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CMS Accelerated and Advance Payment Program

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In order to increase cash flow to health care providers and suppliers impacted by the COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS) has expanded its Accelerated and Advance Payment Program (Program) to a broader group of Part A providers and Part B suppliers. During the period of the COVID-19 public health emergency, CMS may provide accelerated or advance payments to a Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.

CMS's Program applies to hospitals, physicians, non-physician providers and suppliers. Different types of providers/suppliers have varying eligibility for payment amount and repayment timeline. Generally, however, providers/suppliers can receive an advance payment of 100 percent of their Medicare costs for a period of three months.

The Program helps ensure that providers/suppliers have the necessary cash flow needed to combat the COVID-19 pandemic. The Program increases providers' cash flow by pre-paying providers for their Medicare services. It is important to note that the Program is separate from the Public Health Fund created by the CARES Act. The Public Health Fund aids providers in testing and care for COVID-19 patients by offering monetary relief that does not need to be repaid. However, the Program is a loan program to support disruptions in case flows due to the pandemic.

Provider Eligibility

To be eligible for advance payment, CMS states that providers/suppliers must meet four criteria:

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.

In addition to the above criteria established by CMS, MACs may include additional criteria in their

applications. This additional criteria is discussed below in the application process section.

Payment Details

The amount of accelerated or advance payment a provider/supplier can request varies. Most providers/suppliers may request up to 100 percent of the Medicare payment amount for a three-month period. A six-month period is available for inpatient acute care hospitals, children's hospitals and certain cancer hospitals. Critical access hospitals (CAH) can request up to 125 percent of their payment amount for a six-month period. The amount requested must be a good faith estimate.

Accelerated or advance payments are a loan and must be repaid. After receiving accelerated or advance payment, providers/suppliers can continue to submit their Medicare claims as usual and will receive full payments. However, 120 days after providers/suppliers receive accelerated or advance payment, CMS will begin to apply claims payments to offset the balance of accelerated or advance payments. **The deadline for repayment varies based on provider or supplier as follows:**

- Inpatient care hospitals, children's hospitals, certain cancer hospitals and CAHs have up to one year from the date the payment was made to repay the balance.
- All other providers and suppliers have to repay the balance 210 days from the date of the payment.

Application Process

To apply for accelerated or advance payment, providers/suppliers need to complete and submit a one-page request form. The request forms vary based on the individual MAC. The two MACs within Michigan's jurisdiction are CGS Administrators, LLC (CGS) and National Government Services, Inc. (NGS); the latter is for home health and hospice claims.

CMS has established COVID-19 hotlines at each MAC that are operational Monday through Friday to assist with accelerated payment requests.

- Information regarding hotlines
- Full list of MACs organized by state jurisdiction

Each MAC will work to review and issue payments within seven calendar days of receiving the request. Due to CMS's efforts to streamline this process, payments are now generally being processed within four to six days. For faster processing, it is recommended that providers/suppliers submit applications to their MACs electronically.

CGS Application

CGS's application generally reflects the criteria established by CMS and requires the following:

- Provider information (i.e., name, phone number, Medicare and NPI numbers, and email address)
- Reason for request (i.e., "[d]elay in provider/supplier billing process is of an isolated temporary nature beyond the provider/supplier‘s normal billing cycle due to COVID-19 and not attributable to other third party payers or private patients" or other)

- Certification that provider has no plans to file for bankruptcy or retain bankruptcy counsel
- Requested payment amount (i.e., electing for maximum or less than maximum)

CGS's application: https://www.cgsmedicare.com/pdf/covid_accelerated_req_form.pdf

NGS Application

NGS's application imposes more robust criteria, including:

- Provider information (i.e., name, address, provider and NPI number, provider type [Part A or Part B])
- Requested payment amount
- Point of contact information
- Certification of provider eligibility:
    - The provider has billed claims during the 180 days prior to the request
    - The provider does not have any outstanding/accelerated advanced payments pending for more than 90 days
    - The provider is not in default or delinquent with any pending overpayments
    - The provider is not under fraud investigation
    - The provider has not filed for bankruptcy
    - The provider's impaired cash position must be such that it would not be alleviated by receipts anticipated within 30 days of the request

Additionally, NGS requires that providers submit, on their organization's letterhead, a detailed explanation of the system issue they are experiencing, specifically whether the issue is CMS related or due to the provider's internal systems.

NGS's application: http://www.mssnyenews.org/wp-content/uploads/2020/03/1770_033020_request_adv_payment_form_j6jk-1.pdf

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