AXXESS
EMPOWERING CARE
ANYTIME, ANYWHERE

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PREPARE FOR SUCCESS WITH MEDICARE'S NEW

2021 HOME HEALTH BILLING REQUIREMENTS

SPEAKERS

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MODERATOR

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Home Health Product Analyst
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Agenda

- 2021 Billing Changes Summary (15 Minutes)
  - A full overview link for the RAP billing on-demand webinar will be sent, and the slides are available in the GoToWebinar Handouts.
  - Three poll questions will be conducted.
- Question-and-answer Session (40 Minutes)
  - Frequently asked questions submitted beforehand will kick us off.
  - Then we will take audience questions submitted in the GoToWebinar Questions box.

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Audience Poll

How many days on average does your organization take **to submit a RAP**?

a. Five days or fewer
b. Six to ten days
c. Greater than ten days
d. Unknown

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Audience Poll

How many days on average does your organization take **to submit a RAP**?

a. Five days or fewer	**51 responses**	**20%**
b. Six to ten days	**89 responses**	**35%**
c. Greater than ten days	**92 responses**	**36%**
d. Unknown	**23 responses**	**9%**

Total Responses = 255

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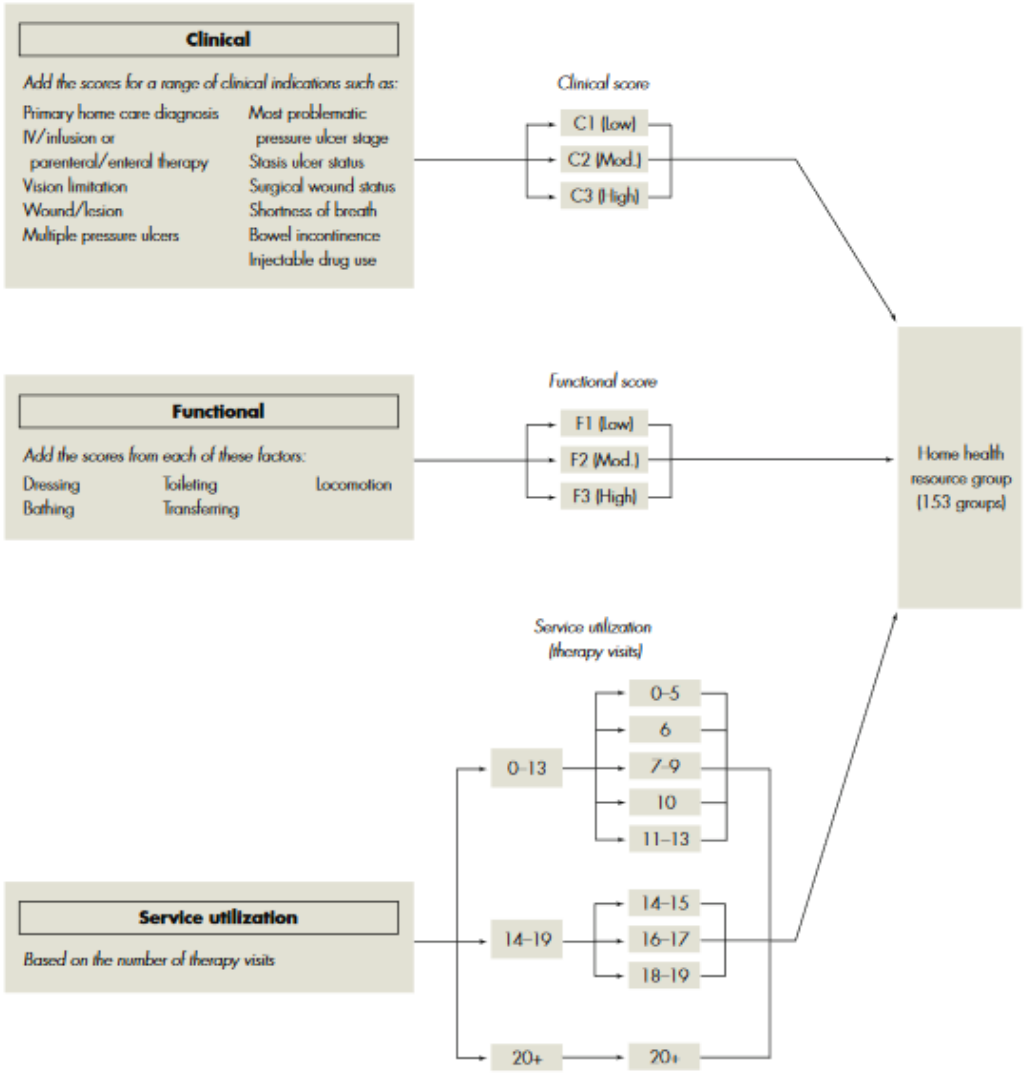
Prospective Payment System (PPS)

