

NEWS ALERT

HEALTH CARE



CMS Expands Accelerated and Advance Payment Program to Provide Financial Assistance to Medicare Providers During COVID-19 Emergency

By Julia P. Boisvert and Stephanie S. Sobkowiak | March 30, 2020

On March 28, 2020, in connection with the recently enacted Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Centers for Medicare & Medicaid Services (CMS) announced an expansion of its accelerated and advance payment program to assist Medicare providers, including doctors, hospitals, skilled nursing facilities and durable medical equipment providers, in addressing cash flow challenges related to COVID-19.

Accelerated and advance Medicare payments generally provide emergency funding, and address cash flow issues when there is disruption in claims submission and/or claims processing in situations such as natural disasters. In this instance, CMS is expanding the program to all qualified Medicare providers in the country during the COVID-19 public health emergency. Accelerated and advance payments to providers and suppliers are based on historical Medicare claims and are recouped from future payments.

Eligible providers and suppliers are those that meet the following requirements:

- Have billed Medicare for claims within 180 days immediately prior to the date of signature on the provider's/supplier's request form,
- Are not in bankruptcy;
- Are not under active medical review or program integrity investigation, and
- Do not have any outstanding delinquent Medicare overpayments.

Qualified providers are able to request a specific amount for the accelerated and advance payment. Most providers, including physicians and skilled nursing facilities, will be eligible to receive up to 100% of the Medicare payment for a three-month period. Inpatient acute care hospital, children's hospitals, and certain cancer hospitals are able to request 100% of the Medicare amount for a six-month period. Critical access hospitals are able to request 125% of the Medicare amount for a six-month period.

Recoupment of these accelerated and advance payments will begin 120 days after payment. Inpatient acute care hospitals, children's hospitals, certain cancer hospitals, and critical access hospitals will have one year from the date of the payment to repay the balance, while all other Part A providers and Part B suppliers will have 210 days from the date of the payment to repay the balance. Repayment will generally occur through an automatic recoupment process at the end of the 120-day period. At the end of the applicable repayment period, there will be a reconciliation.

To request an accelerated and advance payment, providers should complete the Accelerated/Advance Payment Request forms on their Medicare Administrative Contractor's website. If payment is approved, it should be expected within 7 days of the request.

For Jurisdiction 6 and K providers and suppliers, information on submission to National Government Services is available [here](#). They have also announced a hotline. For more information on the program, CMS has created a Fact Sheet available [here](#).

If you have any questions about this bulletin, please contact Stephanie S. Sobkowiak at 203.772.7782 or ssobkowiak@murthalaw.com or Julia Boisvert at 860.240.6018 or jboisvert@murthalaw.com

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