

## COVID-19 FAQ

**6. What is the Accelerated and Advance Medicare payment program for COVID-19 and how does an agency qualify? If an agency receives accelerated and advance payment, how long will the agency have to repay the amount received?**

Date Added: 03/31/20

Answer: The Accelerated and Advance Medicare payment program allows ambulance services to receive an advance payment from CMS. Most ambulance services will be able to request up to 100% of the Medicare payment amount for a forward-looking three-month period based on historical billing trends. However the amount paid to ambulance services will need to be repaid. To qualify for accelerated or advance payments, an ambulance service 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

Agencies that take advantage of the program will have 210 days from the date that the accelerated or advance payment was made to repay the MAC. For the first 120 days, after receiving accelerated or advance payment, agencies will receive Medicare payments on claims filed, as usual. After 120 days any claim billed to CMS would be used to offset the amount paid to the agency. After 210 days (7 months) the MAC will send a request for repayment of the remaining balance, if any, which would be collected by direct payment.

CMS has created an Accelerated and Advance Medicare payment program fact sheet which can be accessed here: <https://www.cms.gov/files/document/Accelerated-and-Advanced-Payments-Fact-Sheet.pdf>