

Palmetto GBA Jurisdiction J/M Part A, B and HHH Accelerated/Advance Payments and CARES Act Provider Relief Fund Related to COVID-19



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April 15, 2020

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Audio



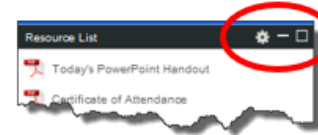
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Disclaimer

The information provided in this handout was current as of April 13, 2020. Any changes or new information superseding the information in this Webcast and Handout will be provided in articles and publications with publication dates after April 13, 2020 posted on your Jurisdiction's website.



Agenda

- Accelerated/Advance Payments
- CARES Act Provider Relief Fund 
- Resources





Accelerated/Advance Payments



Accelerated/Advance Payments

- In response to the COVID-19 pandemic, CMS will provide accelerated payments to requesting providers and advance payments to requesting suppliers, including physicians and non-physician practitioners
 - **CMS intends to provide assistance first to those providers and suppliers that experience increased demand and surge in patients**
- 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.

Accelerated/Advance Payments

- Accelerated/advance payment is a payment intended to provide necessary funds when there is a disruption in claims submission and/or claims processing or offered 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 due to COVID-19, to any Medicare provider/supplier who submits a request and meets the required qualifications



Eligibility & Process

- **Eligibility**

- **To qualify for advance/accelerated payments the provider/supplier must:**
 - Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form;
 - Not be in bankruptcy;
 - Not be under active medical review or program integrity investigation; and
 - Not have any outstanding delinquent Medicare overpayments

Eligibility and Process

- **Amount of Payment**

- **Qualified providers/suppliers will be asked to request a specific amount using an Accelerated/Advance Payment Request Form**

- Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a three-month period
 - Inpatient acute care hospitals, children's hospitals, and certain cancer hospitals and their subunits are able to request up to 100% of the Medicare payment amount for a six-month period
 - Critical access hospitals (CAH) and their subunits can request up to 125% of their payment amount for a six-month period



Processing Time

Palmetto GBA will work to review and issue payments within seven (7) calendar days of receiving the request.



Repayment

- CMS has extended the repayment of these accelerated/advance payments to begin 120 days after the date of issuance of the payment
- The repayment timeline is broken out by provider type below:
 - **Inpatient acute care hospitals, children’s hospitals, certain cancer hospitals, and Critical Access Hospitals (CAH) have up to one year from the date the accelerated payment was made to repay the balance**
 - **All other Part A providers and Part B suppliers will have 210 days from the date of the accelerated or advance payment was made to repay the balance**

Recoupment and Reconciliation

- Recoupment will not begin for 120 days
 - Providers/suppliers will receive full payments for their claims during the 120-day delay period
- On the 121st day, the recoupment process begins
 - Claims submitted will be offset from the new claims payments to repay the accelerated/advanced payment
 - Any remaining balance following the end of the respective repayment period will be demanded from the provider
 - Part A providers who receive Period Interim Payment (PIP), the accelerated payment reconciliation process will happen at the final cost report process (180 days after the fiscal year closes)



Accelerated and Advanced Payment Forms

The screenshot displays the Palmetto GBA website interface. At the top, there is a navigation bar with links for 'New Provider?' (highlighted with an orange box), 'PALMETTOGBA.COM', 'ESERVICES LOGIN', 'EVENTS', 'LISTSERV SIGNUP', and 'CONTACT US'. Below this is a secondary navigation bar with 'News', 'Topics', 'Forms/Tools' (highlighted with a blue box), and 'Education'. A search bar is located on the right side of this bar. The main content area features a large green banner with the text 'Jurisdiction Part Providers in'. Below the banner, there are two blue boxes containing text: 'Are you aware that Palmetto GBA provides comprehensive...' and 'variety of tasks in order...'. A dropdown menu is open under 'Forms/Tools', listing various tools and forms. A red arrow points to the 'Medicare Forms' option at the top of the dropdown. Other items in the dropdown include '277CA Edit Lookup Tool', 'ACE Smart Edit Look-Up Tool', 'Acronym/Terminology Index', 'ADR Response Calculator', 'Appeals Calculator', 'Basics for Medicare', 'Charge Denial Rate Calculator', 'CMS 1500 Claim Form (02/12)', 'Denial Resolution', 'EDI Enrollment Instructions Guide Module', 'EDI Enrollment Status Online Request Form', and 'EDI System Status'. At the bottom of the page, there are sections for 'Top Links' (with 'Coronavirus COVID-19' highlighted) and 'Top Forms' (with 'Medicare' highlighted).

