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NGS Medicare Virtual Conference

Fall 2021

Post COVID Advance or Accelerated Repayments

11/10/2021





Today's Presenters

- NGS Provider Outreach and Education
 - Carleen Parker, Consultant
 - Christine Obergfell, CPC, CPC-I, ICD-10 Approved Instructor
 - Nathan L Kennedy Jr, CHC, CPC, CPPM, CPB, CPMA, AAPC Approved Instructor
 - Provider Outreach and Education, Consultants

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No Recording

- Attendees/providers are **never** permitted to record (tape record or **any** other method) our educational events
 - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- Understand the repayment and recoupment process as a result of COVID-19 accelerated or advanced payments

Agenda

- AAP Background
- Updates: Continuing Appropriations Act
- Repayment Timeline
- Extended Repayment Schedule

AAP Eligibility

- In order to receive an AAP, the provider 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

Repayment Process

- Providers who experienced financial difficulties due to COVID-19, applied for and received advanced payment need to understand process for repayment to Medicare program
- Continuing Appropriations Act, 2021 and Other Extensions Act (P.L. 116–159), enacted on 10/1/2020, amended the repayment terms for all providers who requested and received advance payment(s) during the COVID-19 Public Health Emergency

Accelerated or Advanced Payments

- Medicare payments in advance caused by COVID-19 financial difficulties for our provider
 - Did you take advantage of this to provide necessary funds when there is disruption in claims submissions?
 - Do you know what to expect in one year from AAP?

Repayment Timeline

- Early Notice Letter
 - Recoupments will begin automatically 12 months from issuance date of AAP
 - First 11 months after repayment begins, automatic recoupment of 25 percent
 - Following six months, repayment will occur through an automatic recoupment of 50 percent
 - Providers unable to repay total amount of the accelerated or advance payment through recoupment within 29 months will receive a demand letter requiring repayment of any outstanding balance, subject to an interest rate of four percent

Repayment

- If provider is unable to repay total amount of AAP through recoupment within 29 months, providers will receive demand letter requiring repayment of any outstanding balance
 - If balance is not paid in full, interest will start accruing 30 days from the date of the letter at a four percent interest rate, and
 - Will be assessed for each full 30 day period the balance remains unpaid

Day One
4/1/2020

First 11 months
after repayment
begins @ 25%
4/1/2021 – 2/28/2022

Day 366
Repayment begins
one year after AAP
was issued

Succeeding six
months after 11
months @ 50%
3/1/2022 –
8/31/2022

If AAP repayment not
fulfilled after 29 months,
demand letter generated
with total balance subject
to four percent interest

Voluntary Refunds

- Submit check with Jurisdiction 6 or Jurisdiction K Part B Voluntary Refund Form and NGS will apply monies to overpayment
- Complete the form in its entirety
 - Missing information will delay processing
- Be sure form is mailed to appropriate address listed at bottom of form and indicate refund for AAP
- [Jurisdiction 6 Part B Voluntary Refund Form](#)
- [Jurisdiction K Part B Voluntary Refund Form](#)

Extended Repayment Schedule

- Providers can apply for ERS
- ERS can be requested after demand letter has been issued
- Instructions are located on [our website](#)
 - Resources > Overpayment > [Set Up An Extended Repayment Schedule](#)
 - Includes J6/JK forms and email addresses for requests

Interest Rate

- Regular Medicare account receivables (ARs) will be netted first at 100%
 - [CR Transmittal 12146](#)
- AAP Medicare ARs will be netting after regular open ARs
 - 25% and/or 50% respectively, is only for COVID-19 AAP ARs

Remittance Advice

- Part B providers will see as they do today with regard to recoupments
- COVID-19 accelerated and advanced payments account receivable transaction numbers that appear with the applicable PLB code that will begin with “CVD”

TOTALS:	# OF CLAIMS	BILLED AMT	ALLOWED AMT	DEDUCT AMT	COINS AMT	TOTAL RC-AMT	PROV PD AMT	PROV ADJ AMT	CHECK AMT
	20	9220.00	3515.13	0.00	703.07	5704.87	2812.06	703.02	0.00

PROVIDER ADJ DETAILS:	PLB REASON CODE	FCN	AMOUNT	CHECK AMOUNT	MID NUMBER
	WO	CVDAR000014206	703.02	0.00	

GLOSSARY: Group, Reason, MOA, Remark and Adjustment Codes

- CO Contractual Obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.
- 45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication.
- 59 Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- MA01 Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date you received this notice, unless you have a good reason for being late.
- MA18 Alert: The claim information is also being forwarded to the patient's supplemental insurer. Send any questions regarding supplemental benefits to them.
- N89 Alert: Payment information for this claim has been forwarded to more than one other payer, but format limitations permit only one of the secondary payers to be identified in this remittance advice.
- WO Overpayment Recovery

Nettings Across Organization Affiliations

- Affiliated providers are providers that share same Tax ID number with multiple PTANs
 - Recoupment based on Tax ID number rather than PTAN
 - CMS instructs contractors to use the Tax ID to get the recoupment of advanced payment regardless of which PTAN actually received the payment
 - Collaborate with all affiliated providers under one Tax ID number
- If you are part of a group, and you did not receive an AAP, and you see recoupment on remittance advice, reach out to your other group providers to determine which PTAN received AAP

Resources

- [NGS website](#) > Overpayment
- [Fact Sheet: Repayment Terms for Accelerated and Advance Payments Issued to Providers and Suppliers During COVID-19 Emergency](#)
- [COVID-19 Accelerated and Advance Payment \(CAAP\) Repayment & Recovery Frequently Asked Questions](#)

Thank You!

- Follow-up email
 - Attendees will be provided a Medicare University Course Code
- Questions?

We're on Twitter!



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How to Ask Questions on Today's Webinar

- Two options:
 - Raise your hand to ask a question verbally
 - Send your question through the question box
- Please do not do both at the same time

