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Request for Anticipated Payment (RAP) Calendar Year (CY) 2021 and the Notice of Admission (NOA) Starting in 2022

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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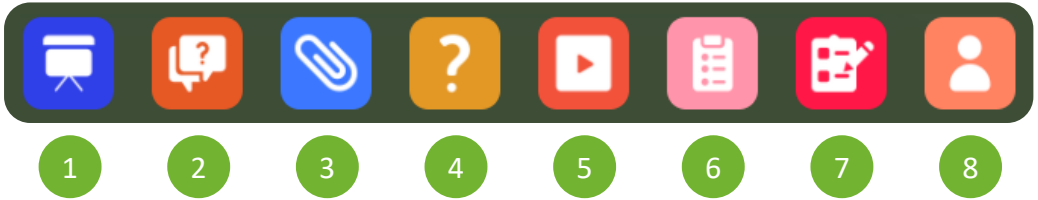
Disclaimer

The content in this presentation is intended for Home Health providers and is current as of May 14, 2021. Any changes or new information superseding this information is provided in articles with publication dates after May 14, 2021, at: https://palmettogba.com/hhh.

WEBINAR TOOLS



1. Slides
2. Ask Question
3. Resources
4. Help
5. Media Player (only for on-demand viewing)
6. Pre-presentation Knowledge Survey
7. Post-presentation Knowledge Check
8. Speaker Bio

Audio is heard through your computer speakers. Please close extra programs and browser windows to improve the audio/video quality.

Agenda

- Request for Anticipated Payment (RAP) Updates for 2021
- RAP Common Question & Answers
- 2022 Notice of Admission (NOA)
- Resources
- Claims Payment Issues Log

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RAP CY 2021 Changes

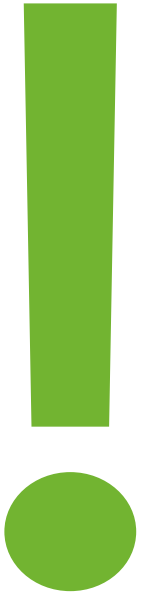
2021 Penalty for Delayed Request for Anticipated Payment (RAP) Submission for Home Health Agencies – Frequently Asked Questions (FAQ)

MLN Matters 11855 — Penalty for Delayed RAPs

Change Request 11855 — Penalty for Delayed RAPs

The RAP in CY 2021

- The split-percentage payment was lowered to 0 percent for all HHAs
- Still required to submit a RAP at the beginning of each 30-day period of care, with the exception of Low Utilization Payment Adjustments (LUPAs) claims



When to Submit the Initial RAP

HHAs may submit the initial/start of care RAP when

- The appropriate physician's written or verbal order that sets out the services required for the initial visit has been received and documented
- The initial visit within the 60-day certification period has been made and the individual is admitted to HH care

Billing Multiple RAP Periods

- HHAs may submit RAPs for both the first and second 30-day periods of care (for a 60-day certification) at the same time to help further reduce provider administrative burden
- For subsequent periods of care in calendar year 2021, the HHA may submit these RAPs with the first day of the period of care as the service date on the 0023 revenue code line
- This allows for the submission of RAPs for two 30-day periods of care immediately after the start of a 60-day certification period

