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Client Alert

Expansion of the CMS Accelerated and Advance Payment Program During the COVID-19 Pandemic

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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 (“CMS”) has expanded its Accelerated and Advance Payment Program to a broader group of Medicare Part A providers and Part B suppliers for the duration of the public health emergency created by the pandemic. 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.

The primary goal of the above-referenced expansion is to address/alleviate cash flows issues to medical practices, and in turn maintain the financial viability of such practices, during the COVID-19 pandemic. The following summarizes the eligibility and repayment requirements relating to accelerated/advance payments made under this Program:

1. How can a provider apply for accelerated/advance payments?

(a) **Submit a completed request form to the provider’s designated MAC.** Forms can be found on each individual MAC’s website. For Ohio, the MAC is CGS Administrators, LLC can be found by clicking this link or copy and paste the link into your browser: (<https://cgsmedicare.com/>).

(b) **Include all required information.** Incomplete forms will not be reviewed or processed. The provider will need:

(i) Provider information, including:

- (A) Legal business name/legal name;
- (B) Correspondence address;
- (C) National Provider Identifier (NPI); and
- (D) Other information as required by the MAC.

(ii) Requested amount (providers can request up to 100% of the Medicare payment amount for a three-month period).

(iii) Reason for request (in this case, the provider will check “Box 2 – Delay in provider/supplier billing process of an isolated temporary nature beyond the provider/supplier’s normal billing cycle and not attributable to other third-party payers or private patients,” and state that the request is for an accelerated/advance payment due to the COVID-19 pandemic).

(c) **Sign and submit the form.** An authorized representative of the physician must sign the form. Requests can be submitted via fax, email, or mail. Electronic submission can reduce processing time.

2. Which providers are eligible for the payments?

Providers and suppliers that satisfy the following criteria qualify for these payments:

(a) The provider billed Medicare for claims during one hundred eighty (180)-day period immediately preceding the date of signing of the request form;

(b) The provider has not filed for bankruptcy/is not in a bankruptcy at the time of signing the request form;

(c) The provider is not under active medical review or program integrity investigation, and

(d) The provider does not have any outstanding delinquent Medicare overpayments.

3. What is the amount of the payments to which a provider is entitled?

Providers must request a specific amount using the Accelerated or Advance Payment Request form provided on each MAC’s website. Most will be able to request up to 100% of the Medicare payment amount for a three (3)-month period. MACs will work to review and issue payments within seven (7) calendar days of receiving the request.

4. When should the provider apply?

Medicare is accepting and processing accelerated/advance payments now.

5. How are payments recouped/reconciled?

Providers continue to submit claims as usual after the accelerated/advance payment is issued. Recoupment does not begin for one hundred twenty (120) days. During that time, providers will continue to receive full payments for their claim.

After one hundred twenty (120) days, the recoupment process begins. Every claim submitted by the physician will be offset from new claims to repay the accelerated/advance payment. Physicians will not receive payment for the newly submitted claims. Instead, their outstanding accelerated/advance payment amount will be reduced by the claim payment amount. The recoupment process is automatic. Medicare Part B providers and suppliers have up to two hundred ten (210) days for the reconciliation process to begin.

NOTE: This general summary of the law should not be used to solve individual problems since slight changes in the fact situation may require a material variance in the applicable legal advice.