

The Centers for Medicare and Medicaid Services (CMS) have expanded the current Accelerated and Advance Payment Program to a broader group of Medicare Part A providers and Part B suppliers in order to increase cash flow to providers of services and suppliers impacted by the Coronavirus (COVID-19) 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. 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.

1. Who is eligible to receive advance/accelerated payments?

To qualify, 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, and
- Not have any outstanding delinquent Medicare overpayments.

2. What does the process look like?

Amount of Payment: Qualified providers/suppliers will be asked to request a specific amount using an Accelerated or Advance Payment 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;
- 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 can request up to 125% of their payment amount for a six-month period.

Processing Time: The MAC will work to notify the provider/supplier as to whether the request is approved or denied via email or mail (based on the provider's preference). *IF* the request is approved, the payment will be issued by the MAC within 7 calendar days from 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 period by provider type is as follows:

- Inpatient acute care hospitals, children's hospitals, certain cancer hospitals, and Critical access hospitals 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.

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.

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).

3. How do I request Accelerated or Advance Payment?

⇒ **Complete and submit a request form:** Accelerated/Advance Payment Request forms vary by contractor and can be found on each individual MAC’s website. Complete an Accelerated/Advance Repayment 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 the accelerated payment requests. You can contact the MAC that services your geographic area.

MACs processing Part A & Part B Claims for Massachusetts:

MAC Jurisdiction	Processes Part A & B Claims for:	MAC	Contact Information
DME A	A Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont	Noridian Healthcare Solutions, LLC	Hotline Telephone Number: 1-866-575-4067 Hours of Operation: 8:00 am – 6:00 pm CT
K	Connecticut, New York, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	National Government Services	Hotline Telephone Number: 1-888-802-3898 Hours of Operation:

	**Home Health + Hospice for the following states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont		8:00 am – 4:00 pm CT
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⇒ **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 following information must be included:

- **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.

- **Amount requested based on your need:** Amount of payment offered based on provider type:
 - Most providers 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 can request up to 125% of their payment amount for a six-month period.

- **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/advance payment due to the COVID-19 pandemic.

⇒ **Sign the request form:** The form must be signed by an authorized representative of the provider/supplier.

⇒ **Submit the 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.