Non-Timely Submission Reduction

5

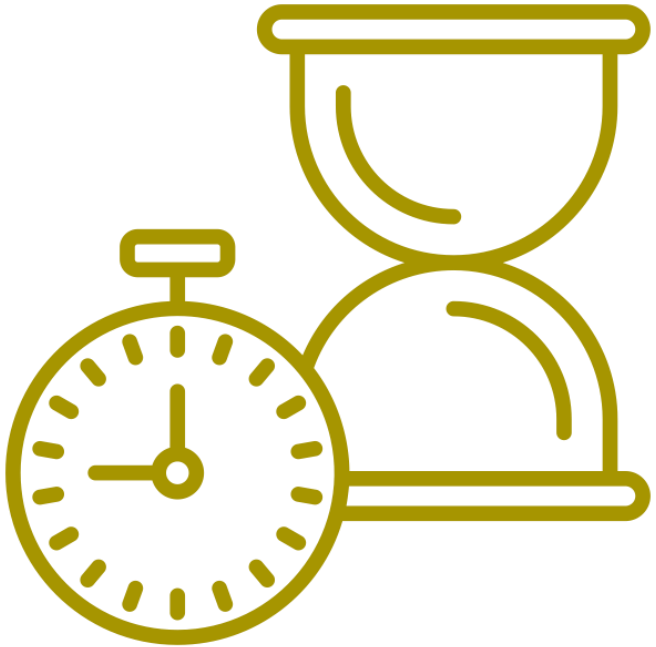
A payment reduction applies if a HHA does not submit the RAP, and the MAC accepts, within 5 calendar days from the start of care date for the first 30-day period of care in a 60-day certification period and within 5 calendar days of the “from” date for the second 30-day period of care in the 60-day certification period.

Non-Timely Submission Reduction

- Reduction in payment will be equal to a 1/30th reduction to the wage and case-mix adjusted 30-day period payment amount, or “from” date for subsequent 30-day periods, until the date the HHA submits the RAP
- The reduction would include any outlier payment
- The reduction amount will be displayed with value code QF on the claim

Low Utilization Payment Adjustment (LUPA)

In 2021, RAPs are still not required for LUPAs. However, if a RAP is submitted for a LUPA, it would be subject to the timely filing requirements.



Low Utilization Payment Adjustment (LUPA)

If a RAP was submitted for a LUPA and it was late

- No LUPA per-visit payments would be made for visits that occurred on days that fall within the period of care prior to the submission of the RAP
- The payment reduction cannot exceed the total payment of the claim

Exception to Late RAP Penalty

The four circumstances that may qualify the HHA for an exception to the consequences of filing a late RAP

- Fires, floods, earthquakes, or other unusual events
- An event that produces a data filing problem due to a CMS or MAC systems issue
- A newly Medicare-certified HHA that is notified of that certification after the Medicare certification date, or which is awaiting its user ID from its MAC
- Other circumstances determined by the MAC or CMS

Exception to Late RAP Penalty

A HHA may submit an exception request on the **claim** by

- Report the KX modifier with the Health Insurance Prospective Payment System (HIPPS) code on the revenue code 0023 line of Type of Bill (TOB) 032x (other than 0322 and 0320) to indicate the HHA requests an exception to the late RAP penalty
- The HHA should provide sufficient information in the remarks section of its claim to allow the MAC to research the exception request
- **Do not** request exceptions when the RAP was timely
  - The claim will be returned

Cancelling a RAP to Correct an Error

If the RAP that corresponds to a claim was originally received timely, but the RAP was canceled and resubmitted to correct an error, request an exception and enter remarks to indicate this condition (for example, “Timely RAP, cancel and rebill”)

- HHAs should resubmit corrected RAPs promptly
  - generally, within 2 business days of canceling the original RAP

Cancelling a RAP to Correct an Error

Examples of errors that would require the RAP to be canceled and resubmitted

- Incorrect period “From” date reported
- Incorrect initial physician or allowed practitioner reported

Examples of errors that would not require the RAP to be canceled and resubmitted

- Change of diagnosis during the period of care
- **Change in HIPPS**
- Change of physician or allowed practitioner during the period of care

Exception Examples

Exception Example — Bad

Submitted Remarks: Late due to system issue.

Review Outcome: Exception returned. Exception returned due to not enough detail.

Exception Example — Good

Submitted Remarks: Timely submitted RAP was returned on 1/15/21 for CPIL issue with reason code W7216 before MAC suspended and bypassed on 1/27/21.

Review Outcome: Exception granted. Research showed the RAP was returned incorrectly for RC W7216 prior to the implementation of the MAC workaround.

Exception Example — Bad

Submitted Remarks: Timely submitted RAP was returned for CPIL issue with reason code W7216.

Review Outcome: Exception denied. Research found the RAP was submitted beyond timeliness before editing for reason code W7216.

Exception Example — Good

Submitted Remarks: Timely submitted RAP was returned with reason code C7010, overlap of a hospice election.

Review Outcome: Exception granted. Research found the hospice did not complete discharge claim prior to the HHA submitting the RAP. May be denied if CC 07 is later added by the HHA.

Exception Example — Bad

Submitted Remarks:
Have Proof That RAP Was Uploaded and Transmitted To MC On 2/1/21 Via Ability C.

Review Outcome:
Exception denied.
System shows RAP was received beyond 5-day requirement. HHA may appeal with Medicare submission 999/277CA reports, if they show timely filing.

Exception Example — Good

Submitted Remarks: RAP date 2/14/21. RAP was late due to power outage and state of emergency declared on 2/12/21 due to severe winter weather that is impacting Texas.

Review Outcome: Exception granted. Research confirms state of emergency/extreme weather for date of service.

Exception Example — Bad

Submitted Remarks:
RAP was submitted timely, but rejected due to reason code U538I, overlap period with a different HHA.

Review Outcome:
Exception denied.
Eligibility systems showed beneficiary was on service on with another HHA prior to the RAP's submission date and the periods would overlap. CC 47 applicable.

Additional Billing Changes

Additional RAP Coding Notes

- Value codes 61 and 85 are optional for RAPs with “From” dates on and after January 1, 2021
- Other Diagnosis Codes are optional for RAPs with “From” dates on and after January 1, 2021
  - Principal Diagnosis Codes are required

Question & Answers

Question & Answers

Does the RAP only need to be submitted within 5 calendar days of the “From” date to meet the requirement?

No, a timely-filed RAP is submitted to the A/B MAC (HHH) and accepted by the A/B MAC (HHH) within 5 calendar days after the “From” date of a HH period of care (Section 40.1 of the billing manual). “Accepted” is defined as processing and approving after a RAP is received. The date a RAP completes processing and approves is not used in calculating the RAP’s timeliness, only the date the RAP was received by the MAC.

Question & Answers

If the RAP is submitted with an error, does the HHA have to wait until the RAP is returned to correct and resubmit it?

No. When a RAP is set to return (T B9900 status/location), the HHA may immediately submit a new, corrected RAP to avoid or reduce the penalty. The new RAP will not edit as a duplicate since the initial RAP did not process.

Question & Answers

Is the HIPPS code required on RAPs beginning 2021?

Yes, HIPPS codes are still required in 2021. Matching HIPPS remains important to pair the claim with the correct RAP.

Question & Answers

Are diagnoses codes still required on the RAP in 2021?

Yes, a principal diagnosis code is still required on the RAP and the HHA may report any valid diagnosis code, in order to facilitate timely submissions. Other Diagnosis Codes are optional for RAPs with “From” dates on and after January 1, 2021. Principal (primary) diagnosis code submitted on the RAP may be different than what is submitted on the final claim.

Question & Answers

Will RAPs continue auto-cancel in 2021?

No. Auto-cancellation of RAPs is no longer necessary since there is no payment to recover. Removing this requirement will reduce burden for HHAs, who will not need to resubmit RAPs when billing later final claims.

Question & Answers

Since RAPs will not auto-cancel in 2021, will HHAs be responsible for canceling RAPs for subsequent periods of care (if submitted) if the beneficiary discharges prior to the start of the period?

No, the RAP does not need to be cancelled. However, cancelling an unused RAP will help maintain a more accurate beneficiary home health eligibility record. Maintaining an accurate record may reduce overlap issues and cancelling RAPs at a later date.

Question & Answers

Should the RAP be cancelled when no visits are expected during a 30-day period of care?

No. If no visits are expected during an upcoming 30-day period, the HHA should submit the RAP with the first day of the period of care as the service date on the 0023 line. This will ensure the HHA remains recorded on the CWF.

Question & Answers

Does the submission within 5 days of the “From” date include weekends and holidays?

Yes. Palmetto GBA considers electronic claims received on a weekend or holiday before 5 p.m. ET, as received on the actual calendar date of receipt.

Question & Answers

If a RAP is submitted on Saturday or Sunday, will the RAP be counted by Medicare as received on Monday?

Electronic submissions transmitted directly to a contractor, or to a clearinghouse with which the contractor contracts as its representative for the receipt of its claims, must be received by 5 p.m. in the contractor's time zone.

Question & Answers

If the RAP must be received within 5 calendar days of the period start date, what time would be the cutoff to submit a RAP on 5th day?

Electronic submissions transmitted directly to a contractor, or to a clearinghouse with which the contractor contracts as its representative for the receipt of its claims, must be received by 5 p.m. in the contractor's time zone.

Question & Answers

For recertifications, does the actual first billable visit have to be performed to bill the recert RAP?

No. The HHA may submit these RAPs with the first day of the period of care as the service date on the 0023 line. It will also prevent delaying the submission of the RAP for subsequent periods when the first visit in that period would be beyond the 5-day timeframe for a timely-filed RAP.

Question & Answers

What date should HHAs use on the 0023 line item of the corresponding claim when the RAP was submitted using the exception with the first day of the period of care for line item 0023?

When HHAs use the new exception and submit RAPs with the first day of the period of care as the service date on the 0023 line for subsequent periods in CY 2021, the corresponding claim must be submitted with the same 0023 line date. **The service dates on 0023 of the RAP and claim must always match.**

Question & Answers

How can we submit the second 30-day RAP if we don't know if the HIPPS code on will change? What if the beneficiary has a hospital admission within the 60-day episode that changes the HIPPS code?

For RAPs with “From” dates on or after January 1, 2020, the HHA may submit the HIPPS code they expect will be used for payment. If not, they may submit any valid HIPPS code in order to meet this requirement.

Question & Answers

If the beneficiary has a primary insurer other than Medicare, how can the HHA submit the RAP in 5 calendar days of period start date?

Medicare Secondary Payer (MSP) billing is not required on RAPs. The HHA may submit the RAP as Medicare primary, and it will process and approve without MSP editing. The claim must be billed as MSP.

Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA)

MLN Matters Number: MM12256

Change Request (CR) 12256

CR Release Date: May 11, 2021

Effective Date: January 1, 2022

Notice of Admission (NOA)

- Starting in CY 2022, RAPs will be eliminated and replaced by submission of a one-time NOA for all HHAs
  - NOAs will be submitted for all claims with “From” dates on or after January 1, 2022
  - CMS only requires one NOA for any series of HH POCs beginning with admission to home care and ending with discharge
  - Once a discharge is reported to Medicare, a new NOA is required before any additional claims are submitted
  - For patients receiving HH services in 2021 and will continue in 2022, submit an NOA with a one-time, artificial “admission” date corresponding to the “From” date of the first period of continuing care in 2022

NOA Submission Requirements

- NOA submission criteria will require
  - A verbal or written order from the physician that contains the services required for the initial visit, and
  - The initial visit at the start of care has been conducted

NOA Billing Information

- NOA Type of Bill (TOB)

  32A – Admission/Election Notice

  32D – Cancellation of Admission/Election Notice

- Report the date of the first visit provided in the admission as the "From date". The Admission date on the NOA must always match the From date.
- If the NOA is for a patient transferred from another HHA, the HHA enters condition code 47

NOA Billing Information

Items not required (different from current RAP)

- Patient Control Number
- Document Control Number (DCN) for NOA cancellation
  - Entering “Remarks” indicating the reason for cancellation

Late NOA Penalty

- There will be a non-timely submission reduction in payment amount tied to any late submission of NOAs when the HHA does not submit the NOA within 5 calendar days from the start of care
- The reduction in payment amount would be equal to a 1⁄30th reduction to the 30-day period payment amount for each day from the home health start of care date until the day before the HHA submitted the NOA
- No low utilization payment adjustment (LUPA) per-visit payments shall be made for visits that occurred on days that fall within the period of care prior to the submission of the NOA

