

## **CMS Expands Accelerated and Advanced Payment Program for Medicare Providers**

In response to the significant disruption to the healthcare industry, CMS has taken numerous steps to lessen administrative and financial burdens on providers during the COVID-19 health emergency. These actions temporarily waive or modify certain Medicare, Medicaid, and CHIP requirements which allow the healthcare delivery system better flexibility during pandemic. With the passage of the CARES act, CMS is expanding it's accelerated and advanced payment program to ensure Medicare providers have the necessary resources to deal with the impact of COVID-19.

Under normal circumstances, accelerated and advanced payments provide emergency financial relief when there is a disruption to the claims process due to natural disasters. For the duration of the COVID-19 health emergency, the program is expanded for all Medicare providers who meet program qualifications. The payments can be requested by hospitals, doctors, durable medical equipment suppliers and other Medicare Part A and Part B providers and suppliers.

To qualify for accelerated or advance payments, the provider or supplier must:

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

CMS will start accepting accelerated/advanced payment requests immediately and anticipates issuing payments within seven days of receiving a request.

Qualified providers will be asked to request a specific amount using a request form provided on each MAC's website. Most providers will be able to request up to 100% of the Medicare payment amount for a three-month period. Certain types of hospitals, such as cancer or children's hospitals, may request up to 100% for a six-month period. Critical Access Hospitals (CAH) can request up to 125% of their payment amount for six-months.

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. Certain hospital types, including CAH, have up to one year for repayment.

For more details on CMS's accelerated and advanced payment program, including steps on how to requests these payments, [CLICK HERE](#).

As always, ADVOCATE will keep you up to date on this and all issues impacting medical groups as they become available.