

Financial Relief for Medicare Providers

Medicare [announced](#) new rules this weekend that allow physicians to receive accelerated/advance payments to provide necessary funds during this public health emergency. This program expansion is the result of the recently enacted Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Effective immediately, health care providers and suppliers may apply to the appropriate Medicare Administrative Contractor (MAC) for an accelerated/advanced payment to lessen the financial hardships they are facing during the COVID-19 pandemic.

In its [press release](#), the Administration recognized that "there has been significant disruption to the healthcare industry, with providers being asked to delay non-essential surgeries and procedures, other healthcare staff unable to work due to childcare demands, and disruption to billing, among the challenges related to the pandemic."

Who qualifies? Any health care provider or supplier who meets all the following 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.

How much can I get? 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 their Medicare payment amount for a three-month period.

How long will the review process take? Each MAC will work to review and issue payments within seven (7) calendar days of receiving the request. Your MAC will notify you whether the request is approved or denied.

When do I have to repay the accelerated/advanced payment I received? Repayment of accelerated/advance payments begins 120 days after the date of issuance of the payment. 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.

How do I repay? The process is automatic. Continue to submit claims as usual after the issuance of the accelerated or advance payment. You will receive full payments for your 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 automatically reduced by the claim payment amount.

How do I start the process? Go to your [MAC's website](#) and download an Accelerated or Advance Payment Request form. The forms vary by contractor. It is not conveniently accessible on all MAC's websites. It may be easier to open an internet search window in your browser and enter the name of your MAC with "accelerated/advance payment request form". Complete the form and submit it to your servicing MAC via mail or email. Call your MAC's COVID-19 hotline Monday – Friday to assist you with accelerated payment requests. Each MAC's hotline is listed on pages 3-4 of the [Accelerated/Advanced Payments Fact Sheet](#).

Complete each section of the form. Incomplete forms will not be reviewed or processed.

State that the reason for the request is "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." Additionally, state that the request is for "an accelerated/advance payment due to the COVID19 pandemic."

Have an authorized representative sign the form. Submit the form to your MAC electronically to reduce the processing time. Requests can also be submitted by fax, email, or mail.

Do I have any appeal rights? Providers/suppliers do not have administrative appeal rights related to these payments. However, administrative appeal rights would apply to the extent the Centers for Medicare and Medicaid Services issued overpayment determinations to recover any unpaid balances on accelerated or advance payments.

For more information see the [press release](#) and [FAQ](#).