Exception to Late NOA Penalty

- If the HHA fails to send the NOA timely, they may request an exception
  - The four circumstances that may qualify for an exception are the same as a late 2021 RAP (slide 14)
- Your MAC won't grant exceptions if the HHA
  - Can correct the NOA without waiting for Medicare systems actions
  - Submit a partial NOA to fulfill the timely-filing requirement
  - Has multiple provider identifiers and submit the identifier of a location that didn't actually provide the service
- Medicare won't make LUPA per-visit payments for visits that occurred on days that fall within the period of care prior to an NOA submission

Resources

Resources

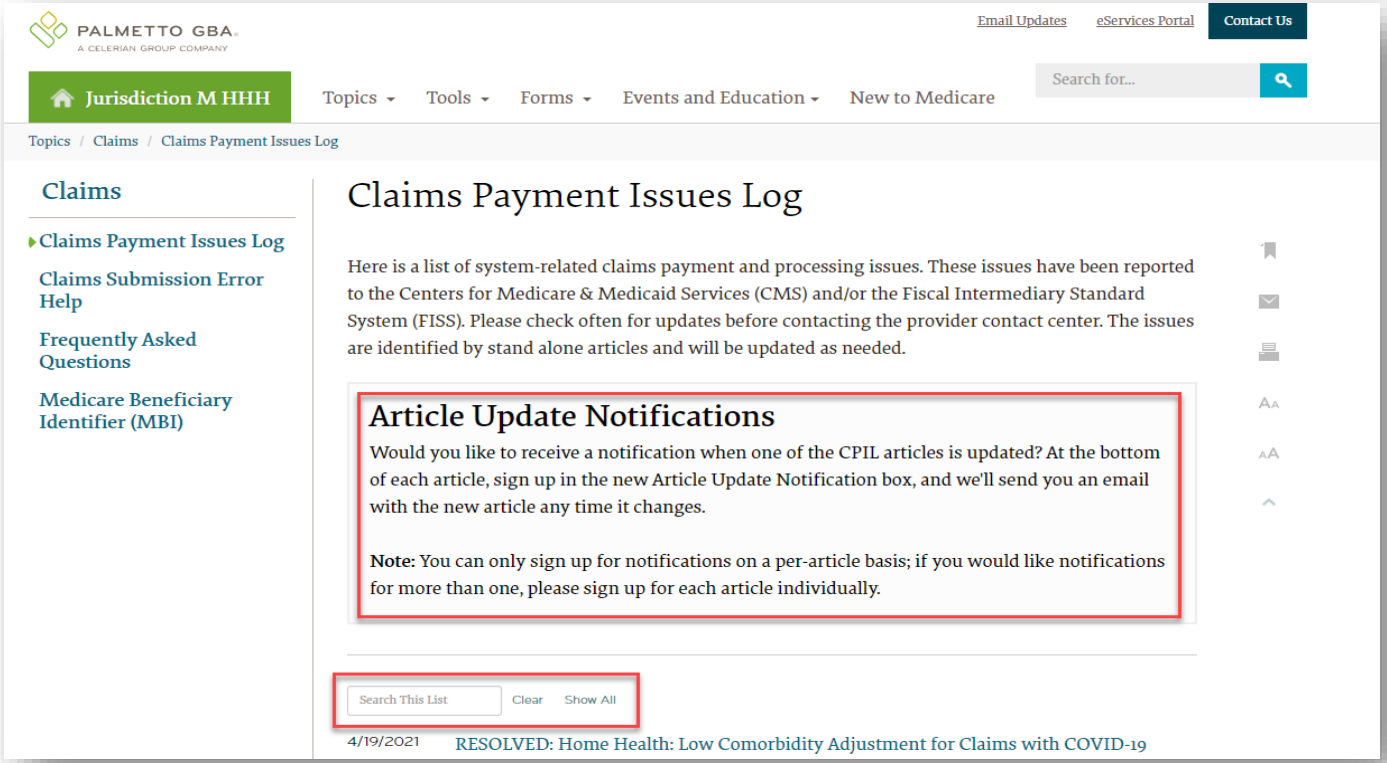
1. 2021 Penalty for Delayed Request for Anticipated Payment (RAP) Submission for Home Health Agencies – Frequently Asked Questions (FAQ)
2. MLN Matters 11855 — Penalty for Delayed RAPs
3. Change Request 11855 — Penalty for Delayed RAPs
4. Chapter 10 — Home Health Agency Billing
5. MLN Matters Number MM12256 — NOA
6. Change Request 12256 — NOA

