

Last Updated: March 31, 2020

Status: Approved

Owner: Travis Broome

Medicare Accelerated Payment: Standard Operating Procedure

Purpose: Help practices with cash flow by requesting accelerated Medicare payments

Scope: ACO Executive Directors, to be shared with practices

When: ASAP

What does an accelerated payment accomplish?

Medicare providers will be able to request up to [100 percent of Medicare payments for three months on an accelerated basis](#). Essentially, CMS will pre-pay three months of claims based on historical spending and continue to pay, in full, any claims you send in for telehealth and other sources.

Four months (120 days) after the payment, CMS will stop paying claims in full and begin the process of repaying the advance by deducting the amount of the claims from the balance of the payment. Therefore, we shouldn't see this as a stimulus, per se, more as a cash flow bridge to help you to get to an SBA loan and eventually to shared savings payments (if applicable).

How will the MAC determine if your practice qualifies for accelerated payments?

- Has billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's or supplier's request form,
- Is not in bankruptcy,
- Is not under investigation
- Does not have any outstanding delinquent Medicare overpayments.

Some of the forms from Medicare Administrative Contractors (MACs) are old and make it seem like the practice must demonstrate negative cash flow in the next 30 days. This is **not** the case. Fill out the form accurately even if you do not expect a negative cash flow in the next 30 days.

How do I determine much to ask for?

There are two options:

- Ask for the maximum amount allowed which will be calculated by the MAC; or
- Ask for less than the projected maximum amount.

- Aledade can provide what your 2019 Medicare revenue was for April, May, June as a guide for your determination
- When asking for what a practice thinks is less than the maximum they should ask for “Practice Requested Amount or the maximum whichever is lesser” to ensure that the application is not rejected because it exceeds the maximum

When will I receive the payment?

Medicare has directed the MACs to direct deposit the amount within 7 days of the application. Whether they will meet that timeline remains to be seen.

What happens to my claims after I receive the payment?

For the next 120 days after you receive the accelerated payment you will continue to receive full payment for any claim you submit. You will both have the accelerated payment representing 3 months of claims and claims for services billed coming in.

At 121 days (date of service) you will no longer receive payment for claims you submit. The claims will instead start to pay back the accelerated payment. At 210 days, any outstanding balance on the accelerated payment will be invoiced to the practice and claims will resume paying as normal.

These timelines are based on the theory that in three months we will be back to quasi-normal. If that is not the case then we expect these payments to be pushed out.

How do I manage this cash flow?

In addition to the advance, we recommend that practices also apply for an SBA loan. The goal for practices should be to bank as much of the accelerated payment and loan funding as possible and utilize claims revenue to the extent possible. Even if you expect to not need the reserve, better have it in the bank now rather than have to request it later. This will make the repayment period much easier on your finances. This accelerated payment creates a safety net for near-term cash flow problems, but **does not increase** your available revenue for 2020. Aledade has resources on SBA loans and the CARES Act that will actually **increase** your available cash for 2020.

Your Medicare cash flow will drop to zero four months after you receive your accelerated payments. You must plan accordingly for that future by shoring up a capital reserve before it happens.

Completing the Application

The application is done at your Medicare Administrative Contractor. Please select your state. Three most important elements are:

- 1) Select the box “Delay in provider/supplier billing process is of an isolated temporary nature beyond the provider/supplier’s normal billing cycle”
- 2) If the form does not mention COVID-19, call it out specifically.
- 3) Request the maximum payment amount as calculated by CMS or the lesser of a requested amount or that amount
 - a) Example 1: “COVID-19 has significantly, but temporarily reduced our Medicare billing. We are requesting the maximum payment amount as calculated by CMS.”
 - b) Example 2: “COVID-19 has significantly, but temporarily reduced our Medicare billing. We are requesting the lesser of \$X or the maximum payment amount as calculated by CMS.”

Kentucky

MAC: [CGS](#)

Submission Method: email: CGS.ERS.CORR@cgsadmin.com

Phone Number: 1.855.769.9920

Form: [click here](#)

Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas

MAC: [Novitas](#)

Submission Method: [Provider Enrollment Gateway](#)

Phone Number: 1-855-247-8428

Form: [click here](#)

Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas

MAC: [Novitas](#)

Submission Method: [Provider Enrollment Gateway](#)

Phone Number: 1-855-247-8428

Form: [click here](#)

Delaware, D.C., Maryland, New Jersey, Pennsylvania

MAC: [Novitas](#)

Submission Method: [Provider Enrollment Gateway](#)

Phone Number: 1-855-247-8428

Form: [click here](#)

Alabama, Georgia, Tennessee (JJ)

MAC: [Palmetto GBA](#)

Submission Method: Email: JJ.FINANCIALRELIEF@palmettogba.com

Phone Number: 1-833-820-6138

Form: [click here](#)

North Carolina, South Carolina, Virginia and West Virginia (JM)

MAC: [Palmetto GBA](#)

Submission Method: Email: JM.FINANCIALRELIEF@palmettogba.com

Phone Number: 1-833-820-6138

Form: [click here](#)

California, Hawaii, Nevada

MAC: [Noridian](#)

Submission Method: Email: PartBAdvancePayments@noridian.com

Phone Number: 1-866-575-4067

Form: [Click here](#)

Florida, Puerto Rico

MAC: [First Coast](#)

Submission Method: [Provider Enrollment Gateway](#)

Phone Number: 1-855-247-8428

Form: [click here](#)

Michigan, Indiana, Kansas, Nebraska, Missouri, Iowa

MAC: [WPS](#)

Submission Method: AccAdvPymtReq@wpsic.com

Phone Number: (844) 209-2567

Form: [click here](#)