Accelerated and Advanced Payment Forms


Jurisdiction and Line of Business	Link to Form
Jurisdiction J Part A	https://palmettogba.com/palmetto/Mforms.nsf/files/FN-JJ-A-2005.pdf/\$File/FN-JJ-A-2005.pdf?Open&
Jurisdiction J Part B	https://palmettogba.com/palmetto/Mforms.nsf/files/FN-JJ-B-2005.pdf/\$File/FN-JJ-B-2005.pdf?Open&
Jurisdiction M Part A	https://palmettogba.com/palmetto/Mforms.nsf/files/FN-JM-A-2005.pdf/\$File/FN-JM-A-2005.pdf?Open&
Jurisdiction M HHH	https://palmettogba.com/palmetto/Mforms.nsf/files/FN-HHH-A-2005.pdf/\$File/FN-HHH-A-2005.pdf?Open&
Jurisdiction M Part B	https://palmettogba.com/palmetto/Mforms.nsf/files/FN-JM-B-2005.pdf/\$File/FN-JM-B-2005.pdf?Open&




Request Form

- Complete and submit an Accelerated and Advance Payment Request form

Use the email or mailing address listed on the form. May also be Faxed.

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PLEASE DO NOT USE STAPLES FOR ANY DOCUMENTATION
FIELDS WITH A RED ASTERISK (*) ARE REQUIRED.

 **CMS**
CENTERS FOR MEDICARE & MEDICAID SERVICES

Accelerated and Advance Payment Request

The Centers for Medicare & Medicaid Services (CMS) has expanded the Accelerated and Advance Payment Program to provide financial relief to Medicare provider/suppliers working to provide treatment to patients and combat the 2019-Novel Coronavirus (COVID-19) pandemic. The expansion of this program is only for the duration of the public health emergency.

Instructions

- Please type your responses on the request. The completed request must be printed and signed by the provider/supplier's authorized official that is legally able to make financial commitments and assume financial obligations on the provider/supplier's behalf. Digital signature is an allowed form of authorization.
- Complete all fields to prevent delays in processing.
- If you need to request a payment for more than one Medicare Identification Number (PTAN), include a separate list of each Medicare Identification Number (PTAN) and matching National Provider Identifier (NPI) with this request. This will ensure faster processing of your request. The authorized official must have authority to sign on behalf of all parties.
- To identify your applicable MAC and for further guidance, reference the following link: <https://www.cms.gov/files/document/accelerated-and-advance-payment-fact-sheet.pdf>
- Your MAC will notify you of the decision and when you'll receive payment to the email listed on the form.

Provider Information	Contact Information	Authorized Official
Provider Name* <input type="text"/>	Phone Number* (<input type="text"/>) <input type="text"/> <input type="text"/>	Name* <input type="text"/>
National Provider Identifier (NPI)* <input type="text"/>	Fax Number (<input type="text"/>) <input type="text"/> - <input type="text"/>	Title* <input type="text"/>
Provider Number (PTAN)* <input type="text"/>	Email Address* <input type="text"/>	

Please select the reason for your request *

Delay in provider/supplier billing process is of an isolated temporary nature beyond the provider/supplier's normal billing cycle due to COVID-19 and not attributable to other third party payers or private patients

Other (Please explain below)

Payment Amount Requested *

I want the maximum payment amount as calculated by CMS.

