

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 15 days of the demand letter date may decrease the likelihood of a full withhold interim payments.

Please refer to your individual demand letter for specifics on withholding dates.

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

- 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 prior to the withholding date contained in the demand letter, we will begin to recoup the overpayment by withholding a percentage of interim payments. The withhold percentage is generally 100 percent.

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

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

Good faith payments are required every 30 days during the review process until written approval or denial is received. Non submission of good faith payments will cause your ERS request to be closed and 100% withholding with possible referral to Treasury to occur.

If you have any questions, please submit your inquires to jkextendedrepaymentschedules@anthem.com. Additional information regarding the ERS process can be obtained by visiting [our website](#).

JK providers should mail the first payment, at time of application, and the completed checklist directly to:

National Government Services
P.O. Box 809366
Chicago, IL 60680-9366

Your check should be made payable to **National Government Services** and reference **JK A ERS Request**.

EXHIBIT 3. – Projected Cash Flow Statement Cash from Operations Period Covered

**PROJECTED CASH FLOW CASH FROM OPERATIONS FOR
THE PERIOD _____**

Net Income (or Net Loss) \$XXXX

Increases:

Depreciation expense \$XXXX

Loss from sale of equipment XXXX

Decrease in net Accounts Receivable XXXX Decrease in Prepaid Expense

XXXX Decrease in Inventory XXXX

Increase in Accounts Payable XXXX

Increase in Prepaid Income XXXX

Others XXXX

Gross Cash from Operations \$XXXX

Decreases:

Gain from sale of equipment \$XXXX Increase in net Accounts Receivable

XXXX Increase in Prepaid Expense XXXX

Increase in Inventory XXXX

Decrease in Accounts Payable XXXX Decrease in Prepaid Income XXXX

Others XXXX

Net Cash from Operations \$XXXX

The legal authority for the collection of information on this form is authorized by section 1869 (a)(3) of the Social Security Act. The information provided will be used to further document your claim. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your claim. Information you furnish on this form may be disclosed to the CMS or another person or government agency only with respect to the Medicare Program and to comply with Federal laws requiring or permitting the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies.