



ACCELERATED PAYMENTS

PART A PROVIDERS | PART B SUPPLIES

On Saturday March 28, 2020 CMS announced that they have expanded their Accelerated and Advance Payment Program to include faster payments for part A providers and B suppliers during the public health emergency. The accelerated/advance payment is initiated to supply necessary funds when there is a disruption in claims submission and/or claims processing and is done to expedite the cash flow to the providers and suppliers that are affected during a public health emergency.

Eligibility and Process

Eligibility: Per CMS in order to be eligibility for advance/accelerated payments the provider/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
- Not have any outstanding delinquent Medicare overpayments

Amount of Payment: Providers and suppliers that qualify will need to request a specific amount using an Accelerated or Advance Payment Request form that is found on the MAC's website.

Per CMS the following may be requested:

- 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 within seven (7) calendar days of receiving the request.

Repayment: CMS has extended the repayment of these accelerated/advance 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.

Recoupment and Reconciliation

- The provider/supplier can continue to submit claims as usual after the issuance of the accelerated or advance payment and 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
 - 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)

Process for Requesting an Accelerated or Advance Payment: The link below includes the CMS fact sheet in regards to the expansion of the Accelerated and Advanced Payments for COVID-19. At the bottom of pg. 1 and on pg. 2 you will find the instructions for submitting the request form to each of the MAC’s.

The requests are to be submitted via mail or email to your MAC. CMS has established COVID-19 hotlines at each MAC that are operational Monday – Friday to assist you with accelerated payment requests. You can also 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>

Link to the CMS Accelerated and Advanced Payment Fact Sheet:
<https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf?inline=1>

- **Included 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:
 - Provider/supplier identification information:
 - Legal Business Name/ Legal Name
 - Correspondence Address
 - National Provider Identifier (NPI)
 - Other information as required by the MAC
 - Amount requested based on your need:
 - 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 now request up to 125% of their payment amount for a six-month period
 - Reason for request:
 - 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.”)
 - State that the request is for an accelerated/advance payment due to the COVID19 pandemic.
- **Signed Form:** The form must be signed by an authorized representative of the provider/supplier
- **Submission:** 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.
- **MAC Review:** 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 within 7 calendar days from the request
- **Recovery of Payments:** Accelerated/advance 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/advance payment 120 calendar days after payment is issued
- **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 or advance payments.