RAPs/NOAs On and After 2021

Physician's orders have been received and documented

The first billable visit has been delivered and charged to that PPS payer

- The visit must be at least "started," in Barnestorm, in order for the RAP/NOA to generate. We recommend to "start" the visit on the same day to avoid any issues with the RAP/NOA being submitted late.
- IMPORTANT: Please verify nurses are completing Syncs daily, to ensure their documentation gets sent over daily.

NOTE: If the chart/episode does not show up for NOA, verify the following:

a. Check the referral to make sure the Start of Care date matches the SOC visit date.

b. Check the referral to make sure the correct payer source is listed.

Prior to 2021

RAP = A Request for Anticipated Payment.

This request is sent at the beginning of an episode in order to maintain a reasonable cash flow. A RAP is not a true "claim", because there are no charges on it - only the HIPPS code and the date of the first visit made during that episode.

Four conditions must be met before a RAP claim can be sent:

Physician's orders have been received and documented

The first billable visit has been delivered and charged to that PPS payer

- As needed, verify that the charge has been entered and is in the Locked+Chg status for billing. Pull the patient up from the Select Patient screen and go to Visits/Assessment. If the visit does not show up then it has not been entered yet.

OASIS is complete, locked or export ready

- Pull up the patient and go to OASIS to verify that the correct OASIS is locked or exported.
- Billing > PPS Billing > RAP Claims has an option to select if the OASIS is Locked or Exported.
- OASIS: (1) The default RAP process waits until 10 days after the From Date of the episode (For Start of Care's, to give time for OASIS review, and for Recertifications, to make sure the first chargeable visit is in the system) and; (2) because of the CMS requirement that the HIPPS code on the RAP must match the HIPPS code sent to the state, it requires that the OASIS be exported before the RAP is created. There is an override for this, by unchecking **Exported** and checking **Locked** on the RAP Claims Billing screen**.** **NOTE:** If you balance out the effort required to cancel and rebill a RAP vs always waiting the 10 days, the wait is always worth it. Also, if you always wait 10 days, then you don't break the cash flow

Plan of Care has been established and sent to physician for signature

- Pull up the patient and go to the 485 tab. Select the episode you are billing for and verify that it has a Mailed date in the upper, right corner.

For additional information on Submission of Request for Anticipated Payment (RAP), please view the following link Medicare Claims Processing Manual, Chapter 10, Section 10.1.10.3.

Other troubleshooting tips:

- For Start of Care RAP, verify that the Admit date from Referral >

Finish screen is the same as the first chargeable visit and is also the same date as the 485 From date - All three dates must match.

- Verify that the OASIS does not have a sequence date before the patients Admit date.
- Verify that the visits have the correct payer on them.

Knowledgebase

http://kb.barnestorm.biz/KnowledgebaseArticle50024.aspx