

Medicare Accelerated and Advance Payment Program FAQs

The Centers for Medicare and Medicaid Services has been authorized to expand accelerated/advance payments to physicians. These payments are designed to help physicians and their practices remain financially viable, addressing cash-flow issues based on historical payments, during the COVID-19 public health emergency. Physicians must apply to receive accelerated/advanced payments.

1. What are accelerated/advance payments?

Accelerated/advance payments provide payment to practices when there is a disruption in claims submission and/or processing. The CMS can make accelerated or advance payments to any physician who submits a request to the appropriate [Medicare Administrative Contractor \(MAC\)](#) and meets eligibility requirements.

2. Who is eligible?

Providers and suppliers qualify if they

- billed Medicare for claims within 180 days immediately prior to the date of the signature provided on the physician's request form,
- are not in bankruptcy,
- are not under active medical review or program integrity investigation, and
- do not have any outstanding delinquent Medicare overpayments.

3. How much will I receive, and when will I receive it?

Physicians must request a specific amount using the Accelerated or Advance Payment Request form provided on the appropriate MAC website. Most will be able to request up to 100% of the Medicare payment amount for a three-month period. Requests will be reviewed, and payments generally issued, within seven calendar days of receipt.

4. When can I apply?

Now. Medicare will start accepting and processing accelerated/advance payments immediately.

5. How do I apply?

- **Complete and submit a request form.** Forms can be found on each MAC website. Each MAC has a COVID-19 hotline to help with accelerated payment requests. Locate your designated MAC [here](#).
- **Ensure you include all required information.** Incomplete forms will not be reviewed or processed. You will need:

Physician information

- legal business name/legal name,
- correspondence address,
- National Provider Identifier (NPI),
- other information as required by your MAC.

Requested amount

- Physicians can request up to 100% of the Medicare payment amount for a three-month period.

Reason for request

- Check “Box 2 – Delay in provider/supplier billing process of an isolated temporary nature beyond the provider/supplier’s normal billing cycle and not attributable to other third-party payers or private patients,” and
- state that the request is for an accelerated/advance payment due to the COVID-19 pandemic.
- **Sign and submit.** An authorized representative of the physician must sign the form. Requests can be submitted via fax, email, or mail. Electronic submission can reduce processing time.

6. How are payments recouped/reconciled?

Physicians can continue to submit claims as usual after the accelerated/advance payment is issued. Recoupment does not begin for 120 days. During that time, physicians will continue to receive full payments for their claims.

After 120 days, the recoupment process begins. Every claim submitted by the physician will be offset from new claims to repay the accelerated/advance payment. Physicians will not receive payment for the newly submitted claims. Instead, their outstanding accelerated/advance payment amount will be reduced by the claim payment amount. The recoupment process is automatic. Medicare Part B providers and suppliers have up to 210 days for the reconciliation process to begin.

Medicare Administrative Contractors

States/Regions	MAC	Contact Information
KY, OH 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	CGS Administrators, LLC (CGS) - Jurisdiction 15	The toll-free Hotline Telephone Number: 1-855-769-9920 Hours of Operation: 7:00 am – 4:00 pm CT The toll-free Hotline Telephone Number for Home Health and Hospice Claims: 1-877-299-4500 Hours of Operation: 8:00 am – 4:30 pm CT for main customer service and 7:00 am – 4:00 pm CT for the Electronic Data Interchange (EDI) Department
FL, PR, US VI	First Coast Service Options Inc. (FCSO) - Jurisdiction N	The toll-free Hotline Telephone Number: 1-855-247-8428 Hours of Operation: 8:30 AM – 4:00 PM ET