- Establish a home health episode in the Common Working File (CWF)
- Billing period matches episode (60 days)
- Request for Anticipated Payment (RAP) at the start of episode
- Initial episode 60/40 split payment
- Subsequent episodes 50/50 split payment
- RAP submission requirements
  - OASIS completed
  - Physician orders received
  - Plan of care sent
  - First visit completed



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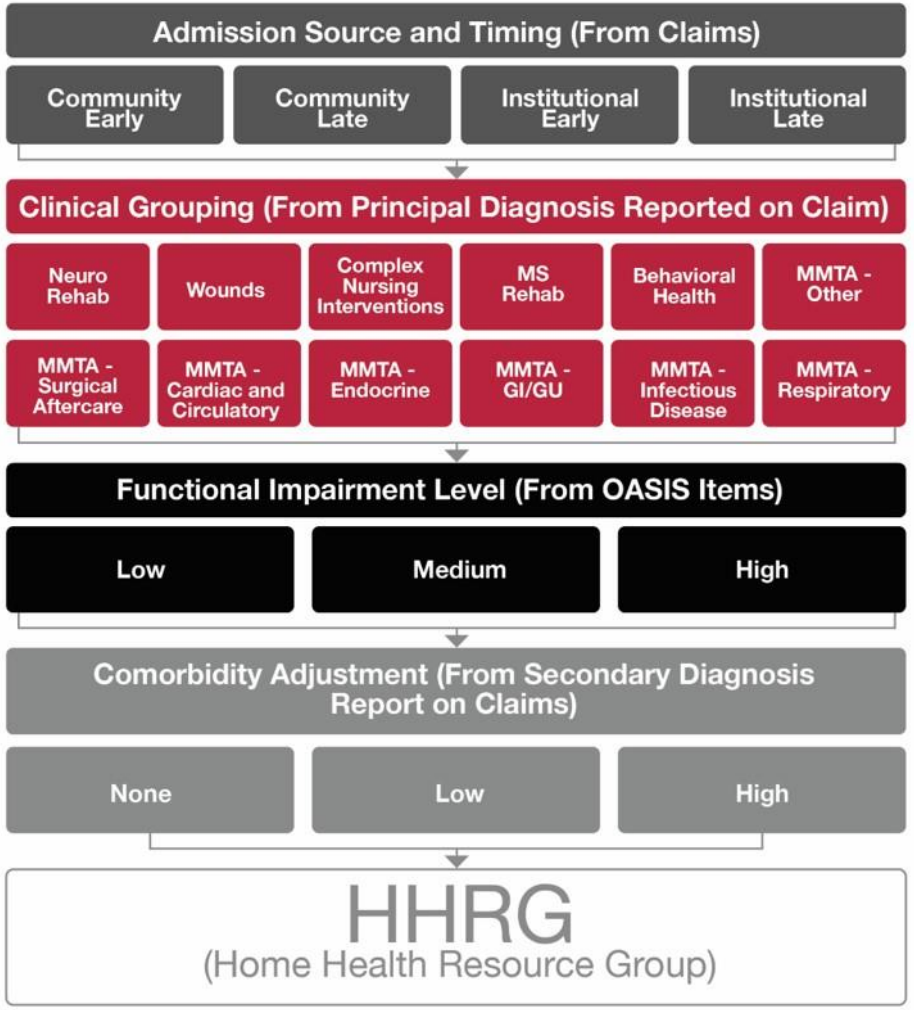
Patient-Driven Groupings Model (PDGM)

- Establish a home health episode in the CWF
- 30-day periods of care and 60-day episode
- RAP/Final submitted for each period of care
- All periods of care see a 20/80 split payment
- Primary diagnosis can change in the second period of care
- RAP submission requirements
  - OASIS completed (first only)
  - Physician orders received (first only)
  - Plan of care sent (first only)
  - First visit completed (both periods)



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Changes 2021 and Beyond

- Establish period of care
- No split percentage payments
- Non-timely submission penalty
  - RAP accepted in the CWF to qualify
  - Five days from start of care on initial
  - Five days from start of second period of care
  - 1/30th reduction for each day late
  - No LUPA payment before prior to RAP
- January 1, 2022, the RAP will be replaced with a Notice of Admission (NOA)

https://www.cms.gov/files/document/MM11855.pdf

The official instruction, CR 11855, issued to your MAC regarding this change, is available at: https://www.cms.gov/files/document/r10369CP.pdf

If you have questions, your MACs may have more information. Find their website at: https://www.cms.gov/Medicare/Medicare-Contracting/FFSProvCustSvcGen/MAC-Website-List

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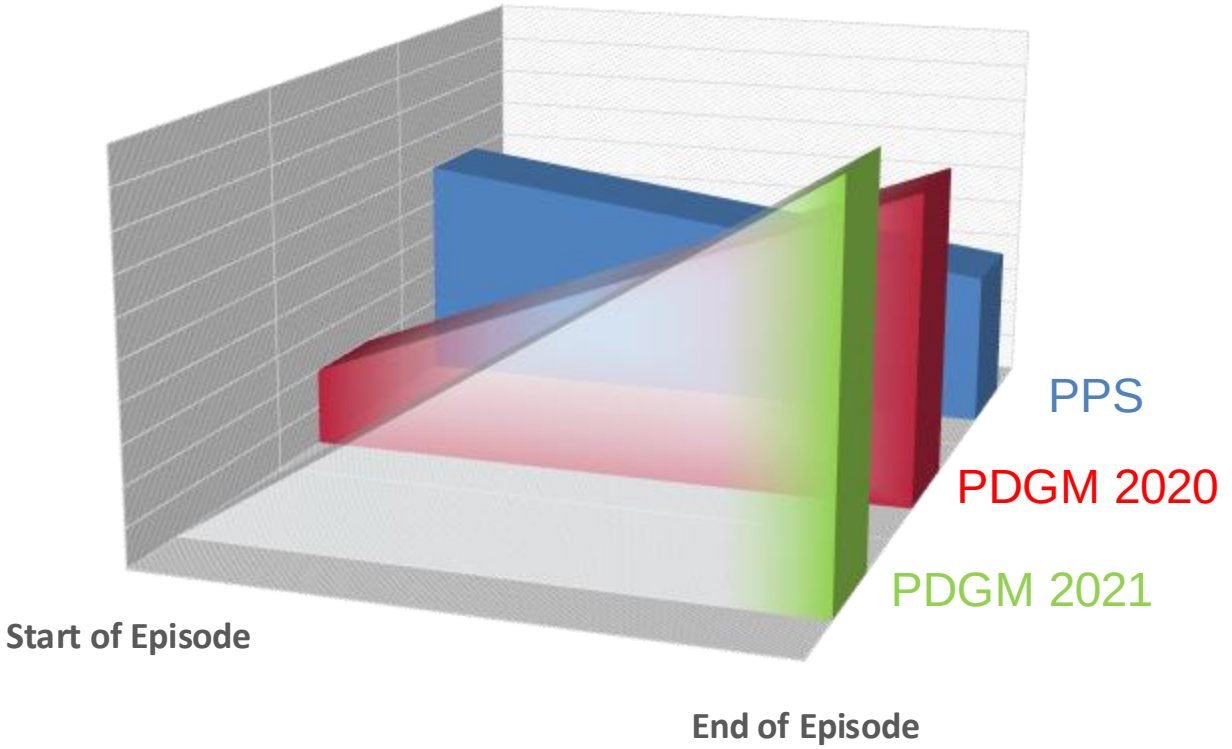
RAP Revenue Cycle Management (RCM)

- Cash flow considerations
- Revenue recognition
- Avoiding penalties and revenue reductions
- Submission requirements reduced
- No more rejected RAPs and resubmissions
- Reduced posting



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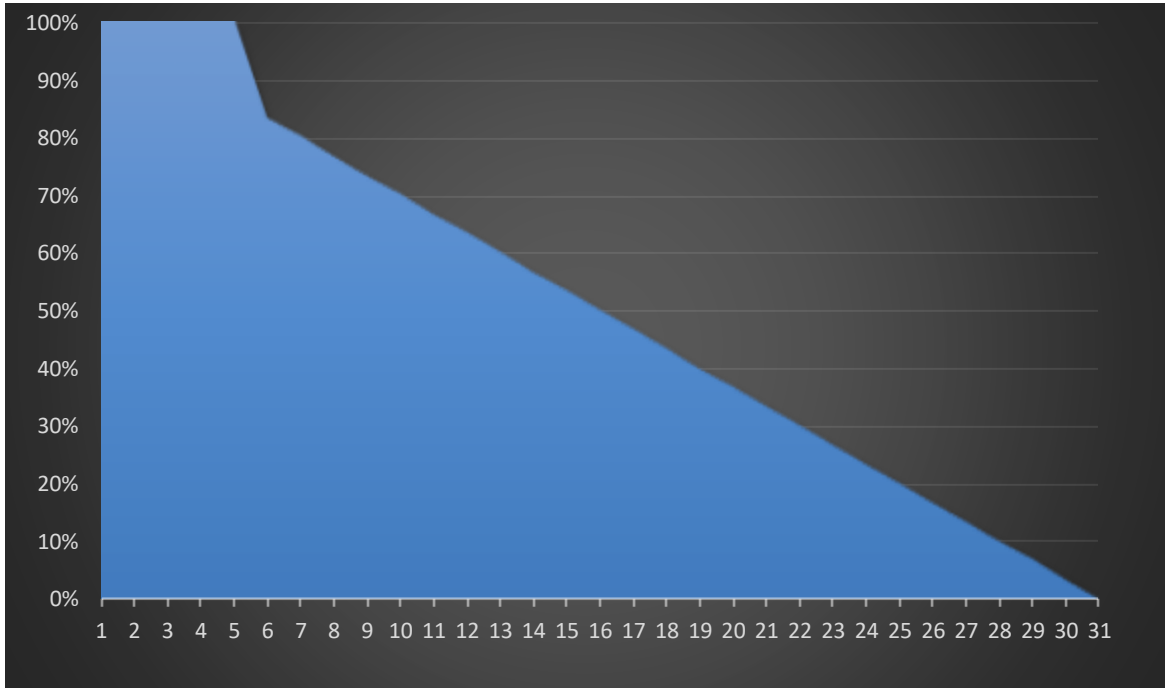
Late RAP Submission Penalties



- RAP Reduction
  - After the fifth day of the period of care, the episodic payment is reduced by 1/30th.
  - First late penalty is equal to 17% (5/30th) of the episodic payment.
- Low Utilization Payment Adjustment (LUPA)
  - If a claim is identified to as a LUPA and the RAP is not submitted timely, visits conducted prior to submission will not be reimbursed.

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Audience Poll

How **operationally prepared do you feel your organization is** to avoid penalties and adjust to the upcoming regulatory changes?

a. Not prepared at all
b. Somewhat prepared
c. Almost fully prepared
d. 100% prepared
e. We've already implemented all changes needed to prepare

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Audience Poll

How **operationally prepared do you feel your organization is** to avoid penalties and adjust to the upcoming regulatory changes?

a. Not prepared at all	**50 responses**	**15%**
b. Somewhat prepared	**221 responses**	**65%**
c. Almost fully prepared	**64 responses**	**19%**
d. 100% prepared	**5 responses**	**1%**
e. We've already implemented all changes needed to prepare		**0%**

Total Responses = 340

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Operational Action Items

- How will you monitor for the RAP countdown?
- How will you ensure that you meet the guidelines for submitting a RAP?
- How will you manage LUPAs related to RAPs?
- What adjustments should be considered in reporting?
- What role will technology play in your operations?

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Requirements for RAP Submission

- Requirements for RAPs have been loosened
  - "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 home health care."
- Timely submission is now enforced (similar to hospice)
  - RAP must be submitted and accepted by CWF **by the fifth calendar day** within that period of care.
  - Second billing period RAPs can be sent at the beginning of a certification period.

