm ET

Wisconsin Physician Services (WPS) - Jurisdiction 5 & Jurisdiction 8 (IN, MI, IA, KS, MO, NE)

The toll-free Hotline Telephone Number: 1-844-209-2567 Hours of Operation: 7:00 am – 4:00 pm CT

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