Objectives

- Learning Objectives:
  - Requirements on filing an NOA
  - What is the difference between an NOA & NO PAY RAP
  - Penalties for late filling NOA
  - Key considerations for the implementation of NOA
  - HHA actions steps

RAPS vs. NOA

- **Current 2021 No PAY RAP:**
  - Currently agencies are billing RAPs - Type of Bill (TOB) 322
  - for each 30-day payment period

- **Effective 2022 NOA (Notice of Admission):**
  - NOA – TOB (32A) will be required for periods of care beginning on and after January 1, 2022.
  - Similar to the No Pay RAP Process
    - 5 day submission of NOA is still required
    - Penalties applied for late submission of NOA
    - Exception it's a one-time NOA submission
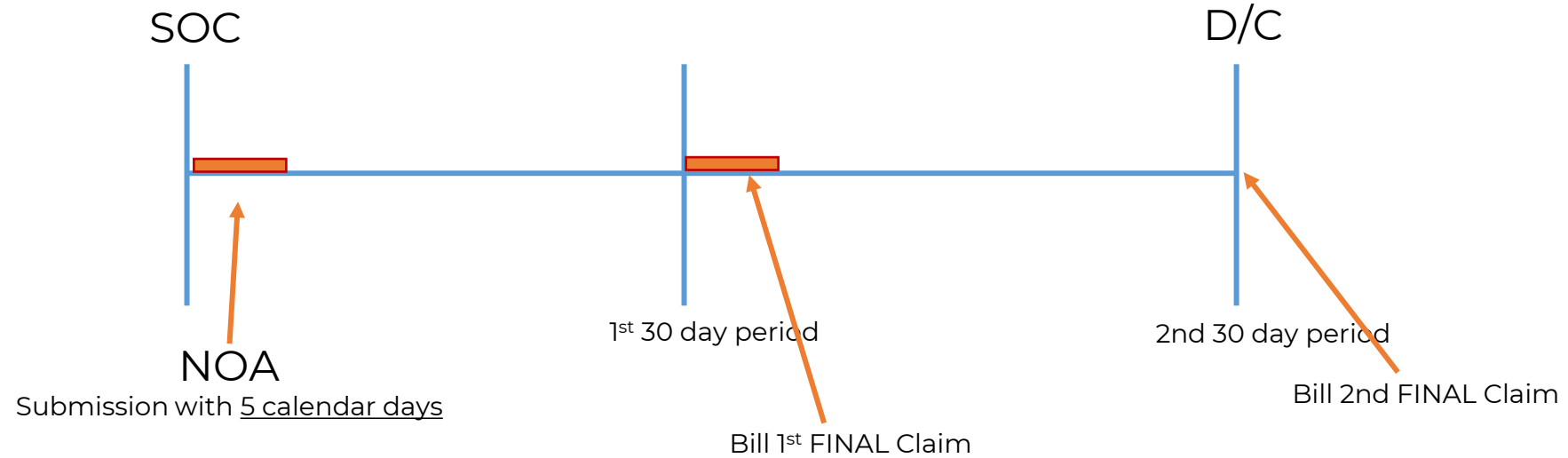
NOA (Notice of Admission)

- Establishes Home Health "Admission Period"
  - *From date through the D/C date*
- Only one NOA is required for any series of HH periods of care beginning with admission to home care and ending with discharge.
- If a patient is D/C and then readmitted to the agency a new NOA is required within 5 calendar days of the new SOC
- Final Claims for every 30 day period are still required for payment

NOA Requirements

- One-time submission upon SOC

- Can be keyed directly into DDE or Billed through your software

- Must be submitted timely
  - *A timely-filed NOA must be **accepted** by the MAC (HHH) within five calendar days after admission date.*

NOA & Claim Submission

60 Day Certification Period

SOC

D/C

NOA
Submission with 5 calendar days

1st 30 day period

2nd 30 day period

Bill 1st FINAL Claim

Bill 2nd FINAL Claim

NOA Requirements

- The HHA can submit an NOA to Medicare when:
  - The HHA has obtained a verbal or written order from the physician that contains the services required for the initial visit, and
  - The HHA has conducted an initial visit at the start of care.

NOA Non-Timely filing Penalties

- In instances where an NOA is not timely-filed, Medicare shall reduce the payment for a period of care, including outlier payment, by the number of days from the home health admission date to the date the NOA is submitted to, and accepted by, the A/B MAC (HHH), divided by 30.

- This reduction shall be a provider liability, and the provider shall not bill the beneficiary for it.

