



'Delivering High Quality Care One Patient at a Time'

Special COVID-19 Issue

This issue is dedicated to providing information and resources for providers during the COVID-19 pandemic. Wishing you health and safety during this challenging time.

Withum Healthcare Services Group Offers Webinar on 2020 CARES Act to Inspira Providers

On March 27, President Trump signed the Coronavirus Aid, Relief, and Economic Security (CARES) Act into law. Because the information around this Act has been confusing, inconsistent, and is still changing, we've asked Withum to provide an education session to providers to help navigate its programs. Withum will specifically be reviewing the Small Business Administration Paycheck Protection Program (SBA PPP).

The live webinar will take place on April 16 from 5:00-6:00pm and a recording will be circulated afterwards for those unable to join. Please see the attached **flyer** for details and register using the following link:

<https://register.gotowebinar.com/register/3714910447312061964>

CMS Accelerated and Advance Payments Program During COVID Emergency

In order to increase cash flow to providers of services impacted by the COVID-19 pandemic, CMS has expanded its Accelerated and Advance Payments Program to a broader group of Medicare Part A providers and Part B suppliers for the duration of the public health emergency. The attached **fact sheet** provides details around eligibility, payment amount, processing time, and repayment. Also included in a step-by-step guide on how to request such payment.

Link for our NJ Medicare Administrative Contractor: <https://www.novitas-solutions.com/webcenter/>

Horizon Contract Negotiation Update

Inspira has negotiated an updated contract with Horizon for a May 1 effective date which includes rate increases effective 5/1/20 and 5/1/21. An updated Product Descriptions Listing has been posted on the website as follows: <http://inspirahealthpartners.com/product-descriptions/>. You will be required to log in to view this information.



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Emergency Statewide Restrictions on Certain Prescription Medications

Addressing concerns of potential drug shortages caused by the inappropriate prescribing and hoarding of drugs touted by some as possible treatments for COVID-19, Attorney General Gurbir S. Grewal and the Division of Consumer Affairs announced statewide restrictions for prescribing and dispensing those medications.

Demand for hydroxychloroquine and chloroquine, prescription drugs used to treat malaria and certain chronic inflammatory conditions like lupus and rheumatoid arthritis, has increased nationwide following reports that the drugs are being tested as possible treatments for COVID-19. Reports have raised concerns that the drugs are being hoarded by people who do not have an immediate need. According to reports from pharmacy associations across the nation, it appears the hoarders include doctors and dentists who are writing prescriptions for themselves or family members.

To reduce the risk of a shortage, the Division of Consumer Affairs, under the direction of Attorney General Grewal, issued an Administrative Order imposing statewide restrictions on prescribing and dispensing of the drugs. The Division's order, which applies effective immediately and until further notice, mandates that any prescription for a drug in short supply due to its use in possible treatment of COVID-19, such as hydroxychloroquine and chloroquine, must include a diagnosis or diagnostic code and should be supported in the patient's record. Prescriptions without this information are invalid and may not be filled by pharmacists.

To address concerns about inappropriate prescribing, prescribers are not to prescribe medications in short supply as prophylaxis against COVID-19 for the prescriber's family or friends or to stockpile the drugs for office use. In addition, all prescriptions written should be for treatment of conditions within the prescriber's scope of practice. So, for example, podiatrists, dentists and veterinarians should not be writing prescriptions for medications designed to treat COVID-19. Pharmacists should not fill prescriptions if they believe the prescriber is acting outside the scope of their practice. Hydroxychloroquine or chloroquine may be prescribed and dispensed for treatment of COVID-19 only if supported by a positive test result, which must be documented on the prescription, and limited to a 14-day supply, with no refills permitted.

The order's limitations do not apply to orders of medications for inpatient hospital use, or for use in federal or state clinical trials. The order also does not limit prescriptions of hydroxychloroquine and chloroquine for patients being treated with maintenance prescriptions for preexisting conditions, such as lupus or other autoimmune diseases. These patients may continue to obtain refills of hydroxychloroquine and chloroquine, and are not subject to the 14-day limitation.

In addition, pharmacists may exercise judgment when filling or refilling prescriptions for medications that may soon be in short supply due to increased demand of certain drugs or drug delivery systems due to the COVID-19 pandemic. For example, the demand for metered dose inhalers has increased. A pharmacist may prudently dispense only one metered dose inhaler when a prescription was written for three.



2020 Cares Act – SBA Business Loans Webinar

Thursday, April 16 | 5:00pm – 6:00pm

This webinar will be hosted by Scott Mariani, Partner, Practice Leader of Withum's Healthcare Services Group and Linda Gnesin, CPA, Manager in Withum's Healthcare Services Group. It will cover:

1. **Paycheck Protection Program**
 - Background and general terms
 - Eligibility
 - Application process
 - Maximum loan determination and supporting documentation
 - Loan forgiveness, timing and supporting documentation
 - Certifications
2. **Economic Injury Disaster Loan**
 - Background and general terms
 - Eligibility
 - Application Process
3. **State and Local Assistance**

[Click Here to Register](#)



FACT SHEET: EXPANSION OF THE ACCELERATED AND ADVANCE PAYMENTS PROGRAM FOR PROVIDERS AND SUPPLIERS DURING COVID-19 EMERGENCY

In order to increase cash flow to providers of services and suppliers impacted by the 2019 Novel Coronavirus (COVID-19) pandemic, the Centers for Medicare & Medicaid Services (CMS) has expanded our current Accelerated and Advance Payment Program to a broader group of Medicare Part A providers and Part B suppliers. The expansion of this program is only for the duration of the public health emergency. Details on the eligibility, and the request process are outlined below. The information below reflects the passage of the CARES Act (P.L. 116-136).

Accelerated/Advance Payments

An accelerated/advance payment is a payment intended to provide necessary funds when there is a disruption in claims submission and/or claims processing. These expedited payments can also be offered in circumstances such as national emergencies, or natural disasters in order to accelerate cash flow to the impacted health care providers and suppliers. CMS is authorized to provide accelerated or advance payments during the period of the public health emergency to any Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.

Eligibility & Process

- ***Eligibility:*** To qualify for advance/accelerated payments the provider/supplier must:
 1. Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier'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/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 (CAH) can request up to 125% of their payment amount for a six-month period.
- ***Processing Time:*** Each MAC will work to review and issue payments within seven (7) calendar days of receiving the request.
- ***Repayment:*** CMS has extended the repayment of these accelerated/advance payments to begin 120 days after the date of issuance of the payment. The repayment timeline is broken out by provider type below:

- Inpatient acute care hospitals, children’s hospitals, certain cancer hospitals, and Critical Access Hospitals (CAH) have up to one year from the date the accelerated payment was made to repay the balance.
- All other Part A providers and Part B suppliers will have 210 days from the date of the accelerated or advance payment was made to repay the balance.

The payments will be recovered according to the process described in number 7 below.

- ***Recoupment and Reconciliation:***

- The provider/supplier 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/ suppliers 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/supplier 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/supplier’s outstanding accelerated/advance payment balance is reduced by the claim payment amount. This process is automatic.
- The majority of hospitals including inpatient acute care hospitals, children’s hospitals, certain cancer hospitals, and critical access hospitals will have up to one year from the date the accelerated payment was made to repay the balance. That means after one year from the accelerated payment, the MACs will perform a manual check to determine if there is a balance remaining, and if so, the MACs will send a request for repayment of the remaining balance, which is collected by direct payment. All other Part A providers not listed above and Part B suppliers will have up to 210 days for the reconciliation process to begin.
- For the small subset of Part A providers who receive Period Interim Payment (PIP), the accelerated payment reconciliation process will happen at the final cost report process (180 days after the fiscal year closes).

A step by step application guide can be found below. More information on this process will also be available on your MAC’s website.

