



Alerts

CARES Act Temporarily Expands CMS' Accelerated and Advanced Payment Program

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Health Care Alert

In accordance with the [Coronavirus Aid, Relief, and Economic Security Act \(CARES Act\)](#), the Center for Medicare and Medicaid Services (CMS) has expanded its current Accelerated and Advanced Payment Program for Medicare Part A providers and Part B suppliers. This expansion is for the duration of the public health emergency arising out of the COVID-19 pandemic. Despite the program's name, there is a repayment/recoupment component which we address below. In order to participate in the accelerated payment program, a provider must meet the following eligibility requirements:

1. have billed Medicare for a claim within 180 days immediately prior to the date of the 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.

Qualified providers will be required to request a specific payment amount using an accelerated or advanced payment request form provided on each Medicare Audit Contractor's (MAC's) website. Most providers will be able to request up to 100% of Medicare payment amounts for a three-month period. Inpatient acute care hospitals, children's hospitals, and certain cancer hospitals will be able to request 100% of Medicare payment amounts for a six-month period. Critical access hospitals may request up to 125% of their payment amount for a six-month period.

CMS has extended the repayment of these accelerated advanced payments to begin 120 days after the date of the payment. Inpatient acute care hospitals and critical hospitals have up to one year from the date of accelerated payment to make the repayment. Other Part A and Part B suppliers will have 210 days from the accelerated and advanced payment.

A provider can continue to submit claims as usual after the issuance of the accelerated advanced payment. However, repayment will not begin for 120 days. Providers will receive full payments for their claims during the 120-day period. After that period, the recoupment process begins. Post-120 days, the amount of the claims submitted will be used to offset and repay the accelerated and advanced payment. The outstanding balance of the accelerated and advanced payment is reduced by the amount of claims submitted after the 120-day period.

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To participate in the program, a provider is required to complete and submit a request form, which can be found on the individual MAC's website. The request form requires the following information: the legal business name, the correspondent's address, the National Provider Identifier (NPI) and other information, as required by the MAC. The form must be signed by an authorized representative of the provider, and may be submitted electronically, which will likely result in faster processing. Requests can also be submitted to the appropriate MAC by fax, email, or mail. The applicable MAC will evaluate the eligibility requirements outlined above, and notify the provider as to whether the request is approved or denied via email or mail. If the request is approved, the payment will be issued by the MAC within seven calendar days of the request.