CMS plans to eliminate the Request for Anticipated Payment (RAP) submission requirement at the end of 2021 and replace it with the Home Health Notice of Admission (NOA) beginning January 1, 2022. At that time, the NOA submission will be required one time at the SOC (start of care) within 5 days from the initial visit. This one-time NOA submission will cover continuous 60-day episodes of home health care **through** discharge.

Along with basic beneficiary information, under the new rule the HHA must:

I. have a valid verbal order that specifies the skill and services to be provided during the initial visit

II. have completed the initial SOC visit (in Barnestorm, the visit must be started).

A late NOA submission, defined as 5 days after the initial visit, is penalized at 1/30th of the expected payment per day applied from the date of admission which represents a potential loss of 20% or more; this will particularly affect you if non-billable visits reduce the full payment to a Low Utilization Payment Adjustment (LUPA).

**** There is a link to the CMS article below: **Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) - Manual Instructions**

WHAT YOU NEED TO KNOW

- NOA = Notice of Admission.
- Type of Bill will change from 322 to a 32A (or 32D if you are trying to cancel it).
- NOA replaces the RAP effective with admissions on and after 1/1/2022.
- NOA is a one-time submission that will establish the care for the

patient until discharged from the agency.
- If a patient is discharged and readmitted to your agency, a new NOA will need to be submitted under the new SOC.
- NOA must be sent by the end of day 5 to avoid a penalty.
- CMS recommends sending the NOA separate from RAPs. Run two different batches from the RAP Claims screen to mark the from and thru dates appropriately.
- EOE claims will continue to work the same way in Barnestorm. You will create a final claim for every 30-day period.

Overall, the process in Barnestorm will continue to work the same as what you're used to: the process for RAPs will now create the NOA. The main difference is only the first 30-day episode after 12/31/2021 will get transmitted electronically as the NOA. Subsequent RAPs will show up on the batch report but will not be included in the electronic file to send. Transmission of the RAP (NOA) will continue the way it has always worked.
Barnestorm is fully prepared to send NOAs for crossover episodes as well as any episodes that start after 1/1/2022.

TRANSITION FOR ACTIVE PATIENTS

Patients that will continue services in 2021 into 2022 will have their one-time NOA generated on their first 30-day period in 2022.
This NOA will have an "artificial" admission date as the first day of their 30-day period in 2022.
Example: The last 30-day period in 2021 is from 12/20/2021 - 01/18/2022. The NOA that generates in 2022 will use 01/19/2022 as the admission date.

For patients admitted before 1/1/22 who have a continuing episode that starts in 2022, the rule is that that first 2022 episode will send NOA instead of RAP, and no further RAP or NOA will be sent for any future episodes, and that first episode from date in 2022 will be used on all 2022 EOE claims as the admit date.

CMS recommends that RAP and NOA not be mixed in the same batch, so create thru 12/31/21, then do a separate batch starting 1/1/22.

HOW IT WORKS

Documentation requirements are the same. Only the verbal order stating the services needed and a started (not locked) start of care assessment is

needed to send an NOA.
Generating the 30-day episodes in PPS Tracking will continue to occur in Barnestorm as it already does. Sending of the end of episode claims will continue to happen every 30 days. The AR will post 0.01 as the amount billed.

The penalty is similar to the RAP penalty. You must send the NOA within five days. You will be penalized for each day the NOA has not been sent. Example: if it takes you six weeks to send out the NOA, you will not get paid for the six weeks.

After creating the RAP batch, only the first 30-day (NOA) episode will show up in the electronic file to send as the NOA. Any subsequent RAPs that are generated are used for the PPS Tracking of creating the 30-day episode. This means that it will happen that the RAP process will create episodes in the tracking, but no file will be created to be sent to Medicare, because there were no Start of Care episodes.

The transmission process has not changed. You will continue sending the NOA the same way you were sending the RAPs.

Report 14.03 tracks both NOAs and RAPs, they still show as RAP but are included on the report.

ADDITIONAL NOTES

There is a new option for NOA 2022 Start Date on the Edit HIPAA Payers screen that will affect the Medicare Advantage payers. Initially, this is only set up for Medicare since we do not know how the MA Plans intend to handle the NOA.

Please make sure you have the most recent version of Barnestorm before creating NOAs, which should be version 1.2021.1228.0 or higher.

Q: How do I know if the RAP has been created as an NOA properly?
A: 1) Go to Billing > Print UB04/1500 and select the claim in question. Print the claim to see what the TOB shows as. 2) Go to Billing > PPS Billing > Review PPS Batches. Change the from/thru date if needed and

then click the RAP/NOA button. Select the claim in question. You will see the ToB column with NoA or 322.

Home Health: Notice of Admission (NOA) Reason Code 32114: The Centers for Medicare & Medicaid Services implemented Notice of Admissions (NOAs) with new home health bill type 32A effective 1/1/2022. An issue with ZIP Codes submitted on Electronic Media Claims (EMC) has been identified for all Medicare Administrative Contractors, causing it to incorrectly return to provider with reason code 32114.