

Accelerated and Advance Payments FAQs

Below is an updated version of the AHCA Medicare Accelerated and Advance Payment FAQs to supplement the April 26 CMS [announcement](#) that it is reevaluating the amounts that will be paid under its Accelerated Payment Program to Part A facility-based providers (including SNF) and suspending its Advance Payment Program to Part B suppliers effective immediately.

Specifically impacting SNFs, beginning on April 26, 2020 CMS will be reevaluating all pending and new applications for Accelerated Payments submitted by SNFs and other facility-based providers in light of the \$175 billion recently appropriated for health care provider relief payments. Significant additional funding will continue to be available to healthcare providers through these programs. For more information on the CARES Act Provider Relief Fund and how to apply can be found [here](#).

AHCA/NCAL will update these FAQs as needed.

FAQs

1. **What is the CMS COVID-19 Accelerated Payment Program?**

The CMS COVID-19 Accelerated Payment Program is a streamlined version of existing policy that allows Medicare Administrative Contractors (MACs) to issue no-interest short term loan payments in certain circumstances including national emergencies.

Highlights of the Program:

- **Eligibility:** Most SNFs would be eligible if they have submitted Medicare claims during the past 6 months, are not in bankruptcy or under investigation, and do not have outstanding delinquent Medicare overpayments.
- **Amount Available:** SNFs can request up to 100% of the Medicare Part A Payments they received from October-December 2019. CMS has already tabulated the amount available so SNFs do not need to submit support financial documentation.
- **Enrollment Process:** SNFs complete and submit a short enrollment form with your MAC and submit online, via email, or standard mail (see Question #16 for MAC Accelerated Payment Program contact information).
- **Processing Time:** Each MAC will work to review and issue payments after receiving the request.
- **Repayment:** SNFs will not need to start repayment until 120 days after being issued the accelerated payment loan. The SNF then has 90 days to repay at no interest. Terms are negotiated with the MAC. Any outstanding balance after 210 days of disbursement would be subject to interest.
- **Medicare Part A and Part B Claims:** In addition to the accelerated payment amount, SNFs will continue to be paid for SNF PPS and Part B claims including outpatient therapy during this time.

2. **Is the COVID-19 Accelerated Payment Program related to the \$100 billion provided in the Coronavirus Aid, Relief, and Economic Securities (CARES) Act and subsequent**

\$75 billion provided in the Paycheck Protection Program and Health Care Enhancement Act (PPHCEA)?

No. The CARES Act and PPHCEA Act appropriation are separate grant payments that will not need to be repaid. That payment process is announced separately by CMS.

3. *What does accelerated and advance payment apply to?*

Accelerated and advance payment applies to Medicare Parts A and B. The provision does not currently apply to Medicare Advantage (Part C) nor Part D.

4. *Will CMS issue a standardized CMS form, payment and reconciliation processes, and related instructions?*

No. While CMS requires specific items, the Agency is delegating development of forms, payment, and reconciliation processes and instructions to the MACs.

- a. AHCA has reviewed the currently posted MAC forms and instructions (see links to MAC forms and instructions in Question #16 response) and while there is some minor variation, they are very similar and are much more simplified than the pre-COVID-19 process.
- b. Delegation to the MACs will speed up issuing accelerated payments significantly and offers providers the flexibility to negotiate repayment processes and timelines for accelerated and advance payment with MACs.

5. *Does accelerated and advanced payment work the same for Medicare Part A and B Provider Types?*

In effect, yes – the payments will be made to facility and office-based providers and suppliers in a similar manner. However, in the detailed CMS guidance, the Agency notes Part A provider types (including SNFs) would be submitting an “Accelerated Payment” request while Part B providers (i.e. physicians, suppliers, DME) submit an “Advanced Payment” request. Stated another way, both programs are under different authority but functionally operate the same.

6. *What is required for the request?*

- a. CMS stated the intent was to streamline process to expedite cash flow. CMS has already given a net reimbursement report to the MACs for 10/1/2019-12/31/2019 showing the maximum amount to pay for each SNF.
 - i. CMS selected the Oct-Dec timeframe to account for payments/costs associated with Medicare services prior to COVID-19 outbreak in the US. The data also includes pass-through payments.
 - ii. Therefore, providers do not need to develop historical data to support their accelerated and advance payment(s) from the MACs.
 - iii. Provider can contact the MAC to learn the 3-month net reimbursement amount identified in the CMS provided file (see Question #16 for MAC Accelerated Payment Program contact information).
- b. Providers do not need to complete the financial section of a MAC form (if present). Simply note, “COVID-related.”
- c. Provider may: 1) Request the maximum amount based on the 3-month period, above. However, the request may not be above the net reimbursement amount for the 3-month period above; or 2) Request a lower amount than the maximum.

