

Coronavirus Aid, Relief, and Economic Security (CARES) Act



Medicare Advance Payment Program Virtual Meeting HCA Healthcare Physician FAQ

This document is a compilation of frequently asked questions (FAQs) from physicians, which were answered by a panel of external financial and legal experts who are working with HCA Healthcare as we continue to provide you with support and resources in this unprecedented time.

Note that these FAQs were prepared based on information available as of April 10, 2020 and are subject to revision and interpretation based on pending rules and regulations.

Visit the [HCA Healthcare CARES Website](#) to learn more about this and other financial support services, such as:

- HCA Healthcare Physician Relief Call Line,
- Guidance information around CARES Act programs,
- Checklists to help navigate applications, and
- Banks who are available to support you should your financial institution not be an SBA lender

Neither the assistance provided by HCA nor its outside advisors should be considered legal advice or guidance.

Q: Can physicians both apply for the PPP & Medicare Advance Payments?

Yes. These are separate programs with separate qualification criteria.

Q: Is the Medicare Advance Payment Program only for physicians who have taken care of patients with a diagnosis of COVID-19?

No. Diagnosing or treating COVID-19 patients is not a threshold eligibility requirement for the Medicare Advance Payment Program. It's an advance on Medicare payments that you would have otherwise received. CMS is projecting you likely would receive and giving it to you upfront, which must then be repaid.

Q: Does this program extend to Medicaid patients? What about Tricare?

Not at this time. It's based on your Medicare fee-for-service payments.

Q: Where do we find out who our Medicare Administrative Contractor (MAC) is?

You can identify your MAC here: <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/MACs-by-State-June-2019.pdf>

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Q: Is this program only for Medicare Part B? Does it include revenue generated from Medicare Advantage plans?

When CMS calculates the amount for which a physician may be eligible, it does not include Medicare Advantage payments.

Q: It stated there is no application deadline as long as it is within the pandemic period. What specifications are they looking for that determine we are still “inside” the pandemic period? A national stay at home order?

It's the official declaration of the public health emergency. We will know the pandemic period has ended when the public health emergency declaration is lifted by the Secretary of HHS or with guidance from the president. It's not driven by any individual state, a shelter in place, or any other executive order issued by a state's governor. The determination and announcement will be made at the federal level.

Q: The Advance Payment notice from CMS says that physicians cannot qualify if they are under active medical review or program integrity investigations. Does Targeted Probe and Educate (TPE) count as medical review? Enrollment validation?

TPE should not be a disqualifier in this particular circumstance. While not specifically addressed by CMS, it does not appear that TPE is the type of initiative for which CMS intends to limit qualifying for the Advance Payment program.

Q: Will the remittance advice explain when the physician's future claims are reduced to repay the advance payment?

Yes, the offset should appear in your remittance advice to let you know that.

Q: The CMS fact sheet says there are no administrative appeal rights. What does that mean?

It means that the decision reached by the MAC in terms of whether or not a physician qualifies for the Advanced Payment Program and the amount that it determines in conjunction with CMS that you're eligible to receive are final decisions from them. If you're not eligible, or if they determine that you are only eligible to receive X dollars, and you thought you should receive Y dollars, you can, of course, discuss the issue with the MAC to understand the source of the discrepancy, but, final say on the matter rests with the MAC and whatever conclusion it ultimately reaches is final and not subject to any further appeal by the physician.

Q: Do we need to sign an attestation to confirm we received funds? If so, where do we find the attestation?

No. The Advance Payment Program currently does not have an attestation or other terms and conditions beyond those indicated in the CMS Fact Sheet or other CMS guidance and instructions.

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Q: How should physicians complete the form regarding the requested amount? How do you calculate 100% of 3 months of Medicare payments?

The form used to request the Advance Payment is available on your MAC's website. It requests simple information such as your NPI/PTAN number and your physical address. There are two boxes: one box to indicate the amount you are requesting and another box that says you want to request the maximum amount that CMS has computed for you. CMS has reports that show what you billed in the third quarter of 2019 so, if you choose to receive the maximum amount, you check that box and CMS will compute and send it to you automatically. If by chance you make a computation and request an amount on your own and it's in excess of what CMS computed, they will limit you to the amount that they've computed. Submit the form via email or fax as indicated by your MAC.

Q: Are there restrictions on what we can use the advance payment funds for? Could you use non-reimbursed funds from the PPP to payback the Advanced Payment?

These funds are not restricted to a certain use. This is an advance payment against your Medicare claims. You can use it as you would any other cash you receive.

Q: Is the recoupment taken out of the checking account, or is it withheld from future Medicare payments?

It will be withheld from your payments and will show up as an individual line on the remittance advice that you receive. Please note, in terms of accounting, when you receive advance funds, you'll set up a liability. At some point in the future when they start withholding the cash from your remits, you'll be receiving a remittance advice but you won't have any cash coming in with the remittances. At this point you will be relieving the debt recorded on the books for this advance instead of recording cash deposits from the remittances.

Q: How does the recoupment process work and will interest be charged?

There will be no recoupment during the first 120 days following your Advance. Beginning on day 121, recoupment will begin with no interest being charged. Recoupment will occur through the withholding of the net reimbursement from your processed claims and will continue for 120 days. After this 240 days, the MAC will reconcile the amount of your advance and the amount of net reimbursement that has been withheld from your remittances. If there is a remaining balance, a demand letter will be issued to you requesting that you pay the balance within 30 days. Any balance unpaid after that 30 day period following the demand letter will be subject to interest at a current rate of 10.25%.

Q: I'm an emergency medicine physician working as an independent contractor. Am I eligible for the advance payment programs?

If you are a billing physician and you billed your own claims under Medicare Part B and meet all the specified criteria, then you would be eligible to participate in this program.

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Q: I'm a partner in a 27 physician group (LLC). We file Medicare claims using one PTAN and a suffix for each individual physician. Do I file with the PTAN of my group, or can I file for myself?

The general guidance that most of the MACs have put out on their website so far is that you file for this in the same way that you bill, meaning if you bill as a group, then you should file as a group. However, there is some variation in the guidance if you go into the frequently asked questions on each of the MAC websites. As a result, in each case, you are encouraged to reach out to your MAC. They're willing to work with you and answer questions.

Q: If surgeons are not working right now and if that continues for 2 months from now, can it be assumed that Medicare collections that would be used as offset payments in the next 4 months would be low based on low billing in the current? Therefore, isn't it likely to leave individuals with a large balance at Day 241?

In this situation, yes. If claims processed during the recoupment period are less than they were for the fourth quarter of 2019 and the part B provider requests a maximum allowable advance, a balance will likely be remaining at the end of the collection period.

Q: If you have not repaid your advance funds by 241 days and you get a bill with interest at 10%, how do the collection proceedings progress? Is there a specific time frame for repayment? What recourse does CMS have in collecting?

At the end of the collection period, the MAC will issue a demand letter requesting that any remaining balance be paid within 30 days of the demand letter. Any balance remaining unpaid at the end of that 30 day period will be subject to interest. In the event that a provider cannot repay the balance during that time period, the provider should contact the MAC as instructed in the demand letter and make arrangements to repay the balance in something other than a one-time lump sum. The MAC will work with providers to come up with a repayment solution and avoid turning the account over to collections.