I want less than the maximum payment amount as calculated by CMS. Amount Requested:

Signature

I certify that the provider has no plans to file for bankruptcy, is currently in bankruptcy, nor has retained bankruptcy council.

I certify that the provider has no plans to cease doing business.

I certify that the provider/supplier is not under fraud investigation.

I certify that I am the authorized official that is legally able to make financial commitments and assume financial obligations on the provider's/supplier's behalf.

Signature of authorized official listed above:* Date* / /

Please send this form to: (mailing address) and (email address)

Mail <input type="text"/>	Email <input type="text"/>
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Revised: 4/13/2020



Completing The Request Form


Provider Information	Contact Information	Authorized Official
Provider Name*	Phone Number*	Name
Legal Business Name or Legal Name	() -	
National Provider Identifier (NPI)*	Fax Number	Title*
	() -	
Provider Number (PTAN)*	Email Address*	

Email address used to notify you of decision and when you will receive payment

Completing The Form

Please select the reason for your request

Delay in provider/supplier billing process is of an isolated temporary nature beyond the provider/supplier's normal billing cycle due to COVID-19 and not attributable to other third party payers or private patients

Other (Please explain below) 

Request is for an accelerated/advance payment due to the COVID-19 pandemic.

Completing The Form

Payment Amount Requested

- I want the maximum payment amount as calculated by CMS.
- I want less than the maximum payment amount as calculated by CMS. Amount Requested:

Amount requested is based on your need:

- Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a three-month period
- Inpatient acute care hospitals, children's hospitals, and certain cancer hospitals are able to request up to 100% of the Medicare payment amount for a six-month period
- Critical access hospitals (CAH) can now request up to 125% of their payment amount for a six-month period

Sign and Date the Form

- The form must be signed by the provider's/supplier's authorized official that is legally able to make financial commitments and assume financial obligations on the provider's/supplier's behalf. representative of the provider/supplier.

Signature

- I certify that the provider has no plans to file for bankruptcy, is currently in bankruptcy, nor has retained bankruptcy council.
- I certify that the provider has no plans to cease doing business.
- I certify that the provider/supplier is not under fraud investigation.
- I certify that I am the authorized official that is legally able to make financial commitments and assume financial obligations on the provider's/supplier's behalf.

Signature of authorized official listed above:*

Date*

Please send this form and all additional documentation to:

Submitting the Form

Providers can fax, email or mail the **completed and signed** form to the fax or email address noted on the form.

Jurisdiction and Line of Business	Fax Number	Email Address
Jurisdiction J Part A	(803) 870-0148	JJ.FINANCIALRELIEF@palmettogba.com
Jurisdiction J Part B	(803) 870-0152	JJ.FINANCIALRELIEF@palmettogba.com
Jurisdiction M Part A	(803) 462-2574	JM.FINANCIALRELIEF@palmettogba.com
Jurisdiction M HHH	(803) 462-2574	JM.FINANCIALRELIEF@palmettogba.com
Jurisdiction M Part B	(803) 462-2575	JM.FINANCIALRELIEF@palmettogba.com



When Palmetto GBA Receives the Form

- Receipt confirmation is emailed to provider
- Palmetto GBA performs a validation of the following eligibility criteria:
 - **Has the provider billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's or supplier's request form?**
 - **Is the provider in bankruptcy?**
 - **Is the provider under active medical review or program integrity investigation?**
 - **Does the provider have any outstanding delinquent Medicare overpayments?**



When should you expect payment?

