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Subject: CMS Offers Accelerated Payments Due to COVID-19



Member Alert

CMS Offers Accelerated Payments for Healthcare Providers

CMS announced Saturday that it will accelerate advanced Medicare payments available to physicians and other healthcare providers due to the effects of the COVID-19 pandemic.

The move means that practices can apply now to their Medicare Administrative Contractors to receive 100 percent of their Medicare payment amount for a three-month period based on historical payments. MACs will issue the payments within seven days, the Centers for Medicare & Medicaid Services said in a <u>fact sheet accompanying its announcement</u> (PDF).

Recoupment of advance payments will begin 120 days after the accelerated payment is made. Practices will then have another 90 days to repay the balance. The balance would be the amount of the payment less anything that would be credited to the practice based on new claims submitted after that time.

To apply, practices must obtain an accelerated advance payment request form from their MAC's website. CMS has COVID-19 hotlines at each MAC to help with the requests. To contact your MAC, review CMS' MAC list (PDF).

Typically, practices receive Medicare payments after delivering services to patients. However, CMS offers advance payments in emergencies, such as natural disasters, to address cash flow issues.

Ophthalmology practices have had to severely cut back services due to the coronavirus. This announcement may help some ophthalmologists with cash flow issues that have forced them to furlough or lay off staff.

"With our nation's health care providers on the front lines in the fight against COVID-19, dollars and cents shouldn't be adding to their worries," CMS Administrator Seema Verma said in the agency's release announcing the move. "Unfortunately, the major disruptions to the healthcare system caused by COVID-19 are a significant financial burden on providers. Today's action will ensure that they have the resources they need to maintain their all-important focus on patient care during the pandemic."

Hospitals, doctors, durable medical equipment suppliers and other Medicare Part A and Part B providers and suppliers are eligible.

According to CMS, to qualify for the payments, the provider or 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.

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