The Centers for Medicare & Medicaid Services (CMS) announced an expansion of its accelerated and advance payment program for Medicare participating health care providers and suppliers, to help provide additional resources during the 2019 Novel Coronavirus (COVID-19) crisis.

Accelerated and advance Medicare payments are intended to provide emergency funding and addresses cash flow issues based on historical payments when there is disruption in claims submission and/or claims processing. In this situation, CMS is expanding the program for all Medicare providers throughout the country during the public health emergency related to COVID-19.

The full details of CMS’s announcement, including information concerning the application process, are available in the fact sheet at the bottom of this article. Some highlights from the fact sheet are provided below. According to CMS, more information can also be accessed through First Coast Service Options (FCSO), which serves as the Medicare Administrative Contractor (MAC) for Florida.

Eligibility: According to CMS, to be eligible, a provider 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.
**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 and suppliers will be able to request up to 100% of the Medicare payment amount for a three-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. Access the fact sheet below for more details.

- **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.

**More Information / How to Apply:**

Medicare will start accepting and processing the Accelerated/Advance Payment Requests immediately. CMS anticipates that the payments will be issued within seven days of the provider’s request.

An informational fact sheet explaining the accelerated/advance payment process and how to submit a request can be found here:
