

Reference Guide:

Notice of Admission (NOA) Management

Clinical Requirements

(In the expected order)

Pecos Certified Physician	Admission Order	Primary Eligible Diagnosis	Start of Care	Appointment in Reviewed Status

Tip: You may need to generate service orders to populate the auth on the record, an auth in a completed or not required status is required for billing claims. If your appointment is on hold due to auth, check the auth status.

PointClickCare may have additional requirements to bill the NOA claim, if needed follow the NOA manual submission workflow to process your claim in a timely manner.

Patients with a crossover period

An NOA claim with a generic admission date will be generated for patients with a crossover period from 2021 into 2022. The generic admission date will be the first day of the second billing period and will generate the initial required NOA claim.

Billing Queue/Financial Record

000000000874 - 000000000975	Lewis, Melvin	New	Rules Not Met	CGS - Medicare - PDGM	NOA - NOA	09/02/2021 - 09/02/2021	\$0.00	\$0.00	Institutional	Actions
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- Quick filters have been updated to reflect the new NOA claim type.
- Locate claim → select **Action** to the right of the claim → click **Submit** to submit the singular claim or select the box to the left of the claim and use the **Bulk Action** → click **Submit** to submit multiple claims at once.

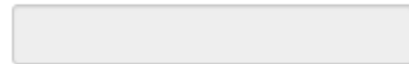
PointClickCare Home Health		PointClickCare Home Health		000000000874		032A	
492 East River		Testing FL 32		0000311			
Bloomington MN 55008		Mpls MN 55440		123456789		09/02/2021 09/02/2021	
123123-1234		123123-1234		3500 American Boulevard W		MN 55431	
Lewis, Melvin		Minneapolis					
08/02/1952		M		09/02/2021		9	
CGS - Medicare		J15 - H994 CLAIMS, CGS Administrators, LLC		Nashville, TN 37202-0019			
0023		Home Health Services		00A11		09/02/2021	

Claims billed outside of PCC

It is recommended that agencies use DDE to manual create NOA claims if needed for timely filing. There will not be an option to create manual NOA claims in the software, however, you must record that you have manually submitted the NOA claim.

- Go to Case Details → Case Details → Select **Edit** on the Case Record Information → NOA Manually Submitted and **Select the date**, click **Save**. This will prevent the system from generating an NOA for that episode of care.

NOA Manually Submitted



Note: If an NOA claim is accidentally generated, it can be deleted. To satisfy the NOA requirement attached to Final claims you **MUST** follow one of the two billing procedures.

Payer/Plan Configuration

Updates automatically apply to Medicare Traditional as of January 1, 2022. Updates only apply to Medicare Advantage Payers that follow PDGM reimbursement if the configuration is set on the payer to do so. New clinical configuration rules are also available on the plan setup. NOA Rules can only be deselected for Medicare Advantage plans.

The image displays two screenshots of the 'Edit Plan' software interface, showing configuration options for NOA (Notice of Admission) management.

Left Screenshot (Billing Configuration):

- Tab: Billing Configuration
- Type: Medicare (traditional fee-for-service)
- GL Payer Plan Component: MDCR
- Bundle Charges: NO BUNDLING
- Default Form Type: INSTITUTIONAL
- Electronic Eligibility ID: (empty)
- Professional Epayer ID: (empty)
- Institutional Epayer ID: (empty)
- Billing Frequency: EPISODIC - 60
- Reimbursement Type: PDGM
- Use Payer Billing Trading Partner:
- Billing Trading Partner: Medicaid - File Download
- Billing Requirements:
 - Automatically Create Authorization (Not Required)
 - Co-Pay
 - Preauthorization
 - Service Description
 - Completed Authorization (RAP/Final/LUPA)
 - No-Pay RAP
 - NOA Required (08/01/2021)

Right Screenshot (RAP Claim Rules & NOA Rules):

- Tab: Clinical Configuration
- RAP Claim Rules:**
 - Assessment ID*
 - First Verified Visit
 - HIPPS*
 - OASIS Assessment Completed Date*
 - OASIS Status*
 - Order Status*
 - PECOS Certified
 - Physician
 - Start Of Care
- * Indicates rule will NOT be required for claims starting January 1, 2021 or later
- Final Claim Rules:**
 - Case Status
 - Charge Match
 - Face To Face Signed
 - NOA Submitted
 - RAP Remittance Received
 - Release Of Information
 - UTN Required
 - Unsigned Orders
 - Unverified Visits
- NOA Rules:**
 - Start Of Care
 - Primary Diagnosis

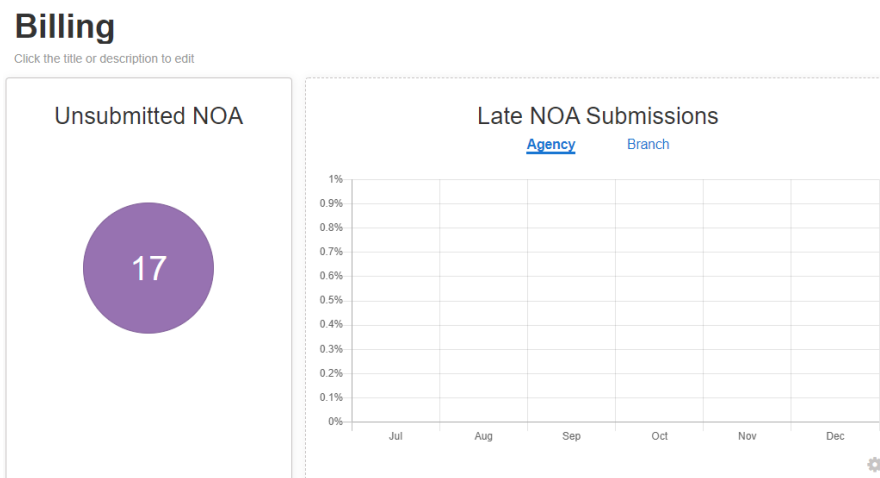
Notes

- Clinical rules noted above must be satisfied prior to submission of the NOA claim.
- The claim type will be populated in the required 032A format, the HIPPS and Revenue codes will have default values of 1AA11 and 0023. FIPS and CBSA codes will be blank, as they are not required for NOA.
- A single Notice of Admission claim will be created at the point of the first reviewed appointment, however, only one claim will be created for the entire continuous care period. If the patient is discharged and has a subsequent readmission, a new NOA will be generated based on NOA requirements.
- NOA claims will be generated in a separate 837 file from other claim types per CMS requirement.
- Late payment reduction penalties for NOAs submitted after 5 days will NOT be calculated. There are dashboards and reports to review data on timely NOA billing.

Useful Dashboards and Reports

Dashboards

These dashboards widgets along with your typical billing widgets are helpful in monitoring your NOA claims.



- **Unsubmitted NOA** shows admitted patients with an episode requiring an NOA, where the NOA has not yet been submitted.
Has a primary payer plan that requires NOA
Start of Care date
A Visit
- **Late NOA Submissions** shows the percentage of NOA claims submitted after 5 days from the claim creation date.

Reports

- **NOA Tracking Report**- will detail the NOA status by patient and the claim submission date.