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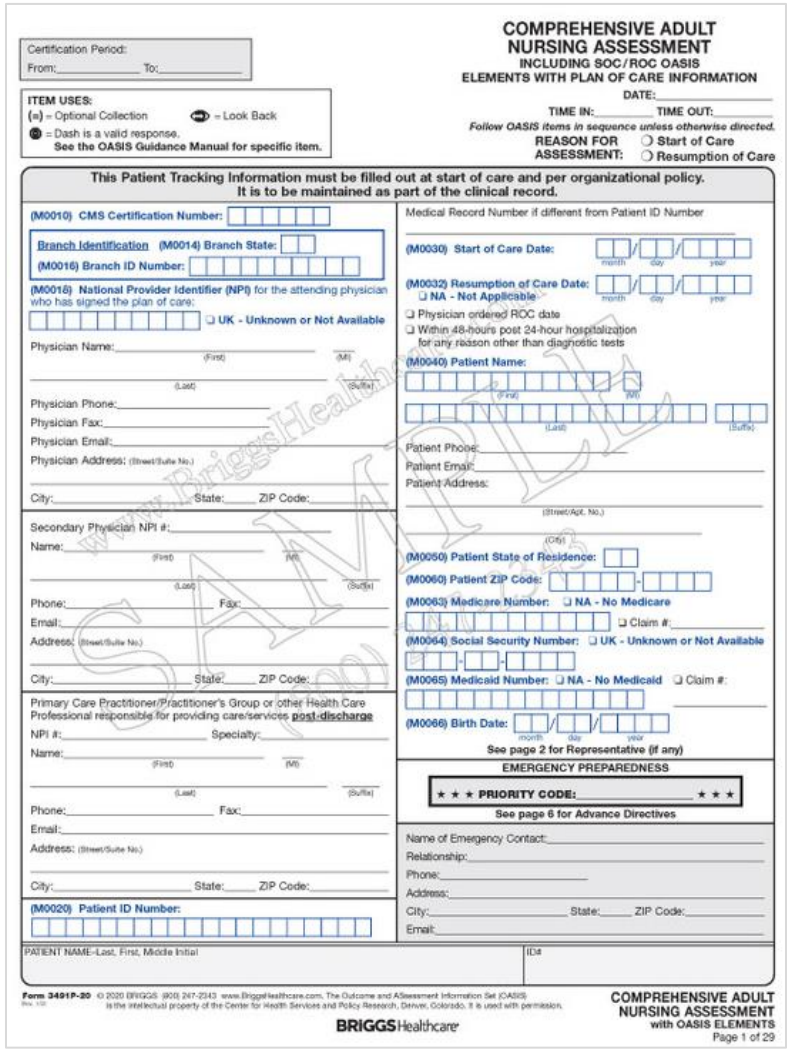
Operational Action Items



COMPREHENSIVE ADULT NURSING ASSESSMENT
INCLUDING SOC/ROC OASIS
ELEMENTS WITH PLAN OF CARE INFORMATION

Certification Period:
From:_____ To:_____

ITEM USES:
(a) = Optional Collection
(LB) = Look Back
(•) = Dash is a valid response.
See the OASIS Guidance Manual for specific item.

DATE:_____
TIME IN:_____ TIME OUT:_____
Follow OASIS items in sequence unless otherwise directed.
REASON FOR ASSESSMENT: ❍ Start of Care ❍ Resumption of Care

This Patient Tracking Information must be filled out at start of care and per organizational policy.
It is to be maintained as part of the clinical record.

