



2021

HOME HEALTH MEDICARE RAP

Changes Are Coming...*Are You Ready?*

\$0

Provided in a Request for Anticipated
Payment (RAP) Reimbursements

5-Day Deadline

to Submit a RAP

3% Per Day

Penalty for a Late Submission





LET'S TRAVEL BACK THROUGH TIME

OCTOBER 1, 2000

The Prospective Payment System (PPS):

- RAPs provide an OASIS-based payment group represented by a HIPPS code
- RAPs paid at 50% or 60% of the total claim amount at the start of care
- The remaining amount is paid in a Final at the end of a 60-day episode of care



THE HERE AND NOW

JANUARY 1, 2020

The Patient-Driven Groupings Model (PDGM) and CMS' 2019 Final Rule:

- Two RAPs and two Finals are required within 60 days, one for each 30-day period of care
- RAP payments decrease to 20% and Finals account for the remaining 80% of the claim
- However, organizations enrolled in Medicare on or after January 1, 2019 submit a no-pay RAP



THE NEW NORMAL

JANUARY 1, 2021

Updates:

- RAPs are required even with no more split-percentage payments
- RAPs submitted after the fifth calendar day are penalized 1/30th the final payment from day one of the period of care
- By day six, organizations face a minimum 20% final payment reduction
- If it's a Low-Utilization Payment Adjustment (LUPA) and a late RAP, visits done prior to submission will not be reimbursed



LOOKING AHEAD

JANUARY 1, 2022

Proposal:

- RAPs will be replaced with a Notice of Admission (NOA) that will only need to be submitted at the initiation of home health services

HAVE QUESTIONS?

Go to Axxess.com/PDGM for more resources.

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