

March 9, 2024

CMS Announces Accelerated and Advance Payment Program for Providers and Suppliers Affected by Change Healthcare Cyberattack

The Centers for Medicare & Medicaid Services (CMS) March 9 issued a [notice](#) formally announcing terms for hospitals, physicians and other providers impacted by the Change Healthcare cyberattack to apply for accelerated and advance payments (AAPs). **CMS stated that hospitals, health systems and others should contact their Medicare Administrative Contractors (MACs) for more information and to apply.**

AHA TAKE

We appreciate that 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. We welcome today's announcement and will continue to work with policymakers as the impacts from the cyberattack persist.

AAP PROGRAM DETAILS

The term "accelerated" payments references Part A institutional providers and "advance" payments references to Part B suppliers. The two terms are used to align with statutory authority, but the programs are treated similarly. Both providers and suppliers may request AAPs from their MACs consistent with the terms and conditions below. Please note that CMS confirmed with the AHA that *all* types of hospitals are eligible for AAPs, including long-term care hospitals, inpatient rehabilitation facilities, critical access hospitals, PPS-exempt cancer hospitals and children's hospitals.

Eligibility. The eligibility criteria for the program include, among other requirements, that each provider/supplier must:

- Not be receiving periodic interim payments;
- Be unable able to submit claims to receive payments from Medicare. Please note that CMS confirmed for the AHA that this refers to an inability to submit *electronic* claims;
- 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;
- 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;
- If currently in bankruptcy, alert CMS about this status and include case information;

- Not be under active medical review or program integrity investigation; and
- Not have any outstanding delinquent Medicare overpayments.

AAP Amount. Providers and suppliers can request AAPs of up to 100% of a 30-day payment amount. MACs will determine this 30-day amount for each provider/supplier based on the total claims paid between Aug. 1, 2023 and Oct. 31, 2023, divided by three. Please note that CMS confirmed with the AHA that “total claims” includes both Part A and B claims – i.e., both sets of claims will be included in the calculated 30-day payment amount.

Repayment and Recoupment. The following information relates to repayment and recoupment.

- Recoupment will begin immediately at a 100% recoupment rate.
- Repayment in full is required 90 days after the date that the AAP is issued.
- After 90 days, a demand letter will be sent if there is a remaining balance.
- There is a 30-day grace period before interest on the remaining balance begins; that is, on the 31st day after the demand letter is sent, interest will begin to accrue.
- The interest rate is the prevailing rate set by the Department of Treasury, which is currently 12.375%; CMS has previously stated it does not have authority to waive interest or change this rate.
- If a provider/supplier is experiencing financial hardship, they may request an Extended Repayment Schedule after a demand is issued.

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.