

March 14, 2024

CMS Releases Accelerated and Advance Payment Program FAQs

Hospitals, physicians and other providers affected by Change Healthcare cyberattack can apply for the program

The Centers for Medicare & Medicaid Services (CMS) March 13 issued a set of [frequently asked questions](#) (FAQs) providing more information on its previous [announcement](#) that it would provide accelerated and advance payments (AAPs) to hospitals, physicians and others impacted by the Change Healthcare cyberattack. **Hospitals and health systems wishing to apply for AAPs should contact their Medicare Administrative Contractors (MACs). CMS stated that MACs are aiming to review requests and notify most providers/suppliers of the outcome of their request within five business days of receipt.**

AHA TAKE

We appreciate this additional information as CMS continues to work with stakeholders to find solutions to the Change Healthcare disruption and ameliorate its impact on hospitals, health systems, physicians and other providers.

FAQ HIGHLIGHTS

Among other information, CMS clarified several eligibility criteria where questions have persisted. Specifically, the agency required that to qualify for AAPs, providers and suppliers must have been unable to obtain sufficient funding from other available sources to cover the disruption in claims payment, processing or submission attributable to the incident. In the FAQs, it clarifies that providers/suppliers must certify that they have obtained or attempted to obtain emergency financing or advances from other sources. They should maintain supporting documentation although CMS is not requiring it to be submitted with the AAP request.

In addition, CMS required that to qualify for AAPs, providers/suppliers must be unable to submit claims to Medicare. It also required that they must have experienced a disruption in claims payment or submission due to a business relationship that they or their third-party payers have with Change Healthcare or another entity that uses Change Healthcare or requires the provider/supplier to use Change Healthcare. In the FAQs, CMS clarifies that it only will issue AAPs for disruptions in *Medicare Part A and/or Part B claims payments*, not other providers' claims payments. It also clarifies that providers/suppliers can qualify if they were experiencing *any* disruption in Part A and/or Part B claims — claims payments do not have to had completely ceased. Finally, it

states that providers and suppliers may still qualify even if they are submitting paper claims.

FURTHER QUESTIONS

If you have further questions on these announcements, please contact Molly Smith, AHA group vice president of policy, at mollysmith@aha.org, or Joanna Hiatt Kim, AHA vice president of payment policy, at jkim@aha.org.