- i. In some cases, the MAC form may have a checkbox indicating you are requesting the maximum amount allowed.
- d. A separate form is not needed for SNF Part A and Part B bill types – all Medicare fee for service payments can be combined in one request.

7. Is there flexibility in the eligibility parameters (e.g., “Not be under active medical review or program integrity investigation”)?

- a. Decisions about how the investigations noted above are treated for purposes of eligibility for accelerated and advanced payment reside with the CMS Center for Program Integrity (CPI). In recent public calls, CMS officials have stated that routine targeted probe and educate (TPE) audits are not considered “investigations” and would not disqualify a provider from eligibility.
- b. The term “investigation” applies at the provider level, not the company.

8. Is there flexibility in the recovery schedule?

Yes. As noted above, CMS is delegating decision making such as this to the MACs. Providers should develop their preferred approach and present their request to the MACs (see Question #16 for MAC Accelerated Payment Program contact information). Recovery options include automatic via claim adjustments, or separate month by month or lump sum cash payments via check or EFT.

9. What is the timeframe for SNF recovery?

Pay back must begin after 120 days of receiving the accelerated payment and end before 210 days. SNFs may work with MAC on payment terms. Payback options include:

- a. Automatic recoupment process via remittance advice for claims submitted after 120 days of receiving Accelerated Payment; or
- b. Upon agreement with the MAC, providers Can pay by check or EFT on any schedule agreed upon by the MAC.

10. Are there interest rates applied to the accelerated payments?

The COVID-19 accelerated payments are no-interest short term loans if paid back in full before 210 days of receipt of the loan. Recoupment does not begin until after day 120. If there is a remaining balance after day 210, a demand letter will be issued by the MAC for the remaining balance. That remaining balance would be subject to interest assessed every 30 days from the date of the demand letter until the debt is fully recovered.

11. If the COVID emergency continues, may providers request sequential 3-month requests?

Providers may only request an advance payment equal to the historical 3-month maximum of net payments (see #6, above). The request may be: a) issued via a single request covering the maximum allowed amount covering all 3 months; or b) may initially be a smaller amount and then submit subsequent request(s) during the 120 day period (as long as the total requested doesn't surpass the maximum allowed amount). CMS may revisit the Accelerated Payment timelines should the COVID-19 crisis extend beyond the current timelines.

12. How does PIP reconciliation fits into the Accelerated/Advanced Payment process?

PIP will be reconciled on the final cost report, which may extend beyond the timelines for the more common non-PIP claim payment methods

13. What if I'm having trouble with my MAC?

Please email AHCA/NCAL at covid@ahca.org. In the subject line note "Challenge with MAC Accelerated and Advance Payment." AHCA/NCAL will raise issues with CMS as the Association has with PDP payment challenges.

14. On some of the MAC forms, the MACs note, "providers are required to also submit, on their organizations letterhead, a detailed explanation of the system issue they are experiencing; specifically, whether the issue is CMS related or due to the provider's internal systems issues." Does AHCA have suggested language?

To aid SNFs, AHCA/NCAL offers the following language which may be used on all Accelerated and Advance Payment requests:

"COVID-19 is dramatically increases the costs of ensuring patient safety and delivering quality care. Examples include: Labor costs related to overtime, agency costs, new screening requirements for staff and outside health care workers, more staff to address communal mean restrictions, staff time for family communication (i.e., assistance with iPad, etc.), staff out due quarantine or school closures, substantial increases in PPE costs and supplier requirements to pay upfront in full for PPE, and new child care costs being paid by SNFs for employees. For this reason, [INSERT COMPANY NAME] we respectfully request to participate in the accelerated/advance payment process."

15. Where can I find additional CMS information and MAC information?

CMS Accelerated/Advance Payments information is available here:

<https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf>

- a. See page 3 for the Accelerated and Advance payment **hotline** and hours of operation for each MAC.

16. Where can I find MAC Accelerated Payment Program contact and application information?

The following are direct links to each MAC, the states they cover, toll-free hotline, hours of operation, and links to their accelerated payment information and application web pages.

MAC Accelerated Payment Program Contact Information:

- **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) -**

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