



Medicare Accelerated and Advance Payment Program FAQs

The Centers for Medicare and Medicaid Services (CMS) has been authorized to expand accelerated/advance payments to physicians. These payments are designed to help physicians and their practices remain financially viable during the COVID-19 public health emergency, addressing cash flow issues based on historical payments. Physicians must apply to receive accelerated/advance payments.

1. What are accelerated/advance payments?

Accelerated/advance payments provide payment to practices when there is a disruption in claims submission and/or processing. CMS can make accelerated or advance payments to any physician that submits a request to the appropriate [Medicare Administrative Contractor \(MAC\)](#) and meets the required qualifications.

2. Who is eligible?

Providers and suppliers qualify if they meet the following criteria:

- billed Medicare for claims within 180 days immediately prior to the date of the signature provided on the physician's request form,
- are not in bankruptcy,
- are not under active medical review or program integrity investigation, and
- do not have any outstanding delinquent Medicare overpayments.

3. How much will I receive and when will I receive it?

Physicians must request a specific amount using the Accelerated or Advance Payment Request form provided on each MAC's website. Most will be able to request up to 100% of the Medicare payment amount for a three-month period. MACs will work to review and issue payments within seven calendar days of receiving the request.

4. When should I apply?

Now. Medicare will start accepting and processing accelerated/advance payments immediately.

5. How do I apply?

- **Submit a completed request form for your designated MAC.** Forms can be found on each individual MAC's website; however, AAFP has created a table that includes each MAC region, contact information and corresponding instructions and forms. [LINK to MAC Table]
- **Claims filed with an incorrect MAC won't be processed;** find your MAC [here](#).
- **Include all required information.** Incomplete forms will not be reviewed or processed. You will need:

Physician information

- legal business name/legal name,

- correspondence address,
- National Provider Identifier (NPI),
- other information as required by your MAC.

Requested amount

- Physicians can request up to 100% of the Medicare payment amount for a three-month period.

Reason for request

- Check “Box 2 – Delay in provider/supplier billing process of an isolated temporary nature beyond the provider/supplier’s normal billing cycle and not attributable to other third-party payers or private patients,” and
 - state that the request is for an accelerated/advance payment due to the COVID-19 pandemic.
- **Sign and submit.** An authorized representative of the physician must sign the form. Requests can be submitted via fax, email, or mail. Electronic submission can reduce processing time.

6. How are payments recouped/reconciled?

Physicians continue to submit claims as usual after the accelerated/advance payment is issued. Recoupment does not begin for 120 days. During that time, physicians will continue to receive full payments for their claim.

After 120 days, the recoupment process begins. Every claim submitted by the physician will be offset from new claims to repay the accelerated/advance payment. Physicians will not receive payment for the newly submitted claims. Instead, their outstanding accelerated/advance payment amount will be reduced by the claim payment amount. The recoupment process is automatic. Medicare Part B providers and suppliers have up to 210 days for the reconciliation process to begin.

Additional information is available in the [Fact Sheet: Expansion of the Accelerated and Advance Payments Program for Providers and Suppliers During COVID-19 Emergency](#)