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Client Alert: How to Get Faster Medicare Payments During the COVID-19 Pandemic

INDUSTRY SECTOR

Health Care

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This information is as of April 9, 2020 and is subject to change.

To increase cash flow to health care providers and suppliers impacted by the COVID-19 pandemic, the Centers for Medicare & Medicaid Services (CMS) temporarily expanded the list of qualified recipients under its existing Accelerated and Advance Payment Program for the period of the public health emergency. The expanded list includes certain Part A and Part B providers/suppliers, such as hospitals, physicians, DME suppliers, skilled nursing facilities, and others, but does not apply to Medicare Advantage (Part C) or Part D. Providers and suppliers who meet eligibility requirements and anticipate any disruption in claims should consider immediately applying for these accelerated payments.

An accelerated/advance payment is a payment intended to provide necessary funds when there is a disruption in Medicare claims submission and/or claims processing. CMS can provide accelerated or advance payments during the period of the public health emergency to any eligible Medicare provider/supplier who submits a request to the appropriate Medicare Administrative Contractor (MAC) and meets the required qualifications.

To qualify for advance/accelerated payments 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.

The provider/supplier will be asked to request a specific amount using an Accelerated or Advance Payment Request form provided on each MAC's website. Most providers/suppliers will be able to request up to 100 percent of the Medicare payment amount for a three-month period, though some providers/suppliers may wish to request a lesser percentage. Providers/suppliers who request less than 100 percent in their initial application can request the balance in a later application for accelerated/advance payment. The

provider/supplier does not need to calculate the dollar amount that they are requesting, as MACs have been instructed to base the amount on each provider's/supplier's claims for the period of October to December 2019.

Each MAC will work to review and issue payments within seven calendar days of receiving the request. Special rules apply to different types of providers/suppliers, such as Part A providers who receive Period Interim Payment. The payments will then be reconciled and possibly recouped over time according to what services were actually provided and dependent upon the type of provider or supplier. For most providers/suppliers, recoupment will begin at the end of the 120-day period measured from the date that the accelerated/advanced payment is issued.

CMS has published a fact sheet with general application instructions available here. Providers and suppliers should also check their applicable MAC for more information on this process, available on your MAC's website.

Regardless of which MAC applies, the providers and suppliers all will submit a request form. That being said, Accelerated/Advance Payment Request forms vary by MAC and can be found on each individual MAC's website. Each MAC should have an operating COVID-19 hotline to assist providers and suppliers.

Shumaker attorneys frequently assist Health Care clients with issues related to Medicare and Medicaid compliance and are available to answer any questions.

For the most up-to-date legal and legislative information related to the coronavirus pandemic, please visit our Shumaker COVID-19 Client Resource Center at shumaker.com. We have also established a 24/7 Legal & Legislative Helpline at 1.800.427.1493 monitored by Shumaker lawyers around the clock.

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