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

****UPDATE****

Congress appropriated $100 billion in the Coronavirus Aid, Relief, and Economic Security (CARES) Act (PL 116-136) and $75 billion through the Paycheck Protection Program and Health Care Enhancement Act (PL 116-139) for healthcare providers. HHS is distributing this money through the Provider Relief Fund, and these payments do not need to be repaid.

The CARES Act Provider Relief Fund is being administered through HHS and has already released $30 billion to providers, and is in the process of releasing an additional $20 billion, with more funding anticipated to be released soon. This funding will be used to support healthcare-related expenses or lost revenue attributable to the COVID-19 pandemic and to ensure uninsured Americans can get treatment for COVID-19.

In light of the $175 billion recently appropriated for healthcare provider relief payments, on April 26, 2020 the Centers for Medicare & Medicaid Services (CMS) announced that it is reevaluating the amounts that will be paid under its Accelerated Payment Program and suspending its Advance Payment Program to Part B suppliers effective immediately.

Beginning on April 26, 2020 CMS will not be accepting any new applications for the Advance Payment Program, and CMS will be reevaluating all pending and new applications for Accelerated Payments in light of historical direct payments made available through HHS's Provider Relief Fund. Significant additional funding will continue to be available to hospitals and other healthcare providers through other programs.

For more information on the CARES Act Provider Relief Fund and how to apply, visit hhs.gov/providerrelief

## Background

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 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 after receiving the request.

- ***Repayment:*** CMS has extended the repayment of these accelerated 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 Payment**

** UPDATE** Beginning on April 26, 2020 CMS will not be accepting any new applications for the Advance Payment Program, and CMS will be reevaluating all pending and new applications for Accelerated Payments in light of historical direct payments made available through HHS's Provider Relief Fund. For more information on the CARES Act Provider Relief Fund and how to apply, visit hhs.gov/providerrelief

1. ***Complete and submit a request form*:** Accelerated Payment Request forms vary by contractor and can be found on each individual MAC's website. Complete an Accelerated 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)
   The toll-free Hotline Telephone Number: 1-855-769-9920
   Hours of Operation: 7:00 am – 4:00 pm CT
   The toll-free Hotline Telephone Number for Home Health and Hospice Claims: 1-877-299-4500
   Hours of Operation: 8:00 am – 4:30 pm CT for main customer service and 7:00 am – 4:00 pm CT for the Electronic Data Interchange (EDI) Department

   **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)
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

**Noridian Healthcare Solutions, LLC – 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 Numbers: A: 1-866-419-9458; D: 1-877-320-0390
Hours of Operation: 8:00 am – 6:00 pm CT

**CGS Administrators, LLC – 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 Numbers: B: 866-590-6727; C: 866-270-4909
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 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 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.

7. ***When will the provider/supplier be required to begin repayment of the accelerated/ advanced payments?*** Accelerated 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 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 payments.