



CMS' Accelerated & Advanced Payments Program During the Public Health Emergency March 30, 2020

After the signing of The CARES Act on Friday 3/27/20, The Centers for Medicare & Medicaid Services (CMS) announced an advanced payment application process to Medicare enrolled clinicians ("providers and suppliers" including physicians and APPs) who have billed Medicare for 180 days prior to their application for advanced payments. Please note that this is NOT a loan or grant program and will last for the duration of the Public Health Emergency (PHE).

Eligibility

Any Medicare provider/supplier (Clinician) who has billed the Medicare program for 180 days prior to their application to their MAC.

- The Clinician cannot be in Chapter 7, 11, or 13; under active medical review; or a program integrity investigation.
- The Clinician also cannot be delinquent in repaying Medicare overpayments.

Terms of the Advanced Payments

The Clinician groups may receive up to 3 months of advanced payments, while acute care hospitals and children's hospitals may receive up to 6 months advanced payments. Critical access hospitals may receive 125% of CMS reimbursements for 6 months.

- Medicare MACs are charged with reviewing and approving applications within 7 calendar days of receiving the Clinician's request.
- Each MAC shall post applications and instructions on their website and electronic submission is encouraged to facilitate the speedy approval of the requests.
- It is not known exactly how the MACs will determine the level of advanced payments; in the past advance payment scenarios such as hurricanes and natural disasters the MACs would make estimated payments based on historical payments to a Clinician or medical group provider transaction access number (PTAN), (e.g., 6-12 months trailing payment median amounts). This information may become known as the MACs issue instructions on their websites.

Repayment and Recoupment

As noted, the advanced payments program is not a grant; repayments must begin 120 days after issuance of the advanced payment.

- For Part B Clinicians, they will have 210 days total to repay the advanced payments.
- Hospitals will be given 1 year.
- Clinicians may continue to submit claims after the advanced payment is made and then the Medicare MACs will begin recouping the advance payments automatically after a 120-day waiting period and then for the next 210 days.
- Each MAC has established a hotline number, advanced payments request form and instructions on electronic submissions.
- Finally, Clinicians will have no appeal rights regarding this program, eligibility, or lack thereof (Clinicians standard appeal rights and procedures will not be impacted).

CMS Fact Sheet, which includes instructions on how to submit a request, can be accessed [here](#).

For questions please contact Ed Gaines egaines@zotecpartners.com or Lonnie Johnson ljohnson@zotecpartners.com