



The 2021 Medicare Request for Anticipated Payment (RAP) changes have home health organizations seeking further clarification on how to succeed in the new regulatory environment. Axxess experts have developed an interactive [quiz](#) presenting billing scenarios that will test knowledge of the major updates and provide answers to some common questions. Below is a printable version of the quiz.

Patient John Smith was admitted to home health on December 15, 2020. His first billing period is December 15, 2020 to January 13, 2021. His second billing period begins January 14, 2021 and ends on February 12, 2021.

- 1. When are you allowed to bill John Smith's first billing period?**
  - a. When the episode begins.
  - b. When the first billable visit is completed.
  - c. When the OASIS is completed.
  - d. When the OASIS is completed, the Plan of Care is sent to the physician and the first billable visit has been completed.
  
- 2. When are you allowed to bill John Smith's second billing period?**
  - a. When the first billable visit is completed.
  - b. Anytime beginning 1/4/2021.
  - c. When the OASIS is completed.
  - d. When the OASIS is completed, the Plan of Care is sent to the physician and the first billable visit has been completed.

John Smith is now good to go. Let's check on Jane. After the verbal order was received to admit patient Jane Doe to home healthcare, she was admitted from January 5, 2021 through March 5, 2021, with her second billing period beginning on February 4, 2021.

**3. When are you allowed to bill Jane Doe's first billing period?**

- a. When the episode begins.
- b. When the first billable visit is completed.
- c. When the OASIS is completed.
- d. When the OASIS is completed, the Plan of Care is sent to the physician and the first billable visit has been completed.

**4. When are you allowed to bill Jane Doe's second billing period?**

- a. When the first billable visit is completed.
- b. When the episode begins.
- c. When the OASIS is completed.
- d. When the OASIS is completed, the Plan of Care is sent to the physician and the first billable visit has been completed.

**5. Is this true for patient Jane Doe? A visit needs to be completed in the second billing period prior to submitting the RAP.**

- a. True
- b. False

The RAP for Jane Doe has a diagnosis code that was flagged by the [Axxess Home Health](#) software as a questionable encounter code.

**6. How should I submit the RAP to Medicare?**

- a. I need to correct the diagnosis and then submit the RAP.
- b. I can remove the diagnosis and submit the RAP without one.
- c. I should add more diagnosis codes to the RAP and see if the system will accept it.
- d. The diagnosis no longer matters. I should still be able to submit my RAP.

We've completed the billing items for Miss Doe. Now, let's focus on patient Allen Thomson's claims. I submitted RAPs for both billing periods, but Allen Thomson got transferred to the hospital for the second billing period.

**7. What will happen to that second RAP?**

- a. We should submit a cancel (328) to cancel the RAP.
- b. The second billing period RAP will Return to Provider (RTP) and needs to be suppressed.
- c. Medicare will reconcile the RAP and our home health organization does not need to do anything further.
- d. Your organization should call Medicare to inquire about the second RAP.

Great, no further action is required. Let's take a look at patient Sally Winters. Sally's billing period started on Thursday, January 14, 2021.

**8. By which date does the RAP have to be accepted by Medicare?**

- a. January 15 – We only have 24 hours for the RAP to be accepted.
- b. January 18 – The clock starts on day one, which is January 14, 2021.
- c. January 19 – The clock starts on day one, which is January 15, 2021.
- d. February 13 – We have one month to submit the RAP.

You're doing great! Do you know the answers to these frequently asked questions?

**9. How will my organization know if certain Medicare Advantage plans are following the no-pay RAP change?**

- a. Medicare will notify organizations.
- b. My organization should follow up with the Medicare Advantage plans by closely reviewing correspondence from them and check payer websites and portals.
- c. Ask the home health patients for the answer.
- d. Ask the referring physicians for the answer.

**10. What's the fastest way to receive more educational resources on the RAP changes?**

- a. Call Axxess to speak with a client success or billing services representative.
- b. Post a question in the Axxess User Community.
- c. Visit the Axxess Help Center 2021 No-Pay RAPs and Billing page.
- d. Have the super-user from my organization submit a ticket to Axxess through the Support Ticketing Center portal.
- e. All of the above.

Thank you for taking this 2021 Home Health RAP Billing Scenarios quiz. The answer key is located on the next page.

You can view more related educational resources [here](#). To learn more about our [revenue cycle management](#) and [Direct Data Entry](#) (DDE) billing solutions or [Axxess Billing Services](#), [connect with us](#).

### Answer Key

1. The correct answer is “**d. When the OASIS is completed, the Plan of Care is sent to the physician and the first billable visit has been completed.**” All 2020 billing periods still follow requirements set prior to 2021.
2. The correct answer is “**b. Anytime beginning January 4, 2021.**” Medicare implemented changes on January 4, 2021 to the Direct Data Entry (DDE) system that allow for the new, loosened RAP submission requirements that began on January 1, 2021.
3. The correct answer is “**a. When the episode begins.**” Medicare has loosened the RAP submission requirements, which are met here with the verbal order and admission.
4. The correct answer is “**b. When the episode begins.**” Under the new 2021 processes for RAP submission, a RAP for the second and subsequent billing periods can be submitted with the “From date” as the 0023 service line item date of service.
5. The correct answer is “**b. False.**” The new RAP submission processes do not require a first billable visit to be completed prior to submitting the second billing period RAP. The “From date” can be used as the 0023 service line item date of service.
6. The correct answer is “**a. I need to correct the diagnosis and then submit the RAP.**” A valid primary diagnosis is required for RAP submission. Under Patient-Driven Groupings Model (PDGM) guidelines, a questionable encounter or ungroupable diagnosis code is not an acceptable diagnosis.
7. The correct answer is “**c. Medicare will reconcile the RAP, and our home health organization does not need to do anything further.**” A cancellation is not required in this instance.
8. The correct answer is “**c. January 19 – The clock starts on day one, which is January 15, 2021.**” The start of care date and “From date,” January 14, 2021, are counted as day zero, so the fifth day is January 19, 2021. We have five calendar days, including weekends and holidays, after the “From date” (January 14, 2021) for acceptance into the common working file, and that’s why we recommend submitting RAPs no later than on day three to provide a time buffer.
9. The correct answer is “**b. My organization should follow up with the Medicare Advantage plans by closely reviewing correspondence from them and check payer websites and portals.**” It is important to verify any new claim submission requirements and processes.
10. The correct answer is “**e. All of the above.**” For educational resources and answers to questions, visit the [Axxess Help Center](#) or post questions in the [Axxess User Community](#). For software support, submit a ticket on the [Support Ticketing Center](#) or [call our client success representatives](#).