HHC Support Note: Medicare Advantage Plans that follow No-Pay RAP Medicare rules

Issue Summary

With the removal of the upfront RAP payment for CY 2021, the required information for submitting the RAP for CY 2021 has been relaxed to only need:

- The appropriate physician's written or verbal order that sets out the services required.

- The initial visit within the 60-day certification period must have been made, and the individual admitted to home health care.

CMS finalized lowering of the up-front payment for a RAP to 0% for all 30-day periods of care beginning on or after January 1, 2021. If the HHA does not submit the RAP within five calendar days from the start of care, the reduction in payment will be equal to a 1/30th reduction of the 30-day period payment amount each day from the home health start of care date until the date the HHA submitted the RAP.

Medicare Advantage Challenge

Medicare Advantage plans require the HIPPS on the RAP and the Final Claim to match – which traditional Medicare does not require. **To accomplish this, the OASIS must be locked prior to generating and submitting the RAP, which increases pressure to manage Medicare Advantage cases in a timely way.** The following recommendations are useful for quickly identifying Medicare Advantage cases that require fast-track handling.

Recommendations for Medicare Advantage Payers

Create Medicare Advantage Case Types

It may benefit agencies to categorize patients who are under a Med Advantage payer following no-pay RAP rules. This would allow agencies to quickly filter reports, dashboards, etc., to find these patients rapidly.

Setting up case types:

1. Navigate to **Administration > Case Type**.

2. Add a New Case Type with the label of your choosing.
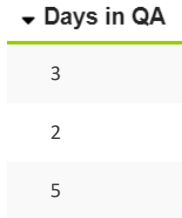

3. Click **Accept**.

Prioritize OASIS QA

- Given that the true HIPPS from the completed OASIS is required to bill under these Med Advantage Plans, the importance of timely documentation completion and review is at an all-time high. Using the Case type from procedure one, we can filter our QA dashboard to identify OASIS submissions for your highest priority client

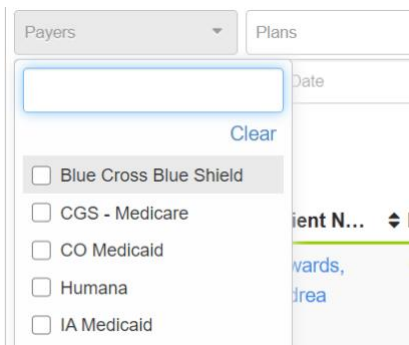| ⇕ Patient Name	⇕ Document	⇕ Author	⇕ Visit Date	⇕ Created Date	⇕ First Signed Date	⇕ Latest Signed Date	⇕ Clinical QA	⇕ Date	⇕ Coder QA	⇕ Date	⇕ Case Type
Erickson, Neel	MED-PASS Start of Care/Resumption of Care (D1) Abbreviated	Dennis, Sarah		12/01/2020	12/01/2020	12/01/2020				N/A	Med Advantage NP

- Consider setting expected timelines to complete QA and utilize the 'Days in QA' column to ensure they're prioritized appropriately. Click the column header to sort the table.
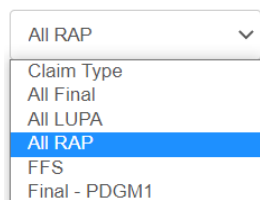

Managing the Billing Queue

The following filters are useful for finding and prioritizing the billing queue to ensure that RAPs are submitted timely.

- Use the **Payer** and/or **Plan** filters to select Med Advantage Payers as needed.

- Selecting **All RAP** under Claim type will sort for only RAP claims.

- Use **Date** filters to focus on timely filing limits.

- Reminder: The **Claim State** will identify if all clinical rules have been met.

Claim State

✔ Rules Met

✔ Rules Met