- If request is approved, payment is issued within seven calendar days from the request
- Denials or invalid requests are communicated via email to the point of contact listed on the request form
- Payment is issued through the provider's normal payment processing and is viewable on their Remittance Advice
- Accelerated/Advance Payments appear as a **PLB code AP** on the Remittance Advice



Repayment

- Accelerated/advance payments are recovered by one of two methods:
 - For the small subset of Part A providers who receive Period Interim Payment (PIP), the accelerated payment will be included in the reconciliation and settlement of the final cost report
 - Certain Part A providers covered under the CARES Act will have recoupment begin 365 days after the payment has been issued
 - All other providers and suppliers will begin repayment of the accelerated/advance payment **120 calendar days after payment is issued**



Does This Process Have Appeal Rights?

There are no administrative appeal rights related to these payments.

- **Administrative appeal rights would apply to the extent CMS issued overpayment determinations to recover any unpaid balances on accelerated or advance payments**



Help With Questions

- COVID-19 Hotline: to assist providers with questions regarding accelerated/advance payments related to COVID-19
 - **Customer Service Advocates (CSAs) are available to direct you to the appropriate place on our website to complete the required forms to request accelerated/advance payments and answer any questions you may have**
- Jurisdiction J (JJ) and Jurisdiction M (JM) COVID-19 Hotline:
 - **833-820-6138: Available Monday through Friday, from 8 a.m. to 6 p.m. ET.**

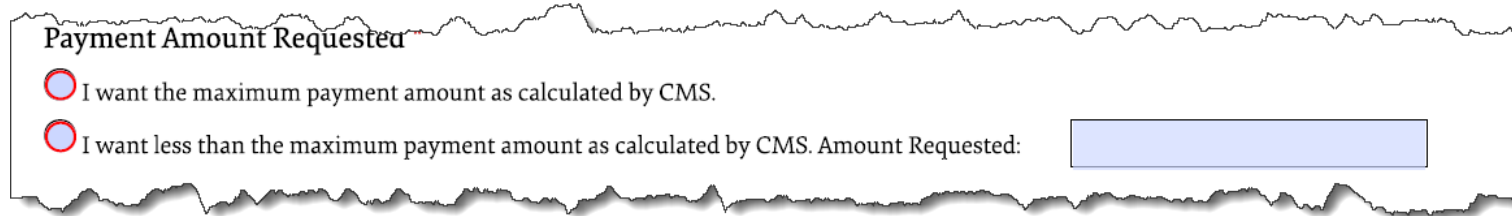


Common Questions

- Can I repay in a lump sum later?
 - For the small subset of Part A providers who receive Period Interim Payment (PIP), the accelerated payment will be included in the reconciliation and settlement of the final cost report
 - Certain Part A providers covered under the CARES Act will have recoupment begin 365 days after the payment has been issued
 - All other providers and suppliers will begin repayment of the accelerated/advance payment **120 calendar days after payment is issued**
 - Providers can submit repayment at any time. Please indicate “COVID-19 Accelerated/Advance Payment Repayment” on the check or in the documentation submitted with the check.

Common Questions

- Where on the form do I put how much money I need?



Payment Amount Requested

I want the maximum payment amount as calculated by CMS.

I want less than the maximum payment amount as calculated by CMS. Amount Requested:

- **Question:** Do I complete the form for every provider in our practice?
 - **Forms only need to be completed for each billing PTAN/NPI combination**
 - **Rendering physician PTAN/NPI requests are not needed**
 - Note: To submit one request for multiple PTAN/NPI combinations in your practice, you may submit a spreadsheet.

Common Questions

- Who has to sign the form?
 - Signature should be someone with the authority to make financial decisions for your provider. Examples include a CFO, administrator, office manager, etc.
- If I get paid with B of A funds, do I submit a Part B form?
 - If you are paid with Part B of A funds, submit the Part A form and include your provider number and NPI



Common Questions

- I do not have my PTAN and NPI. Can you still answer questions about the accelerated payment?
 - Accelerated/Advance payments require a PTAN and NPI in order to review provider-level validations and prior billing history. If you have specific questions regarding your provider's situation, email:
 - JJ.FINANCIALRELIEF@PalmettoGBA.com
 - JM.FINANCIALRELIEF@PalmettoGBA.com
 - RRB.SMAC.FINANCIALRELIEF@PalmettoGBA.com