(M0010) CMS Certification Number:
Branch Identification (M0014) Branch State:
(M0016) Branch ID Number:
(M0018) National Provider Identifier (NPI) for the attending physician who has signed the plan of care:
❑ UK - Unknown or Not Available
Physician Name: (First) (MI) (Last) (Suffix)
Physician Phone:
Physician Fax:
Physician Email:
Physician Address: (Street/Suite No.)
City: State: ZIP Code:

Secondary Physician NPI #:
Name: (First) (MI) (Last) (Suffix)
Phone: Fax:
Email:
Address: (Street/Suite No.)
City: State: ZIP Code:

Primary Care Practitioner/Practitioner's Group or other Health Care Professional responsible for providing care/services post-discharge
NPI #: Specialty:
Name: (First) (MI) (Last) (Suffix)
Phone: Fax:
Email:
Address: (Street/Suite No.)
City: State: ZIP Code:

(M0020) Patient ID Number:

Medical Record Number if different from Patient ID Number

(M0030) Start of Care Date: (month) (day) (year)
(M0032) Resumption of Care Date: (month) (day) (year)
❑ NA - Not Applicable
❑ Physician ordered ROC date
❑ Within 48-hours post 24-hour hospitalization for any reason other than diagnostic tests

(M0040) Patient Name: (First) (MI) (Last) (Suffix)
Patient Phone:
Patient Email:
Patient Address: (Street/Apt. No.) (City)
(M0050) Patient State of Residence:
(M0060) Patient ZIP Code:
(M0063) Medicare Number: ❑ NA - No Medicare ❑ Claim #:
(M0064) Social Security Number: ❑ UK - Unknown or Not Available
(M0065) Medicaid Number: ❑ NA - No Medicaid ❑ Claim #:
(M0066) Birth Date: (month) (day) (year)
See page 2 for Representative (if any)

EMERGENCY PREPAREDNESS
★ ★ ★ PRIORITY CODE:_____ ★ ★ ★
See page 6 for Advance Directives

Name of Emergency Contact:
Relationship:
Phone:
Address:
City: State: ZIP Code:
Email:

PATIENT NAME-Last, First, Middle Initial | ID#

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COMPREHENSIVE ADULT NURSING ASSESSMENT with OASIS ELEMENTS
Page 1 of 29

SAMPLE

- Visibility for late and missed visits
  - Electronic Visit Verification (EVV)
- Perform timely assessments
  - Rehab SOC OASIS performed by therapist
  - 24 hours for assessment documentation
  - Secondary disciplines with 24 hours
- Maximize workflow efficiencies
  - Technology and clinical intelligence
- Ensure proper documentation for verbal order
- Ensure rapid quality assurance
  - Determine billable visit on assessment visits

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LUPA Impact

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	SOC		SN	SN	~~HHA~~	RAP
HHA		HOSP				

LUPA THRESHOLD: 6 VISITS

2020 Per Visit LUPA Rates

Home health aide	$67.78
Medical social worker	$239.92
Occupational therapy	$164.74
Physical therapy	$163.61
Skilled nursing	$149.68
Speech therapy	$177.84

