

SimiTree

KanTime
Healthcare Software

HOW
BETTER
HAPPENS.



Notice of Admission (NOA) and Penalties

Best Practices & Lessons Learned



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WHO WE ARE

A rich legacy with deep roots.

Born from a combination of industry leaders, SimiTree helps post-acute care providers grow stronger and healthier by optimizing operations and revenue while maintaining clinical excellence.



OUR SERVICES

Every solution is our strength.

We leverage a wealth of experience, expertise and passion in every challenge we meet and service we provide.

CONSULTING

- Financial and Clinical Operations Consulting
- Growth and Learning Solutions
- Information Technology
- Compliance & Risk

COST REPORTING

- Cost Reporting
- Hospice Cap Reporting

MERGERS AND ACQUISITIONS

- Clinical Compliance Due Diligence
- Quality of Earnings
- Business Valuations
- Post-Close Integration
- Hospice Cap Due Diligence
- Market Referral Due Diligence

TALENT SOLUTIONS

- Executive Recruiting
- Interim Management
- Leadership Development
- Employee Engagement Surveys

DATA ANALYTICS

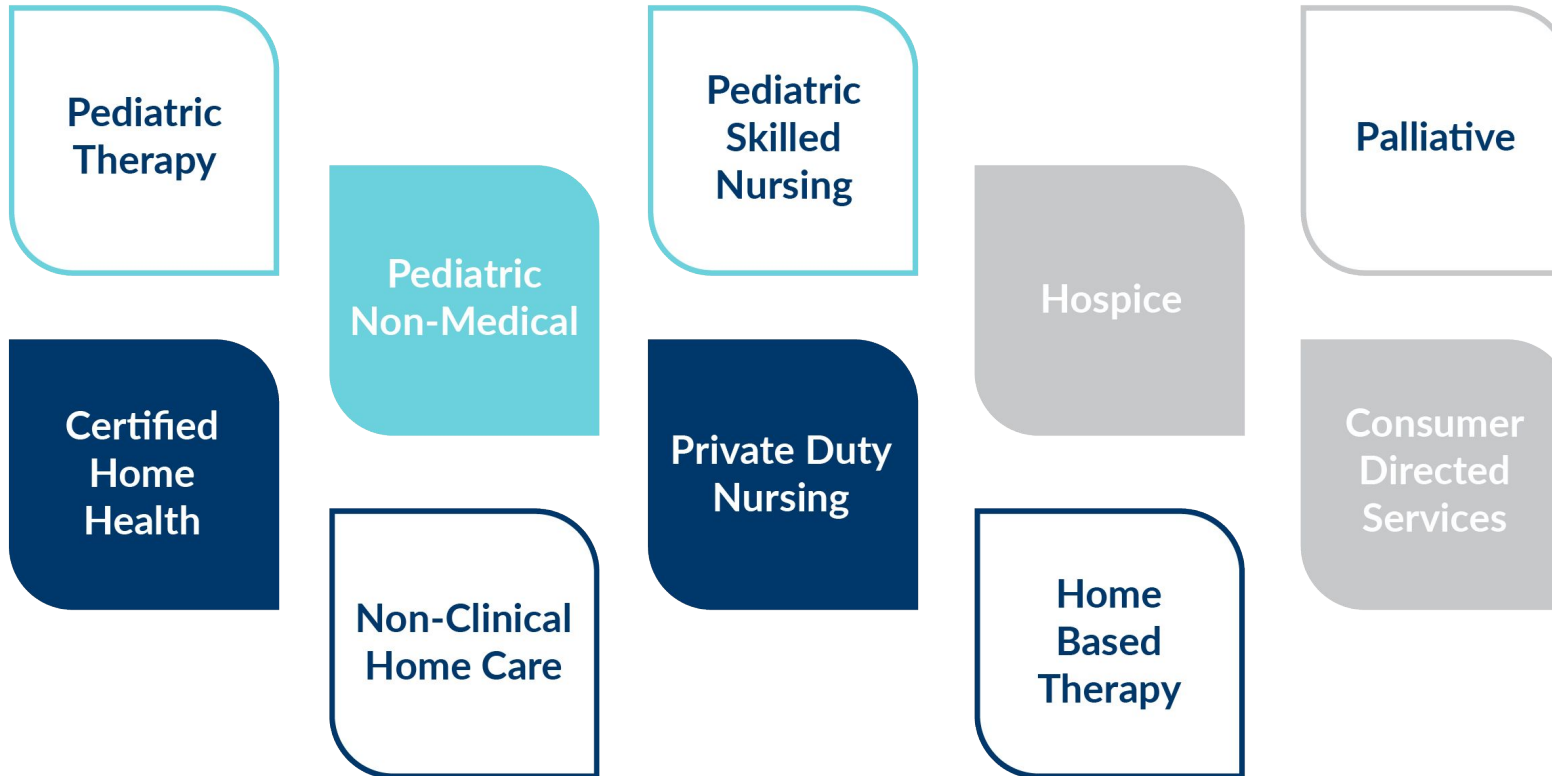
- Market Data Analysis
- Benchmarking
- PDGM Analysis

OUTSOURCED SERVICES

- Outsourced Revenue Cycle Management
- Outsourced Coding & OASIS
- Outsourced RCD
- Outsourced QAPI

KanTime

One EMR for All Your Lines of Business



Agenda

Several light gray plus signs of varying sizes are scattered in the upper right quadrant of the slide, serving as a decorative background element.