Common Questions

- How many months will we be able to ask for help?
 - **CMS' payment provision at this time is for a three-month or six-month operating period, depending upon your provider type**
 - **Note:** Hospital sub-units are eligible for payment for a three-month operating period. Only Inpatient acute care hospitals, children's hospitals, certain cancer care hospitals, and critical access hospitals sub-units that qualify for six-month payments are eligible for payment for a six-month operating period at this time.
- Will we have to complete this form for every month going forward until this is over?
 - **No. The payment will be for a three-month or six-month operating period, depending upon your provider type. Should the financial need extend beyond this timeframe, additional direction will be provided by CMS.**



Common Questions

- What is the basis of the accelerated payment amount?
 - Accelerated payment amount is based on the provider's Medicare reimbursement history and is not calculated based on other payor revenues
- **Question:** Why was the accelerated payment amount received less than requested?
- **Answer:** Accelerated payment amounts are calculated based on the provider's three- or six-month reimbursement history (October 2019 through December 2019, or July 2019 through December 2019). The claim reimbursement history is utilizing dates when claims were fully adjudicated and were in an approved-to-pay location. For Part A providers, this calculation will vary from the PS&R claims date of service (DOS) and Paid Date calculations.
- **Examples**
 - Part B providers billing on CMS 1500 or electronic equivalent — October 2019 through December 2019
 - Inpatient acute care hospitals, critical access hospitals, children's hospitals and certain cancer hospitals — July 2019 through December 2019



Common Questions

- Will Medicare add interest to the recoupment for the advanced payments?
 - Interest will not accrue until the uncollected accelerated payment balance has been demanded. Demands will not be issued for the uncollected amounts until day 210 (120 + 90 days of recoupment w/o interest) for Part A and Part B providers or day 455 (365 + 90 days of recoupment w/o interest) for providers who fall under the CARES Act. Only after the demand letter has been issued will interest accruals begin.



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CARES Act Provider Relief Fund



CARES Act Provider Relief Fund

CARES ACT - Coronavirus Aid, Relief, and Economic Security Act

- President Trump is providing support to healthcare providers fighting the COVID-19 pandemic.
- On March 27, 2020, the President signed the bipartisan CARES Act that provides \$100 billion in relief funds to hospitals and other healthcare providers on the front lines of the coronavirus response.
- This funding will be used to support healthcare-related expenses or lost revenue attributable to COVID-19 and to ensure uninsured Americans can get testing and treatment for COVID-19.



CARES Act Provider Relief Fund

- \$30 billion is being distributed immediately, with payments arriving via direct deposit beginning April 10, 2020, to eligible providers.
- **CARES Act Provider Relief Fund** is separate from the Accelerated Advance Payment Requests.
- These are payments, not loans and will not need to be repaid.
- The Department of Health and Human Services (HHS) will be providing additional information on how health care providers and suppliers can access CARES Act funds in the coming weeks.



Who is Eligible for Initial \$30 Billion?

- All facilities and providers that received Medicare fee-for-service (FFS) reimbursements in 2019
- Payments to practices that are part of larger medical groups will be sent to the group's central billing office.
 - **All relief payments are made to the billing organization according to its Taxpayer Identification Number (TIN).**
- There are specific conditions to receiving these funds.
 - **HHS will provide additional details regarding the conditions.**



Who is Eligible for Initial \$30 Billion?

- If you ceased operation as a result of the COVID-19 pandemic, you are still eligible to receive funds so long as you provided diagnoses, testing, or care for individuals with possible or actual cases of COVID-19.
- Care does not have to be specific to treating COVID-19. HHS broadly views every patient as a possible case of COVID-19.