LUPA SN	$449.04
LUPA HHA	$67.78

Total Loss $516.82

Total Payment
$ 67.78

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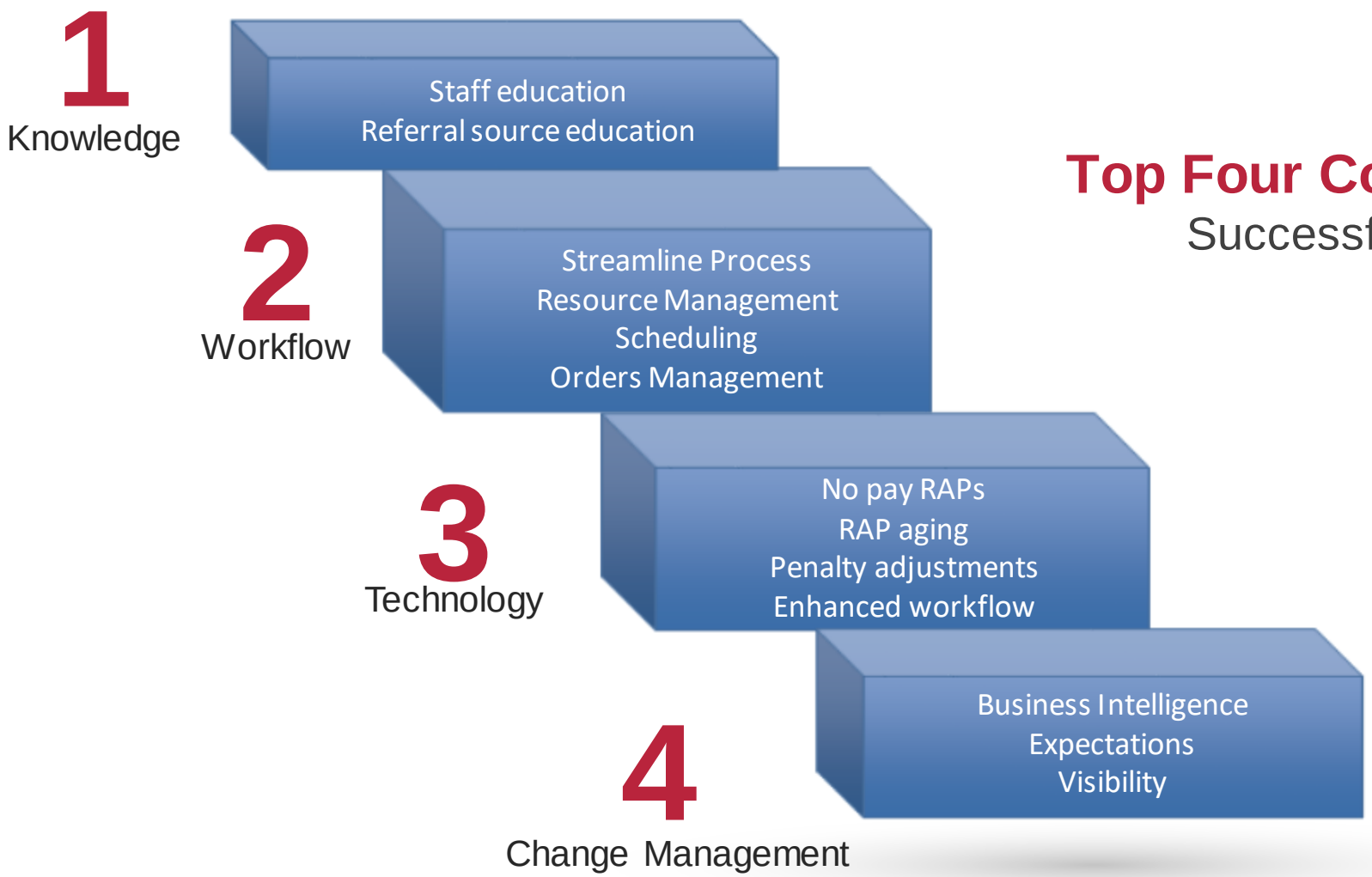
Next Steps



Top Four Considerations

Successful RAP 2021

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2021 RAP Billing Changes Summary

- Elimination of split percentage payments
- Penalty for delayed submission of RAPs
- Revenue reduction of 1/30th of episodic payment per day
- Reduced RAP submission requirements
- All reimbursement paid on final claims
- Operational changes should occur now to prepare for 2021

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Audience Poll

Does your **electronic medical records system** have a **plan to adjust** to the 2021 Medicare home health billing changes?

a. Yes
b. No
c. Not applicable or we use paper
d. Unknown or plan not communicated

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Audience Poll

Does your **electronic medical records system** have a **plan to adjust** to the 2021 Medicare home health billing changes?

a. Yes	**221 responses**	**59%**
b. No	**16 responses**	**4%**
c. Not applicable or we use paper	**1 responses**	**0%**
d. Unknown or plan not communicated	**134 responses**	**36%**

Total Responses = 372

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Submitted Frequently Asked Questions

- Does an OASIS need to be completed in order to bill a RAP?
- Does a Plan of Care need to be sent to the physician in order to bill a RAP?
- Does a visit need to be completed in order to bill a RAP?
- If you bill the second billing period RAP at the same time as the first, what date is used for that RAP?
- Can a generic HIPPS code be used for a RAP submission?
  - If so, does it need to be the same code on the Final?
- Does the RAP need to contain all diagnoses for the patient?

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How to Submit Your Questions

1. Write your question in the **Questions** box, not the Chat.
2. We will review and Sophia will ask the questions.
3. The question submitter can use the **Raise Hand** feature if there are additional follow up questions.
4. We will unmute the participant, who then clicks the **Microphone** to unmute on their end (icon turns green) and can ask a follow up.
5. The team will email responses to any questions submitted that we don't get to answer.

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THANK YOU

Join the Conversation at the Axxess User Community
community.axxess.com

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