

Medicare Accelerated and Advance Payments State-by-State and by Provider Type

The CMS Accelerated and Advance Payment (AAP) Program is designed to increase cash flow to Medicare providers and suppliers impacted by the 2019 Novel Coronavirus (COVID-19) pandemic. These payments are funded from the Hospital Insurance (Part A) and Supplementary Medical Insurance (Part B) trust funds, which are the same fund used to pay out Medicare claims each day. The advance and accelerated payments are a loan that providers must pay back. It is important to note, this funding is separate from the \$100 billion provided in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act appropriation is a payment that does not need to be repaid. The tables below display a breakout of the payments by state as well as by provider type as of Saturday, May 2, 2020.

Program details are available at: <https://www.cms.gov/files/document/accelerated-and-advanced-payments-fact-sheet.pdf>

State by State

States ¹	Part A Providers (Hospitals, Skilled Nursing Facilities, and Others) ²	Part B Only Providers (Physicians, DME Suppliers and Others) ²	Total Part A and B
Alabama	\$1,220,534,638	\$118,599,037	\$1,339,133,675
Alaska	\$204,861,586	\$5,919,489	\$210,781,075
Arizona	\$1,626,989,419	\$138,675,136	\$1,765,664,555
Arkansas	\$1,043,549,446	\$54,072,623	\$1,097,622,069
California	\$8,096,101,194	\$743,659,072	\$8,839,760,266
Colorado	\$1,299,510,647	\$61,886,910	\$1,361,397,557
Commonwealth of the Northern Marianas Islands	\$2,020,539	\$16,850	\$2,037,389
Connecticut	\$1,092,542,274	\$58,293,879	\$1,150,836,153
Delaware	\$461,731,613	\$30,253,545	\$491,985,158
District of Columbia	\$379,271,748	\$1,555,514	\$380,827,262
Florida	\$5,482,767,596	\$477,259,754	\$5,960,027,350
Georgia	\$2,513,708,353	\$528,102,764	\$3,041,811,117
Guam	\$8,977,067	\$15,533	\$8,992,600
Hawaii	\$271,115,960	\$14,314,717	\$285,430,677
Idaho	\$555,855,074	\$10,592,918	\$566,447,992
Illinois	\$3,879,501,306	\$479,627,220	\$4,359,128,526
Indiana	\$2,393,914,450	\$102,437,083	\$2,496,351,533
Iowa	\$967,396,803	\$54,516,663	\$1,021,913,466
Kansas	\$880,679,036	\$35,300,189	\$915,979,224
Kentucky	\$1,162,726,516	\$37,267,957	\$1,199,994,474
Louisiana	\$1,434,402,583	\$90,899,054	\$1,525,301,637
Maine	\$592,217,917	\$441,610,056	\$1,033,827,973
Maryland	\$2,209,327,345	\$229,768,482	\$2,439,095,827

Medicare Accelerated and Advance Payments State-by-State and by Provider Type

States ¹	Part A Providers (Hospitals, Skilled Nursing Facilities, and Others) ²	Part B Only Providers (Physicians, DME Suppliers and Others) ²	Total Part A and B
Massachusetts	\$3,711,286,659	\$499,884,030	\$4,211,170,688
Michigan	\$3,682,088,196	\$208,858,598	\$3,890,946,794
Minnesota	\$1,833,198,352	\$229,977,775	\$2,063,176,127
Mississippi	\$1,122,067,867	\$61,814,074	\$1,183,881,940
Missouri	\$2,042,413,792	\$104,197,611	\$2,146,611,403
Montana	\$245,571,898	\$3,079,873	\$248,651,771
Nebraska	\$789,000,474	\$33,989,073	\$822,989,547
Nevada	\$565,212,184	\$51,919,363	\$617,131,546
New Hampshire	\$661,731,835	\$27,654,644	\$689,386,478
New Jersey	\$3,066,769,146	\$215,667,991	\$3,282,437,137
New Mexico	\$344,713,947	\$12,829,183	\$357,543,130
New York	\$6,525,317,665	\$458,347,956	\$6,983,665,621
North Carolina	\$2,398,035,923	\$234,043,769	\$2,632,079,693
North Dakota	\$178,923,682	\$1,556,166	\$180,479,848
Ohio	\$3,475,919,626	\$359,286,024	\$3,835,205,649
Oklahoma	\$1,228,927,456	\$61,189,805	\$1,290,117,261
Oregon	\$1,137,795,443	\$72,400,001	\$1,210,195,444
Pennsylvania	\$4,513,916,681	\$614,372,857	\$5,128,289,538
Puerto Rico	\$122,385,620	\$2,199,288	\$124,584,908
Rhode Island	\$273,555,545	\$10,449,048	\$284,004,593
South Carolina	\$1,113,589,386	\$50,139,561	\$1,163,728,946
South Dakota	\$197,536,306	\$17,096,045	\$214,632,351
Tennessee	\$1,892,003,304	\$170,549,286	\$2,062,552,590
Texas	\$5,871,003,524	\$676,319,864	\$6,547,323,388
US Virgin Islands	\$0	\$1,786,528	\$1,786,528
Utah	\$516,382,653	\$91,096,329	\$607,478,982
Vermont	\$179,729,242	\$4,869,808	\$184,599,050
Virginia	\$2,408,043,967	\$115,315,697	\$2,523,359,664
Washington	\$1,629,265,169	\$105,889,707	\$1,735,154,875
West Virginia	\$632,194,762	\$22,114,470	\$654,309,232
Wisconsin	\$1,742,487,690	\$70,858,236	\$1,813,345,926
Wyoming	\$149,495,847	\$2,499,184	\$151,995,032
GRAND TOTAL	\$92,030,266,952	\$8,306,896,286	\$100,337,163,238

