

Eli's Hospice Insider

Hospice News: Dig Deeper If You Were Denied Accelerated Payments

If you can't figure out why you haven't been able to access Medicare accelerated payments for COVID-19 relief, a Medicare Administrative Contractor frequently asked question set may shed light on the matter.

Question: "I received email notification that my request for the Medicare accelerated/advance payment was not approved. How do I determine the reason my request was not honored?" one provider asked HHH MAC **Palmetto GBA**.

Answer: "An accelerated/advance payment request must be denied when the Palmetto GBA verification process determined the provider did not meet one or more of the accelerated/advance payment program requirements.

- The provider/supplier must have submitted claims during the 180 days prior to the effects of COVID-19
- The provider/supplier may not be under a fraud investigation, revoked, terminated or appears on the OIG exclusion list
- The provider/supplier may not be in active bankruptcy status (not settled), has plans to file bankruptcy or has hired a bankruptcy lawyer
- The provider/supplier may not have delinquent Medicare debts that have not been paid for over 120 days



Remember: If you don't seem to fit into any of these categories, maybe a related company does. "Verifications are completed at a national provider identifier (NPI) and provider transaction number (PTAN) level," the FAQ explains. "A provider may ... be denied an accelerated/ advance payment if the provider/supplier shares an NPI and PTAN with a provider/supplier that does not meet the ... criteria."

You may have to do a little detective work. Palmetto advises providers to check their own "finance and/ or compliance departments regarding your provider's status of all required criteria. Medicare Administrative Contractors may not confirm or deny any information regarding fraud investigations."