<p>CT, IL, ME, MA, MN, NY, NH, RI, VT, WI</p> <p>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</p>	<p><u>National Government Services (NGS) - Jurisdiction 6 & Jurisdiction K</u></p>	<p>The toll-free Hotline Telephone Number: 1-888-802-3898 Hours of Operation: 8:00 am – 4:00 pm CT</p>
<p>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)</p>	<p><u>Novitas Solutions, Inc. - Jurisdiction H & Jurisdiction L</u></p>	<p>The toll-free Hotline Telephone Number: 1-855-247-8428 Hours of Operation: 8:30 AM – 4:00 PM ET</p>
<p>AK, AZ, CA, HI, ID, MT, ND, NV, OR, SD, UT, WA, WY, AS, GU, MP</p>	<p><u>Noridian Healthcare Solutions - Jurisdiction E & Jurisdiction F</u></p>	<p>The toll-free Hotline Telephone Number: 1-866-575-4067 Hours of Operation: 8:00 am – 6:00 pm CT</p>
<p>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</p> <p>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</p>	<p><u>Palmetto GBA - Jurisdiction J & Jurisdiction M</u></p>	<p>The toll-free Hotline Telephone Number: 1-833-820-6138 Hours of Operation: 8:30 am – 5:00 pm ET</p>
<p>IN, MI, IA, KS, MO, NE</p>	<p><u>Wisconsin Physician Services (WPS) - Jurisdiction 5 & Jurisdiction 8</u></p>	<p>The toll-free Hotline Telephone Number: 1-844-209-2567 Hours of Operation: 7:00 am – 4:00 pm CT</p>

Last updated: March 29, 2020 at 5:00 p.m. CT

Wisconsin Physician Services (WPS) – Jurisdiction 5 & Jurisdiction 8 Screenshots

Showing WPS GHA Portal Content for Jurisdiction **J8** Part B (Click here to change) Live Chat A A

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Welcome to the WPS GHA Portal Serving Medicare Providers in Jurisdictions 5 and 8

2020 Telehealth Expansion During Emergency Webinars

WPS will discuss the limited expansion of Medicare's telehealth benefit during the COVID-19 crisis.

[Read full article](#)

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2020 MAC Satisfaction Indicator (MSI)

There is Still Time to Evaluate Our Services!

[Take the survey](#)

Medicare News

2020 Telehealth Expansion During Emergency Webinars

WPS will discuss the limited expansion of Medicare's telehealth benefit during the COVID-19 crisis.

Published Today at 5:07 PM

Coronavirus

Stay current with the fast moving information on the Coronavirus.

HICN to MBI Transition Period

The transition period is now over, all providers must submit claims with MBIs

FEEDBACK

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CMS 855

CMS-855B Clinics/Group Practices and Certain Other Suppliers

CMS-855I Physicians and Non-Physician Practitioners

CMS-855O Eligible Ordering and Referring Physicians

CMS-855R Reassignment of Medicare Benefits

Immunization

Influenza Virus Vaccine Roster for Mass Immunizers

Pneumococcal Pneumonia Vaccination Roster

Influenza

Influenza Virus Vaccine Roster for Mass Immunizers

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Redetermination

Indiana Appeals/Clerical Error Reopening Fax Cover Sheet

Michigan Appeals/Clerical Error Reopening Fax Cover Sheet

Redetermination of an Overpayment Request Form - J8B

Redetermination Request

Showing WPS GHA Portal Content for Jurisdiction J8 Part B (Click here to change)

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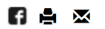
Need help?

Web Help

Advanced Payment Certification

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Jurisdictions: **J8B, J5B**

Use this form to request Advanced Payment from Medicare. Submit your completed certification form to AccAdvPymtReq@wpsic.com.

Tags: **Fees and Reimbursement Forms, COVID-19, J8B, J5B, Advanced Payments, Forms**

Attached File

03-30-2020_Form_20579_ks.pdf | 82 KB

Download File

ACCELERATED PAYMENT REQUEST CERTIFICATION

I, _____, _____
(Name) (Title)

certify the validity of the request for an accelerated payment by _____
(Provider Name)

in the amount of \$_____ from the Medicare Program.

Specifically, I certify the accuracy of the statements checked below:

I understand that Medicare is making an accelerated payment for services already provided.

The provider has put forth a good faith estimate of the amount actually due for services already provided.

The accelerated payment will be used to operate the provider, and will not be used for payments outside the provider's ordinary course of business.

The provider has no plans to file bankruptcy.

The provider has no plans to cease doing business.

In signing for myself and the provider, I understand that false statements are punishable as a felony under 18 U. S. C. Section 1001, which provides as follows:

Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both.

Signed: _____ Dated: This ____ day of _____, _____
(Name and Title)

Pursuant to 28 U. S. C. Section 1746, I declare under penalty of perjury that I have investigated the matters that are subject of this document, and that the information provided is true and correct.

Signed: _____ Dated: This ____ day of _____, _____
(Name and Title)