

A CMS Medicare Administrative Contractor

<https://www.NGSMedicare.com>

Applying for an Extended Repayment Schedule

Any time a provider needs longer than 30 days to repay the full amount of an overpayment, the provider should submit a request for an extended repayment schedule (ERS). While a provider may request an ERS at any time during the debt-collection process, submittal within the first 40 days of the demand letter date may decrease the likelihood of a full withhold on interim payments.

To request an extended repayment schedule, please fax the required documents indicated on the list below along with the completed form and a copy of first month's good faith payment to:

- J6: jkextendedrepaymentschedules@anthem.com
- If an incomplete ERS request is received, the contractor shall review the submitted documentation, determine and request all missing documents. If a good faith payment was not received, the MAC shall immediately place the provider on no less than 30% recoupment. If the contractor requests additional documentation and the information is not received by the 16th calendar day after the contractor's request, the contractor should close the request and resume normal collect activities.

If we do not hear from the provider regarding an ERS application within 40 days from the date of the demand letter, we will begin to recoup the overpayment by withholding interim payments at rate of 100 percent.

Any payments withheld will be applied to the outstanding overpayment and will not be refunded.

The maximum term allowed to request is sixty (60) months. Approved ERS will run from the date of the ERS approval date.

The provider must continue to submit monthly good faith payments until written approval or denial is received. If a provider fails to continue to submit monthly payments, we may initiate withhold of interim payments.

Any questions should be submitted to jkextendedrepaymentschedules@anthem.com. Additional information regarding the ERS process can be obtained by visiting our website.

Jurisdiction 6 providers should mail the first payment and the completed checklist directly to:

National Government Services
P.O. Box 809194
Chicago, IL 60680-9194

Your check should be made payable to **National Government Services** and reference "J6 B ERS Request."

provider cannot submit balance sheets prepared by its accountant, it must submit balance sheets for the last two complete Medicare cost reporting periods (for providers that file a cost report) or for the last two complete fiscal years (for providers that don't file a cost report).

- 4.) **Income Statements** – Related to the balance sheets.
 - a. CMS **requires** that both the balance sheets and income statements include similar agreement language. (See Exhibit 1)
- 5.) **Cash flow statements** – for the periods covered by the balance sheets. (see Exhibit 2) If the date of the provider's request for an extended repayment schedule is more than three months after the date of the most recent balance sheet, a cash flow statement shall be provided for all months between that date and the date of the request.
- 6.) **Projected cash flow statement** – from the date of the request and covering the remainder of the fiscal year. If fewer than six months remain, the provider shall include a projected cash flow statement for the following year. (see Exhibit 3)
- 7.) **List of restricted cash funds** – by amount as of the date of request and the purpose for which each fund is to be used, if applicable.
- 8.) **List of investments** – by type (stock, bond, etc.), amount, and current market value as of the date of the report, if applicable.
- 9.) **List of notes and mortgages payable** – by amounts as of the date of the report and their due dates, if applicable.
- 10.) **Schedule showing amounts** – due to and from related companies or individuals included in the balance sheets. The schedule should show the names of related organizations/persons, TIN and NPI numbers. It shall also show where the amounts appear on the balance sheet (such as Accounts Receivable, Notes Receivable, etc.).
- 11.) **Schedule showing types** – amounts of expenses (included in the income statements) paid to related organizations. The schedule shall show names of the related organizations, TIN and NPI numbers.
- 12.) **The percentage of occupancy** – by type of patient (e.g., Medicare, Medicaid, private pay) and total available bed days for the periods the income statements cover.

If one of the above items is not available or does not apply to this provider, please explain why in the space provided below by referencing the item number followed by the explanation:
