

Guide to requesting Accelerated/Advanced Payment

Go to <https://www.novitas-solutions.com/webcenter/portal/MedicareJH>
Toll-free Hotline for assistance (855) 247-8428 M-F 8:30am-4:00pm ET

1. Complete and submit a request form: Accelerated/Advanced Payment Request
2. What to include in the request form: Incomplete forms cannot be reviewed or processed, so it is vital that all required information is included with the initial submission. The provider must complete the entire form, including the following:
 - a. Provider/supplier identification information:
 - i. Legal Business Name/ Legal Name;
 - ii. Correspondence Address;
 - iii. National Provider Identifier (NPI);
 - iv. Other information as required by the Novitas.
 - b. Amount requested based on your need:
 - i. Most providers will be able to request up to 100% of the Medicare payment amount for a three-month period.
 - c. Reason for request:
 - i. Please check box 2 ("Delay in provider billing process of an isolated temporary nature beyond the provider's normal billing cycle and not attributable to other third party payers or private patients."); and
 - ii. State that the request is for an accelerated/advance payment due to the COVID19 pandemic.
3. Who must sign the request form? The form must be signed by an authorized representative of the provider.
4. How to submit the request form: While electronic submission will significantly reduce the processing time, requests can be submitted to Novitas by fax, email, or mail. You can also contact Novitas provider helplines listed above.
5. What review will Novitas perform? Novitas will confirm that a provider is eligible for the program.
6. When should I expect payment? Novitas will notify the provider as to whether the request has been approved or denied via email or mail (based on the provider's preference). If the request is approved, the payment will be issued by Novitas within 7 calendar days from the request.

Last update: 4/1/2020

Accelerated/Advance Payments with Medicare Eligibility and Process

- Eligibility: To qualify for advance/accelerated payments the provider must:
 1. Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's request form,
 2. Not be in bankruptcy,
 3. Not be under active medical review or program integrity investigation, and
 4. Not have any outstanding delinquent Medicare overpayments.
- Amount of Payment: Qualified providers will be asked to request a specific amount using an Accelerated or Advance Payment Request form provided on the Novitas Website. It is calculated to your best ability of the funds received in the last 3 months.
- Processing Time: Novitas will work to review and issue payments within seven (7) calendar days of receiving the request.
- Repayment (Voluntary): Part B providers will have 210 days from the date of the accelerated or advance payment was made to repay the balance.
- Recoupment and Reconciliations: The provider can continue to submit claims as usual after the issuance of the accelerated or advance payment; however, recoupment will not begin for 120 days. Providers will receive full payments for their claims during the 120-day delay period. At the end of the 120-day period, the recoupment process will begin and every claim submitted by the provider will be offset from the new claims to repay the accelerated/advanced payment. Thus, instead of receiving payment for newly submitted claims, the provider's outstanding accelerated/advance payment balance is reduced by the claim payment amount. This process is automatic.