1) This data includes expenditures under the provider's registered State for payment and not on the location where the provider provided the service. These payments were issued using CMS's Healthcare Integrated General Ledger Accounting System (HIGLAS). HIGLAS does not include an identifier for urban or rural status.

Medicare Accelerated and Advance Payments State-by-State and by Provider Type

- 2) Many providers offer both Part A and Part B services. The Part A data includes total expenditures (Part A and B) for any provider that furnishes Part A services. The Part B data includes total expenditures for providers who received Part B payment only.

Provider Type

Provider Types	Payment
Part A Providers¹	\$ 92,030,266,952
Hospitals: Short Stay	\$ 78,441,001,286
Skilled Nursing Facility	\$ 3,175,664,561
Hospitals: Critical Access	\$ 2,616,517,592
Home Health	\$ 1,667,155,669
End Stage Renal Disease (ESRD)	\$ 1,314,410,766
Hospice	\$ 1,111,066,845
Hospitals: Rehabilitation Units	\$ 903,299,876
Hospitals: Long Term Care	\$ 724,044,056
Hospitals: Rehabilitation	\$ 515,978,531
Hospitals: Swing Bed Units	\$ 504,678,277
Hospitals: Psychiatric Unit	\$ 414,068,779
Hospitals: Psychiatric	\$ 259,219,240
Rural Health Clinic (RHC)	\$ 221,167,648
Outpatient Physical Therapy and Speech Pathology	\$ 56,506,287
Hospitals: Children's	\$ 43,123,147
Hospitals: Other	\$ 41,050,813
Federally Qualified Health Centers	\$ 20,370,887
Comprehensive Outpatient Rehabilitation Facility (CORF)	\$ 611,867
Community Mental Health Centers	\$ 330,825
Part B Providers/ Suppliers^{1,2}	\$ 8,306,896,286
Part B - No specialty code in HIGLAS	\$3,568,249,734
SINGLE OR MULTISPECIALTY CLINIC OR GROUP PRACTICE	\$3,484,875,527
AMBULATORY SURGICAL CENTER	\$323,050,634
CLINICAL LABORATORY (BILLING INDEPENDENTLY)	\$143,162,742
OPHTHALMOLOGY	\$118,924,933
MEDICAL SUPPLY COMPANY NOT INCLUDED IN 51, 52, OR 53	\$91,379,707
AMBULANCE SERVICE SUPPLIER, E.G., PRIVATE AMBULANCE COMPANIES, FUNERAL HOMES	\$84,187,732
PHYSICAL THERAPIST IN PRIVATE PRACTICE	\$67,577,590
INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)	\$55,452,702

Medicare Accelerated and Advance Payments State-by-State and by Provider Type

DIAGNOSTIC RADIOLOGY	\$27,395,568
DERMATOLOGY	\$26,703,154
MEDICAL SUPPLY COMPANY WITH RESPIRATORY THERAPIST	\$26,258,514
INTERNAL MEDICINE	\$24,717,304
CARDIOLOGY	\$20,428,508
UROLOGY	\$19,621,753
EMERGENCY MEDICINE	\$15,889,100
FAMILY PRACTICE	\$15,278,331
MEDICAL SUPPLY COMPANY WITH ORTHOTIC PERSONNEL CERTIFIED BY AN ACCREDITIN	\$12,642,264
PHARMACY	\$12,274,176
ORTHOPEDIC SURGERY	\$11,835,804
PODIATRY	\$11,653,610
RHEUMATOLOGY	\$10,858,990
GASTROENTEROLOGY	\$10,666,862
VASCULAR SURGERY	\$8,048,858
OTOLARYNGOLOGY	\$7,969,212
ANESTHESIOLOGY	\$7,673,175
INDIVIDUAL ORTHOTIC PERSONNEL CERTIFIED BY AN ACCREDITING ORGANIZATION	\$7,483,802
INDIVIDUAL PROSTHETIC PERSONNEL CERTIFIED BY AN ACCREDITING ORGANIZATION	\$6,735,360
OPTOMETRY	\$5,730,410
RADIATION ONCOLOGY	\$5,726,969
NEPHROLOGY	\$5,630,693
HEMATOLOGY/ONCOLOGY	\$5,434,896
PORTABLE X-RAY SUPPLIER (BILLING INDEPENDENTLY)	\$5,397,707
NEUROLOGY	\$3,836,576
PHYSICAL MEDICINE AND REHABILITATION	\$3,792,010
PULMONARY DISEASE	\$3,521,314
GENERAL SURGERY	\$3,395,740
PEDIATRIC MEDICINE	\$3,393,698
PATHOLOGY	\$3,260,063
RADIATION THERAPY CENTERS	\$3,135,181
MEDICAL SUPPLY COMPANY WITH PROSTHETIC/ORTHOTIC PERSONNEL CERTIFIED BY AN	\$2,849,958
ALL OTHER SUPPLIERS, E.G., DRUG STORES	\$2,714,992
PSYCHIATRY	\$2,270,620
NEUROSURGERY	\$2,254,237

