

NGS Accelerated or Advanced Payment Process Frequently Asked Questions and Resources

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If you have questions about the accelerated and advance payment process, you may call the National Government Services Hotline at 888-802-3898 for assistance. Representatives are available Monday through Friday for JK providers from 8:00 a.m.–4:00 p.m. ET and for J6 providers from 8:00 a.m.–4:00 p.m. CT.

Frequently Asked Questions

Q. Do we submit the form for the rendering or billing NPI/PTAN?

A. You must use the billing NPI/PTAN. We have to return/reject requests if you use the rendering provider information instead of the billing provider information. You must submit the form the same way you bill us (e.g., if you bill us by the group, you must submit the request for the group).

Q. What address should we enter on the form? Billing or physical?

A. You should use the physical address.

Q. Do I have to submit a separate request for each NPI/PTAN?

A. Providers that are part of a group practice may attach a list of NPI/PTANs to the form. The authorized representative must have authority to sign on behalf of all parties included in the list.

NGS prefers that the requests for Part A accelerated payments be submitted in aggregate for all of Part A units. Each subunit does not need its own request form. For example, a hospital that has psych and rehab subunits can submit one form for all three providers. However, they should notate this on their form. Also, inpatient and outpatient for a Part A provider should be combined in one request.

Q. Who can sign the accelerated/advance payment requests?

A. The form must be signed by the provider's authorized official that is legally able to make financial commitments and assume financial obligations on behalf of the provider. It must be the person identified in PECOS as the authorized/delegated official.

Q. Is letterhead required with emails?

A. No, we don't require the letterhead when you submit your request via email. The email/form should say that the request is due to COVID-19.

Q. Can I use a digital signature?

A. Yes. Digital signatures are acceptable on the form. Chrome users will need to download and save the form to activate the digital signature feature.

Q. If a provider is getting another federal loan such as the paycheck protection program are they still eligible for the advance/accelerated payment?

A. Yes, these are completely separate.

Q. What are the requirements to be eligible for an advance/accelerated payment?

A. Requirements/eligibility:

- The provider has billed claims during the 180 days prior to the effects of COVID-19.
- The provider is not under a fraud investigation. The MAC will perform program integrity checks. CMS considers a provider to have met the eligibility requirement of not being under an active program integrity investigation when the provider is not:
 - - Currently under investigations, audits and/or reviews which indicate findings of potential fraudulent activity; and/or under active law enforcement investigation.
 - - - This includes providers on targeted probe and educate.
 - - The MAC may need to confirm fraud information with the Unified Program Integrity Contractor in the event that the MAC identifies any current and/or previous fraud-related investigations, audits or reviews in the Unified Case Management related to that provider/supplier.
- The provider is currently not in an active bankruptcy status (not settled) or indicates/plans to file bankruptcy.

- The provider has no delinquent debts that have not been paid for over 120 days.

Q. What is the status of my request?

A. Due to overwhelming provider response to the accelerated/advanced payment requests, we are processing requests as expediently as possible. We are processing in the order that requests are received. When payments are processed, you will receive a response to your email regarding the payment amount. We are reaching out directly to any providers that have incomplete submissions and/or if we have any questions needed to process the payment request.

Q. What do I do if I submitted the form with an incorrect amount request? How do I correct it?

A. You will submit a corrected form indicating the date the original form was submitted and explaining why you are submitting this corrected form.

Q. When is the last day to apply for the advanced/accelerated payment?

A. No date has been given as to when requests have to be submitted by.

Q. Is this being offered by the Medicare Advantage plans?

A. Providers will need to contact the MA plan(s).

Q. Why did I get less than I requested?

A. CMS provides us with a total eligible dollar amount based on the providers billing history just prior to COVID-19. Most providers are eligible up to 100% of that amount, critical access hospitals are eligible up to 125%. If you ask for more than you are eligible for, we grant the full amount that you are eligible for.

Q. Where does it state in writing that the provider will be charged interest on the unpaid balance remaining?

A. Our website has a section that discusses responding to a demand letter ([Part A, HH&H, FQHC, Part B](#)). If the debt is not repaid within the specified timeframes (following the different timeframes for Part A and Part B), it will go to the demand process and they will get the demand letter, they then have 30 days before interest accrues.

Q. What will be the interest rate once interest starts to accrue?

A. The current interest rate is 10.25%. The interest rate is subject to change and we cannot speak to what a future interest rate will be. These rates are published through recurring CRs.

Common Reasons NGS Returns or Denies Accelerated/Advance Payment requests

- The form specified a rendering provider NPI instead of the billing provider NPI.
- The form was mistakenly submitted to NGS instead of the correct MAC. Be sure to send the application to the MAC who processes your Medicare fee-for-service claims.
- The billing provider has not billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form.
- Application request did not include a dollar amount.
 - - Qualified providers/suppliers will be asked to request a specific amount using an Accelerated or Advance Payment Request form provided on each MAC's website. Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a three-month period. Inpatient acute care hospitals, children's hospitals, and certain cancer hospitals are able to request up to 100% of the Medicare payment amount for a six-month period. Critical access hospitals can request up to 125% of their payment amount for a six-month period.
- The provider is in bankruptcy.
- The provider is under active program integrity investigation.