- Reduction amount will be displayed with value code "QF" on claim

NOA Penalty Exceptions

- CMS exceptions policy for failure to meet timely filing of the NOA;

- An HH may be eligible for an exception to the consequences of late filing of the NOA if it documents and requests an exception based on 4 circumstances listed below and the MAC grants the exception:
  - Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the HHA's ability to operate;
  - An event that produces a data filing problem due to a CMS or MAC systems issue beyond the control of the HHA;
  - A newly Medicare-certified HHA that is notified of that certification after the Medicare certification date, or which is awaiting its user ID from its MAC; or
  - Other circumstances determined by CMS to be beyond the control of the HHA

Billing of the NOA

NOA Claim Page 1

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MAP1711              M E D I C A R E   A   O N L I N E   S Y S T E M     CLAIM PAGE 01
  SC                              INST CLAIM ENTRY                        SV:
  MID                      TOB         S/LOC          OSCAR                    UB-FORM
  NPI                   TRANS HOSP PROV                  PROCESS NEW HIC
PAT.CNTL#:                                TAX#/SUB:                  TAXO.CD:|
  STMT DATES FROM            TO            DAYS COV        N-C          CO      LTR
  LAST                           FIRST                   MI      DOB
  ADDR 1                            2
       3                            4
       5                            6
  ZIP              SEX    MS    ADMIT DATE      HR    TYPE    SRC      HM      STAT
     COND CODES 01    02    03    04    05    06    07    08    09    10
  OCC CDS/DATE 01          02          03          04          05
              06          07          08          09          10
    SPAN CODES/DATES 01              02              03
 04                 05              06              07
 08                 09              10              FAC.ZIP
   DCN
        V A L U E   C O D E S   -   A M O U N T S   -   A N S I    MSP APP IND
 01                      02                      03
 04                      05                      06
 07                      08                      09
     PLEASE ENTER DATA
        PRESS PF3-EXIT   PF5-SCROLL BKWD   PF6-SCROLL FWD   PF7-PREV   PF8-EXIT
```

Billing of the NOA

Field	Description/Notes
MID Medicare ID Number	Enter the Medicare Beneficiary Identifier
TOB Type of Bill	32A – Notice of Admission 32D – Cancellation of Admission
NPI National Provider Identifier	Enter your home health agency's (HHA's) NPI number
STMT DATES FROM, TO Statement Covers Period "From" and "To"	Report date of the first visit provided in the admission as the "From" date. The "To" or "Through" date on the NOA must always match the "From" date.
LAST, FIRST, MI, ADDR, DOB, ZIP, SEX	Patient's last name, first name, middle initial (if applicable), full address, date of birth (MMDDYYYY) and sex code (M/F)
ADMIT DATE	Enter effective date of admission. This is the first Medicare billable visit and the Medicare start of care date (MMDDYY). The admission date on the NOA must always match the "From" date.
TYPE Type of Admission	Enter the appropriate NUBC code representing an NOA or NOA-related transaction

Billing of the NOA

Field	Description/Notes
SRC Source of Admission	Not required unless submitting via the 837I format. Submit default value of "1."
STAT Patient Status	Not required unless submitting via the 837I format. Submit default value of "30."
COND CODES Condition Codes	If the NOA is for a patient transferred from another HHA, enter condition code "47."
FAC.ZIP	Facility ZIP Code of provider or subpart (nine-digit code)

Billing of the NOA

NOA Claim Page 2

```
MAP1712              M E D I C A R E   A   O N L I N E   S Y S T E M    CLAIM PAGE 02
 SC                                INST CLAIM ENTRY                      REV CD PAGE 01

 MID                     TOB        S/LOC          PROVIDER

                                          TOT      COV
 CL    REV    HCPC MODIFS          RATE    UNIT    UNIT   TOT CHARGE  NCOV CHARGE  SERV DT














          PROCESS COMPLETED  ---  PLEASE CONTINUE
       PRESS PF2-171D   PF3-EXIT   PF5-UP  PF6-DOWN   PF7-PREV   PF8-NEXT   PF11-RIGHT
```

Billing of the NOA

Field	Description/Notes
REV Revenue Codes	Enter revenue code "0023" to indicate billing under Home Health Prospective Payment System (HH PPS)
HCPC Healthcare Common Procedure Code	Not required unless submitting via the 837I format. Submit Health Insurance Prospective Payment System (HIPPS) code "1AA11" as a placeholder value since differing HIPPS codes may apply over the course of an HH admission.
TOT UNIT Total Service Units	Enter one unit
TOT CHARGE Total Charge	Total charge for the "0023" revenue code line must be zero
SERV DT Service Date	Must not be a future date. Not required unless submitting via the 837I format. The admission date may be duplicated to satisfy this requirement.

Billing of the NOA

NOA Claim Page 3