**Medicare Accelerated and Advance Payments
State-by-State and by Provider Type**

CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)	\$1,997,764
INTERVENTIONAL PAIN MANAGEMENT	\$1,847,192
THORACIC SURGERY	\$1,819,647
INDIVIDUAL PROSTHETIC/ORTHOTIC PERSONNEL CERTIFIED BY AN ACCREDITING ORGA	\$1,694,707
OBSTETRICS/GYNECOLOGY	\$1,609,925
ALLERGY/IMMUNOLOGY	\$1,547,902
PAIN MANAGEMENT	\$1,508,050
GENERAL PRACTICE	\$1,389,717
PLASTIC AND RECONSTRUCTIVE SURGERY	\$1,252,955
ENDOCRINOLOGY	\$1,013,222
INTERVENTIONAL RADIOLOGY	\$760,417
NUCLEAR MEDICINE	\$675,005
HAND SURGERY	\$623,024
NURSE PRACTITIONER	\$600,205
COLORECTAL SURGERY (FORMERLY PROCTOLOGY)	\$591,095
CHIROPRACTIC	\$535,604
MEDICAL SUPPLY COMPANY WITH PROSTHETIC PERSONNEL CERTIFIED BY AN ACCREDIT	\$503,275
CARDIAC ELECTROPHYSIOLOGY	\$346,181
PUBLIC HEALTH OR WELFARE AGENCIES (FEDERAL, STATE, AND LOCAL)	\$311,528
INFECTIOUS DISEASE	\$282,045
OXYGEN/OXYGEN RELATED EQUIPMENT	\$269,822
GYNECOLOGICAL/ONCOLOGY	\$239,614
CLINICAL PSYCHOLOGIST	\$215,372
PHYSICIAN ASSISTANT	\$191,560
MEDICAL ONCOLOGY	\$165,842
ORAL SURGERY (DENTISTS ONLY)	\$151,468
INTENSIVE CARDIAC REHABILITATION	\$136,317
LICENSED CLINICAL SOCIAL WORKER	\$125,151
PEDORTHIC PERSONNEL	\$123,976
PERIPHERAL VASCULAR DISEASE	\$109,342
OSTEOPATHIC MANIPULATIVE MEDICINE	\$108,273
MEDICAL SUPPLY COMPANY WITH PEDORTHIC PERSONNE	\$106,143
OCCUPATIONAL THERAPIST IN PRIVATE PRACTICE	\$88,185
HOSPITAL	\$79,592
SURGICAL ONCOLOGY	\$76,757
CRITICAL CARE (INTENSIVISTS)	\$69,552
OPIOID TREATMENT PROGRAM	\$63,070

Medicare Accelerated and Advance Payments State-by-State and by Provider Type

NEUROPSYCHIATRY	\$48,738
PSYCHOLOGIST (BILLING INDEPENDENTLY)	\$43,916
HEMATOLOGY	\$42,022
GERIATRIC MEDICINE	\$39,609
UNKNOWN PHYSICIAN SPECIALTY	\$30,811
AUDIOLOGIST (BILLING INDEPENDENTLY)	\$30,195
CERTIFIED NURSE MIDWIFE (EFFECTIVE JULY 1, 1988)	\$28,212
CARDIAC SURGERY	\$25,773
MAXILLOFACIAL SURGERY	\$20,060
MASS IMMUNIZATION ROSTER BILLERS (MASS IMMUNIZERS HAVE TO ROSTER BILL ASSIGNED CLAIMS AND CAN ONLY BILL FOR IMMUNIZATIONS)	\$7,436
SLEEP MEDICINE	\$5,324
OPTICIAN	\$2,484
IN-PERSON MDPP SUPPLIERS	\$1,497
Grand Total	\$ 100,337,163,238

- 1) Many providers offer both Part A and Part B services. The Part A data includes total expenditures (Part A and B) for any provider that furnishes Part A services. The Part B data includes total expenditures for providers who received Part B payment only.
- 2) The Part B providers listed here are grouped by specialty codes. The specialty codes may be found here: <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/Downloads/taxonomy.pdf>. If a provider is not associated with a specialty code, they will be included in the “specialty undefined” category.