This report tracks how many days (from 1st visit) it takes to bill the RAP claim for an episode. This report will help monitor how quickly billing staff is generating those RAP Claims. The following information is included in this report: *Program, Payer, HIPPS Code, Chart Number, Name, Episode #, Team, SOC Date, From Date, RAP $, OASIS Lock Date, 1st Visit Date, RAP Date, #Days (It took to create the RAP), and Case Manager assigned to patient.* To get to this report:

1. Go to **Reports > Billing > 14.05 RAP Days From 1st Visit:**
2. From and Thru Date - Enter the From and Thru date.
3. **Program**/Payer/Team/Employee - Enter program(s), payer(s), team(s), or employee(s), or leave blank to review all.
4. **Payer** - Enter a payer(s) or leave blank to review all.
5. **Minimum Number of Days From 1st Visit To RAP** - Enter the minimum number of days. For example if your agency expects RAP claims to be billed within 3 weeks of the first visit, enter 21 in that field. This will generate all episodes where it took the billing clerk 21 days (or more) to create the RAP.
6. SOC Episodes Only - Report will only include SOC Episodes.
7. **Recert Episodes Only** - Report will only include Recert Episodes.
8. **All Episodes** - Report will include All Episodes.
9. Medicare-Only - Report will only include Medicare Episodes.
10. **Non-Medicare Only** - Report will only include Non-Medicare Episodes.
11. **Both** - Report will include Both Medicare and Non-Medicare..
12. Print - Hit Print to print the report. You also have the option to Print in Landscape, or Export to Excel.

NOTE: Starting 2021, the Notice of Admission (NOA), formerly known as RAP, is ONLY submitted at "Start of Care." The NOA must be submitted within 5 days, from admission date, to avoid payment penalty. We recommend putting (1) for the "minimum number of days from 1st visit to RAP." This allows tracking from date of admission. (If you are reviewing dates of service prior to 2021, use the suggestions at Step 5 above.)