How Are Payment Distributions Determined

- Based on providers share of total Medicare FFS reimbursements in 2019.
- A provider can estimate their payment by dividing their 2019 Medicare FFS (not including Medicare Advantage) payments they received by \$484,000,000,000, and multiply that ratio by \$30,000,000,000.
 - **You should obtain your 2019 Medicare FFS billings from your organization's revenue management system.**

Payments

- HHS has partnered with UnitedHealth Group (UHG) to provide rapid payment to providers eligible for the distribution of the initial \$30 billion in funds.
- Providers will be paid via Automated Clearing House account information on file with UHG or the Centers for Medicare & Medicaid Services (CMS).
 - **The automatic payments will come to providers via Optum Bank with "HHSPAYMENT" as the payment description.**
 - **Providers who normally receive a paper check for reimbursement from CMS, will receive a paper check in the mail for this payment as well, within the next few weeks.**



Accepting/Rejecting Terms and Conditions

- Within 30 days of receiving the payment, providers **must sign an attestation confirming receipt of the funds and agreeing to the terms and conditions of payment.**
 - The portal for signing the attestation will be open the week of April 13, 2020.
 - Relief Fund Payment Terms and Conditions
 - <https://www.hhs.gov/sites/default/files/relief-fund-payment-terms-and-conditions-04132020.pdf>
 - Not returning the payment within 30 days of receipt will be viewed as acceptance of the Terms and Conditions.



Rejecting the Terms and Conditions (Refunding Payment)

- If payment is received and the provider **does not wish to comply with these Terms and Conditions**, the provider must do the following:
 - Contact HHS within **30** days of receipt of payment and then remit the full payment to HHS as instructed.
 - Appropriate contact information will be provided soon.

More Information On the CARES Act Provider Relief Fund

- Providers may request Accelerated/Advance Payments **and** also receive funds through the CARES Act Provider Relief Fund.
- HHS will provide more details regarding the CARES Act Provider Relief Fund as they are available and will post the information to the
 - <https://www.hhs.gov/provider-relief/index.html>
- Palmetto GBA can not provide additional details regarding the CARES Act Provider Relief Fund other than what is provided by HHS on the webpage listed above.
 - **HHS CARES Act Provider Relief Fund Hotline - 866-569-3522**



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Resources



Palmetto GBA COVID-19 Webpages

Jurisdiction and Line of Business	Website
Jurisdiction J Part A	https://tinyurl.com/v4zqmeb
Jurisdiction J Part B	https://tinyurl.com/szbn8t9
Jurisdiction M Part A	https://tinyurl.com/vrqxbyu
Jurisdiction M HHH	https://tinyurl.com/wtppxvg
Jurisdiction M Part B	https://tinyurl.com/srvf7rn



CMS COVID-19 Website

- **CMS COVID-19 Webpage**
 - <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>
- **Fact Sheet: Expansion of the Accelerated and Advance Payments Program for Providers and Suppliers During COVID-19 Emergency**
 - <https://www.cms.gov/files/document/accelerated-and-advanced-payments-fact-sheet.pdf>
- **CMS Letter to Clinicians**
 - <https://www.cms.gov/files/document/covid-dear-clinician-letter.pdf>



Health and Human Services

- CARES Act Provider Relief Fund webpage
 - <https://www.hhs.gov/provider-relief/index.html>



Palmetto GBA Provider Contact Centers

▶ **Jurisdiction J** I

- ▶ 8 a.m. until 6 p.m., ET
- ▶ **877.567.7271**

▶ **Jurisdiction M**

- ▶ 8 a.m. - 4:30 p.m., ET
- ▶ **855.696.0705**

▶ **The Interactive Voice Response (IVR) Hours of Availability – 24 hours a day, 7 days a week**

- ▶ Except dark days
- ▶ **IVR Job Aids available**



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Watch for or search hashtag **#PalmettoGBACOVID19**

Thank you for attending!
Please take a few moments to take a short survey.



- Survey



Time for your questions.