Step-by-Step Guide on How to Request Accelerated or Advance Payment

1. ***Complete and submit a request form:*** Accelerated/Advance Payment Request forms vary by contractor and can be found on each individual MAC’s website. Complete an Accelerated/Advance Payment Request form and submit it to your servicing MAC via mail or email. CMS has established COVID-19 hotlines at each MAC that are operational Monday – Friday to assist you with accelerated payment requests. You can contact the MAC that services your geographic area. To locate your designated MAC, refer to <https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Downloads/MACs-by-State-June-2019.pdf>.

CGS Administrators, LLC (CGS) - Jurisdiction 15 (KY, OH, and home health and hospice claims for the following states: DE, DC, CO, IA, KS, MD, MO, MT, NE, ND, PA, SD, UT, VA, WV, and WY) **DME B & C** (AL, AR, CO, FL, GA, IL, IN, KY, LA, MI, MN, MS, NM, NC, OH, OK, SC, TN, TX, VA, WI, WV, PR, US VI)
The toll-free Hotline Telephone Number: 1-855-769-9920
Hours of Operation: 7:00 am – 4:00 pm CT

First Coast Service Options Inc. (FCSO) - Jurisdiction N
(FL, PR, US VI)
The toll-free Hotline Telephone Number: 1-855-247-8428
Hours of Operation: 8:30 AM – 4:00 PM ET

National Government Services (NGS) - Jurisdiction 6 & Jurisdiction K (CT, IL, ME, MA, MN, NY, NH, RI, VT, WI, and home health and hospice claims for the following states: AK, AS, AZ, CA, CT, GU, HI, ID, MA, ME, MI, MN, NH, NV, NJ, NY, MP, OR, PR, RI, US VI, VT, WI, and WA).
The toll-free Hotline Telephone Number: 1-888-802-3898
Hours of Operation: 8:00 am – 4:00 pm CT

Novitas Solutions, Inc. - Jurisdiction H & Jurisdiction L
(AR, CO, DE, DC, LA, MS, MD, NJ, NM, OK, PA, TX, (includes Part B for counties of Arlington and Fairfax in VA and the city of Alexandria in VA))
The toll-free Hotline Telephone Number: 1-855-247-8428
Hours of Operation: 8:30 AM – 4:00 PM ET

Noridian Healthcare Solutions - Jurisdiction E & Jurisdiction F (AK, AZ, CA, HI, ID, MT, ND, NV, OR, SD, UT, WA, WY, AS, GU, MP). **DME A & D** (CT, DE, DC, ME, MD, MA, NH, NJ, NY, PA, RI, VT, AK, AZ, CA, HI, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, UT, WA, WY, AS, GU, MP)
The toll-free Hotline Telephone Number: 1-866-575-4067
Hours of Operation: 8:00 am – 6:00 pm CT

Palmetto GBA - Jurisdiction J & Jurisdiction M
(AL, GA, NC, SC, TN, VA (excludes Part B for the counties of Arlington and Fairfax in VA and the city of Alexandria in VA), WV, and home health and hospice claims for the following states: AL, AR, FL, GA, IL, IN, KY, LA, MS, NM, NC, OH, OK, SC, TN, and TX)
The toll-free Hotline Telephone Number: 1-833-820-6138
Hours of Operation: 8:30 am – 5:00 pm ET

Wisconsin Physician Services (WPS) - Jurisdiction 5 & Jurisdiction 8
(IN, MI, IA, KS, MO, NE)
The toll-free Hotline Telephone Number: 1-844-209-2567
Hours of Operation: 7:00 am – 4:00 pm CT

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/supplier 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 MAC.
 - b. Amount requested based on your need:
 - i. Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a three-month period. However, 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 (CAH) can now request up to 125% of their payment amount for a six-month period.
 - c. Reason for request:
 - i. Please check box 2 (“Delay in provider/supplier billing process of an isolated temporary nature beyond the provider’s/supplier’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 COVID-19 pandemic.
3. ***Who must sign the request form?*** The form must be signed by an authorized representative of the provider/supplier.
4. ***How to submit the request form:*** While electronic submission will significantly reduce the processing time, requests can be submitted to the appropriate MAC by fax, email, or mail. You can also contact the MAC provider/supplier helplines listed above.

5. ***What review does the MAC perform?*** Requests for accelerated/advance payments will be reviewed by the provider or supplier's servicing MAC. The MAC will perform a validation of the following eligibility criteria:
 - Has billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's or supplier's request form,
 - Is not in bankruptcy,
 - Is not under active medical review or program integrity investigation,
 - Does not have any outstanding delinquent Medicare overpayments.

6. ***When should you expect payment?*** The MAC will notify the provider/supplier as to whether the request is approved or denied via email or mail (based on the provider's/supplier's preference). If the request is approved, the payment will be issued by the MAC within 7 calendar days from the request.

7. ***When will the provider/supplier be required to begin repayment of the accelerated/advanced payments?*** Accelerated/advance payments will be recovered from the receiving provider or supplier by one of two methods:
 - For the small subset of Part A providers who receive Period Interim Payment (PIP), the accelerated payment will be included in the reconciliation and settlement of the final cost report.
 - All other providers and suppliers will begin repayment of the accelerated/advance payment 120 calendar days after payment is issued.

8. ***Do provider/suppliers have any appeal rights?*** Providers/suppliers do not have administrative appeal rights related to these payments. However, administrative appeal rights would apply to the extent CMS issued overpayment determinations to recover any unpaid balances on accelerated or advance payments.



Jurisdiction L - Medicare Part A and B Accelerated and Advance Payment Request Form

The Centers for Medicare & Medicaid Services (CMS) has expanded the Accelerated and Advance Payment Program to provide financial relief to Medicare providers/suppliers working to provide treatment to patients and combat the 2019-Noval Coronavirus (COVID-19) pandemic. The expansion of this program is only for the duration of the public health emergency.

Instructions:

- Please type your responses on the form. The completed form must include the **electronic or handwritten signature** of the provider's/supplier's authorized representative that is legally able to make financial commitments and assume financial obligations on the provider's/supplier's behalf. If not signed by the authorized representative, the request will be denied.
- The request form must include the Medicare Identification Number (or PTAN) and National Provider Identifier (NPI) that receives payment. If an individual PTAN and NPI are reassigned to a billing group, the PTAN and NPI for the billing group must be submitted.
- If you need to request a payment for more than one PTAN, submit a separate form for each PTAN and matching NPI. Do not password protect the form.
- Novitas Solutions will notify you of the decision and when you'll receive payment to the email listed on the form.
- Providers will have to pay back the accelerated/advance payment.

**Request forms must be uploaded through our Provider Enrollment Gateway at:
https://www.novitas-solutions.com/webcenter/portal/Enrollment_JL/EnrollmentGateway**

Our Gateway entry page includes a help guide on accessing the tool and submitting your request form.
Only PDF formats are accepted on the Gateway.

Provider Name:	Phone Number:
Medicare Identification Number (PTAN):	Fax Number:
NPI:	Email Address:
Select one option below	Check the reason for your request
<input type="checkbox"/>	Delay in provider/supplier billing process is of an isolated temporary nature beyond the provider/supplier's normal billing cycle due to COVID-19 and not attributable to other third party payers or private patients
<input type="checkbox"/>	Other: Please explain
Select one option below	Payment Amount Requested
<input type="checkbox"/>	I want the maximum payment amount as calculated by CMS.
<input type="checkbox"/>	I want less than the maximum payment amount as calculated by CMS. Enter payment amount requested _____.

I _____, _____, **certify that I'm the authorized representative that is legally able to make financial commitments and assume financial obligations on the provider's/supplier's behalf.**
(Name) (Title)

Signature of authorized representative listed above:	Date:
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