



Accelerated and Advance Payments FAQs Version 1 – March 31, 2020

Below is a version one of AHCA Medicare Accelerated and Advance Payment FAQs to supplement the recent CMS [Fact Sheet](#) related to this topic. These FAQs are based on preliminary feedback from CMS to member submitted questions. The Agency will be releasing its own version in the coming days incorporating additional questions posed by members. AHCA/NCAL will update these FAQs as needed.

1. What does accelerated and advance payment apply to?

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

2. 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 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.

3. 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.

4. 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.
- b. Providers do not need to complete the financial section of a MAC form (if present). Simply note, “COVID-related.”



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- 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.
- 5. 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). Based on AHCA’s request, the CMS Financial Management Group, which overseeing is this effort, is exploring CPI flexibility.
 - b. The term “investigation” applies at the provider level, not the company.
- 6. 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. Recovery options include month by month or lump sum.
- 7. 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.
- 8. 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 #4, 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.
- 9. 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
- 10. 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 PDPM payment challenges.



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- 11. 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.” 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.”

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

- a. CMS Accelerated/Advance Payments information is available here:
<https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf>
 - i. See page 3 for the Accelerated and Advance payment **hotline** and hours of operation for each MAC.
- b. For detailed MAC information, visit your MAC website. The following are direct links to each MAC webpage containing COVID-19 Accelerated/Advance Payment contact information, forms and other guidance to expedite the process.
 - i. CGS Administrators, LLC (CGS) - [Jurisdiction 15](#)
 - ii. First Coast Service Options Inc. (FCSO) - [Jurisdiction N](#)
 - iii. National Government Services (NGS) - [Jurisdiction 6 & Jurisdiction K](#)
 - iv. Novitas Solutions, Inc. - [Jurisdiction H](#) & [Jurisdiction L](#)
 - v. Noridian Healthcare Solutions - [Jurisdiction E](#) & [Jurisdiction F](#)
 - vi. Palmetto GBA - [Jurisdiction J & Jurisdiction M](#)
 - vii. Wisconsin Physician Services (WPS) - [Jurisdiction 5](#) & [Jurisdiction 8](#) (NOTE: AHCA has not identified a dedicated Accelerated/Advanced payment page on the WPS pages to date - The toll-free Hotline Telephone Number is 1-844-209-2567).