

CMS Expands Accelerated/Advance Payment Program to Accelerate Medicare Cash Flow to Health Care Providers

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In order to increase cash flow to providers of services and suppliers impacted by the COVID-19 pandemic, the Centers for Medicare & Medicaid Services has expanded its current Accelerated and Advance Payment Program. 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. The payments can be requested by hospitals, doctors, durable medical equipment suppliers and other Medicare Part A and Part B providers and suppliers.

Eligibility: To qualify for accelerated/advance 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: Most providers and suppliers will be able to request up to 100% of the Medicare payment amount for a 3-month period.

Processing Time: Each Medicare Administrative Contractor (MAC) will work to review and issue payments within 7 calendar days of receiving the request.

Repayment and Recoupment: Repayment of these accelerated/advance payments begins 120 days after the date of issuance of the payment. Most Part A providers and Part B suppliers (other than Inpatient acute care hospitals, children's hospitals, certain cancer hospitals, and Critical Access Hospitals) will have 210 days from the date the accelerated/advance payment was made to repay the balance. 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.

How to Apply: Complete and submit a request form. Each MAC has its own form. You can contact the [MAC that services your geographic area](#) to obtain the form.

Yes, it is an advance on future dollars, but this might help smaller cash-strapped practices during this difficult period. More complete details can be found at the [here at the CMS website](#).

For specific questions, please contact [Peter Greenbaum](#) (732.855.6426), [Grace Mack](#) (732.855.6025) or [Michael Schaff](#) (732.855.6047) or any other member of our [Healthcare Law team](#).

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