Claims Payment Issues Log

Claims Payment Issues Log

- Listing of current system-related Claims Payment And Processing Issues (CPIL)
- Sign up to receive a notification when one of the CPIL articles is updated
  - Notifications on a per-article basis
  - Sign up for each article individually
- May view by
  - All articles, or
  - Current, or
  - Resolved

Claims Payment Issues Log



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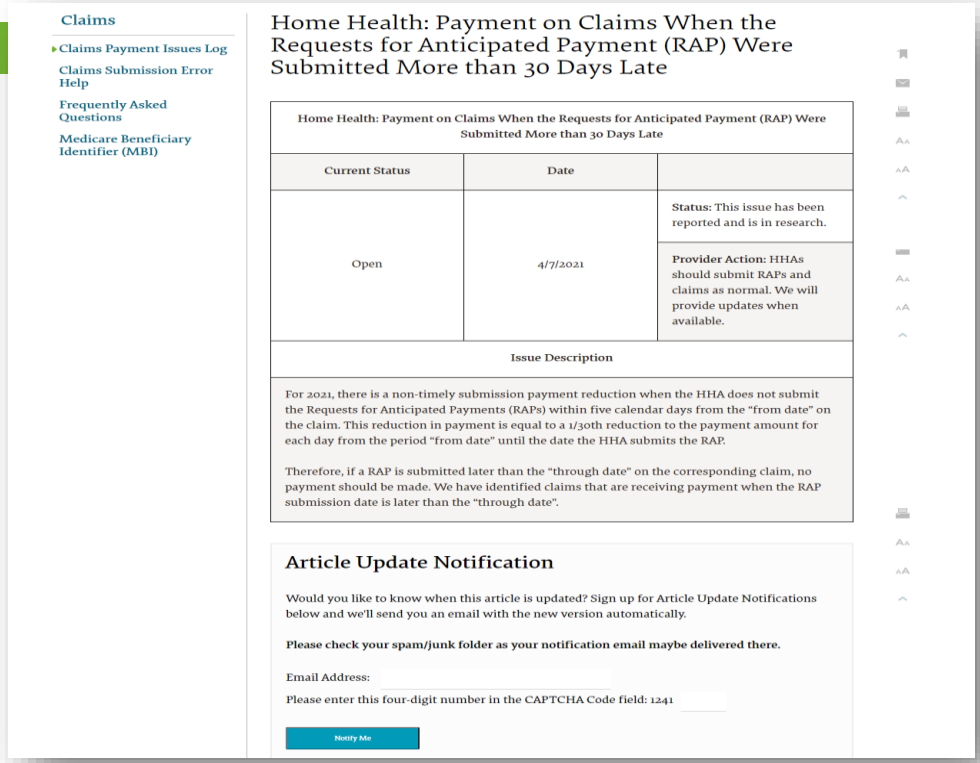
Claims Payment Issues Log Example

CPIL REQUIRED INFORMATION

- Date Reported
- Provider Type(s) affected
- Reason Codes, as applicable
- Claim Coding Impact (i.e., HCPCS/ICD codes etc.), as applicable
- Description of the Issue
- Action Required by the MAC, if any
- Action Required by the Provider, if any
- Proposed Resolution/Fix (including automatic reprocessing of claims or not)
- Status (Open Closed)
- Date Resolved



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