```
MAP1713            M E D I C A R E   A   O N L I N E   S Y S T E M      CLAIM PAGE 03
  SC                                   INST CLAIM ENTRY
  MID                  TOB        S/LOC            PROVIDER
                                                      OFFSITE ZIPCD:
   CD   ID    PAYER                    OSCAR       RI AB   PRIOR PAY   EST AMT DUE
  A
  B
  C
  DUE FROM PATIENT


  MEDICAL RECORD NBR                   COST RPT DAYS     NON COST RPT DAYS
  DIAGNOSIS CODES   1          2          3          4          5
                    6          7          8          9
  ADMITTING DIAGNOSIS           E CODE             HOSPICE TERM ILL IND
  IDE
  PROCEDURE CODES AND DATES  1                  2
   3              4              5              6


  ESRD HOURS 00   ADJUSTMENT REASON CODE FC   REJECT CODE        NONPAY CODE
  ATT PHYS        NPI             L                  F          M    SC
  OPR PHYS        NPI             L                  F          M    SC
  OTH PHYS        NPI             L                  F          M    SC
  REN PHYS        NPI             L                  F          M    SC
  REF PHYS        NPI             L                  F          M    SC


        PROCESS COMPLETED   ---   PLEASE CONTINUE
            PF3-EXIT   PF7-PREV   PF8-NEXT   PF9-UPDT
```

Billing of the NOA

Field	Description/Notes
PAYER Payer Identification	Enter "Medicare" on line A with payer code "Z" • Always submit the NOA as Medicare primary. Palmetto GBA will accept and process a TOB 032A if the "From" date overlaps a Medicare Secondary Payer period.
RI Release of Information	Enter "Y," "R" or "N" • "Y" indicates HHA has a signed statement on file permitting it to release data to other organizations in order to adjudicate claims • "R" indicates release is limited or restricted • "N" indicates no release is on file
DIAGNOSIS CODES	Enter appropriate ICD code for principal diagnosis or submit any valid diagnosis code
ATT PHYS Attending Physician	Enter NPI and name (last name, first name, middle initial) of attending physician who established the plan of care with verbal orders. This must be the individual physician's NPI – not a group NPI.

Billing of the NOA

NOA Claim Page 4

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MAP1714          M E D I C A R E   A   O N L I N E   S Y S T E M    CLAIM PAGE 04
  SC                                 INST CLAIM ENTRY           REMARK PAGE 01

  MID                   TOB        S/LOC            PROVIDER


REMARKS









     47   PACEMAKER    48   AMBULANCE    40   THERAPY    41   HOME HEALTH
     58   HBP CLAIMS (MED B)            E1   ESRD ATTACH
     ANSI CODES - GROUP:      ADJ REASONS:     APPEALS:

          PROCESS COMPLETED  ---  PLEASE CONTINUE
               PF3-EXIT  PF7-PREV  PF8-NEXT  PF9-UPDT
```

Field	Description/Notes
REMARKS	Not required on the NOA; however, remarks are recommended when canceling the NOA to indicate the reason for cancellation

Billing of the NOA

NOA Claim Page 5

```
MAP1715             M E D I C A R E   A   O N L I N E   S Y S T E M     CLAIM PAGE 05
   SC                                   INST CLAIM ENTRY
   MID                    TOB       S/LOC           PROVIDER
 INSURED NAME REL CERT-SSN-HIC   SEX GROUP NAME    DOB    INS GROUP NUMBER
   A

   B

   C

   TREAT. AUTH. CODE



   TREAT. AUTH. CODE



   TREAT. AUTH. CODE


          PROCESS COMPLETED  ---  PLEASE CONTINUE
             PF3-EXIT  PF7-PREV  PF8-NEXT  PF9-UPDT
```

Field	Description/Notes
INSURED NAME	Enter patient's name as shown on their Medicare card
CERT/SSN/HIC	Enter beneficiary's Medicare number as it appears on their Medicare card if it does not automatically populate

Implementation of NOA

- Patients Continuing Care in 2022
  - the HHA shall submit an NOA with a one-time, **artificial 'admission' date** corresponding to the **"From" date** of the **first period in 2022**.
  - For example, if the start of care is 12.13.21, the first 30-day period of care runs from 12.13.21 – 01.11.22.
  - You would need an NOA on 01.12.22 for a new period in CY2022.

Implementation of NOA

December 2021
13

January 2022
12

- Start of Care: 12.13.21
- 30-day Period of Care: 12.13.21 – 01.11.22

Submit an NOA with an admission date of 01.12.22 for the next 30-day period of care

Implementation of NOA

Transition of NOA in January 2022

- Educate your billing team on NOA and specifically on the transition guidance

- Prepared for increased work in January

- Be prepared for errors by the MAC during the implementation period for NOA

- Be mindful of the 5 calendar day submission requirements to avoid penalties

ACHC U

EDUCATIONAL RESOURCES

Thank you

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