

ACCELERATED AND ADVANCE PAYMENT PROGRAM FOR MEDICARE PROVIDERS



The following is available to members as an informational resource. KMA expresses no opinion as to the feasibility, applicability, or impact to your particular practice.

In response to the COVID-19 pandemic, The Centers for Medicare and Medicaid Services (CMS) will provide accelerated payments to requesting providers and advance payments to requesting suppliers, including physicians and non-physician practitioners, who submit a request to the appropriate Medicare Administrative Contractor (MAC).

Here's what you need to know:

ELIGIBILITY

Physicians must meet the following criteria to receive accelerated or advanced payments.

- The physicians must have billed Medicare for claims within 180 days immediately prior to the date of signature on the physician's request form;
- The physician cannot be in bankruptcy;
- The physician cannot be under active medical review or program integrity investigation; and
- The physician does not have any outstanding delinquent Medicare overpayments.

PRIORITY

CMS intends to provide assistance first to those providers and suppliers that experience increased demand and surge in patients. MACs responsible for processing accelerated/advance payment requests for different states, will prioritize those states that were hit the hardest (currently, these states are reported to be California, New York, and Washington).

PAYMENT AMOUNT

Physicians will be able to request up to 100% of the Medicare payment amount for a three-month period. Based on this formula, qualified physicians will be asked to request a specific amount using an Accelerated/Advanced Payment Request Document provided on each MAC's website.

Advance payments must be requested at the individual NPI level. If everyone in a group wants to request an advance payment, each physician would need to do a form with their NPI. The payments will be made in the same way other Medicare payments are made, so if the group's claims are paid to a particular TIN, that is where the advance payment will go.

For complete details on the process, please review the following [fact sheet](#).

REPAYMENT/RECOUPMENT

After receiving the accelerated or advance payment, physicians will continue to submit claims as usual. However, beginning 120 days after receipt of the accelerated or advance payment, the repayment/recoupment process automatically begins, and every claim submitted by the physician will be offset from the new claims to repay the

accelerated/advanced payment. The entire balance must be repaid 210 days from the issuance of the accelerated or advance payment.

If repayment within this timeframe is a hardship for the practice, physicians can request that the MAC provide an extended repayment plan; however, interest is charged on extended repayment plan payments at 10.25%.

FREQUENTLY ASKED QUESTIONS (FAQS)

Representatives from the American Medical Association had discussions with CMS officials regarding the Accelerated and Advance Payments Program and developed helpful FAQs that can be found [here](#).

COVID-19 PROVIDER ENROLLMENT AND ACCELERATED PAYMENT TELEPHONE HOTLINE

The telephone hotline 1.855.769.9920 has been created for physicians to address questions regarding enrollment flexibilities and accelerated payments, afforded by the COVID-19 waiver. The hotline is available Monday–Friday 7:00 am–4:00 p.m. Central Time (CT). For additional information, refer to the CGS [COVID-19 web page](#).

Sources: *The Centers for Medicare and Medicaid Services*
The American Medical Association