- NOA Overview
- Lessons Learned and Current State
- Best Practices
- KanTime Solutions

NOA Overview

NOA Overview

- Effective for all periods on or after January 1, 2022, Medicare requires home health agencies to submit a **one-time** NOA, replacing the No-Pay RAP, with TOB 32A.
 - One NOA per admission for any series of home health periods.
- Final 30-day claim will be billed as usual with TOB 329.
- Billing Requirements:
 - An appropriate physician's written or verbal order that contains the services required for an initial visit.
 - An agency must conduct the initial visit at start of care.

NOA Overview (continued)

- The NOA must be submitted within **5 calendar days** from the start of care. There will be a **non-timely** submission reduction in payment tied to any late NOA submission.
- Reduction in payment will be equal to a 1/30th reduction to the wage-adjusted 30-day payment for each day from the start of care until the date the NOA is submitted.
 - Reduction would include any outlier payment.
 - Reduction amount will be displayed with value code “QF” on claim.
 - Reduction is payment can extend into multiple periods.

NOA Overview (continued)

- **Example:** If the Start of Care is 1/1/2022, the NOA will be due by 1/6/2022. If the NOA was submitted and accepted by Medicare on 1/7/2022, the NOA penalty will be equal to 6/30ths of the 30-day payment.

1/1/2022	1/2/2022	1/3/2022	1/4/2022	1/5/2022	1/6/2022	1/7/2022
Start of Care					NOA DUE	RAP Penalty Begins

NOA Overview (continued)

- If a HHA fails to send the NOA timely, they may request an **exception**. The **4 circumstances** that may qualify for an exception are:
 - Fires, floods, earthquakes, or other unusual events that inflict extensive damage to the HHAs ability to operate.
 - An event that produces a data filing problem due to CMS or MAC systems issue that is beyond your control.
 - Newly Medicare-certified HHA that is notified of that certification after the Medicare certification date or is awaiting its user ID from its MAC.
 - Other circumstances that the MAC determines to be beyond your control.

NOA Overview (continued)

- 3 reasons exceptions **will not** be granted:
 - You can correct the NOA without waiting for Medicare system actions.
 - You submit a partial NOA to fulfill the timely-filing requirement.
 - You have multiple provider identifiers and submit the identifier of a location that didn't provide the service.

NOA Overview (continued)

- NOA data requirements:

- Provider Name, Address, Phone Number
- Type of Bill: 32A
- Statement Covers Period
- Patient Name, Address, Date of Birth, Sex
- Admission/Start of Care
- Conditional Codes – *conditional*
- Revenue Code and Description
- Service Units – ‘1’
- Total Charges – zero charges
- Payer Name
- Release of Information Certification Indicator
- National Provider Identifier (NPI)
- Insured’s Name and Unique Identifier
- Document Control Number (DCN)
- Primary Diagnosis
- Attending Provider Number and Identifiers

NOA Overview (continued)

- NOAs will be required for Medicare Secondary Payors (MSP)
- NOAs will be required for Low Utilization Payment Adjustment Claims (LUPAs)
- HHAs must submit a NOA with condition code 47 to indicate a transfer when an admission period may already be open for the same beneficiary at another HHA.
 - Guidance is to submit the NOA timely and keep proof of any rejections due to the other agency not completing their billing to submit with your exception request.
- Providers are unable to correct NOAs, such as a change in SOC.
 - Cancel and resubmit correct NOA promptly. If past the 5-day window, add remarks indicating this is the case along with the KX modifier to the HIPPS code line. For example, “Timely NOA, cancel and rebill.”

NOA Overview (continued)

- NOAs can be submitted in three ways:
 - First, electronically via an 837I claim file (recommended)
 - Second, hand entry into Direct Data Entry (DDE). This should only be the option if electronic billing is not set up, or if the NOA is approaching timely filing
 - Third, mail (not recommended)

NOA Overview (continued)

- EDI submissions require additional data components.
 - HIPPS code: Placeholder '1AA11'
 - Point of Origin for Admission or Visit (Source Code): Default value '1'
 - Patient Discharge Status: Default value '30'
 - Service Date: Admission Date

NOA Overview (continued)

- Patients continuing service in 2022 will require a NOA with a one-time artificial admission date that corresponds with the “From” date on the new period of care in 2022.
- That artificial admission date must be used on all subsequent 30-day claims until discharge.

NOA Overview (continued)

- **Example:** If the Start of Care is 12/15/21, the first 30-day period of care runs from 12/15/21 – 01/13/22. You would need a NOA on 01/14/22 for a new period in CY2022.

Spanning 2021-2022						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
December 13	14	15	16	17	18	19
		Start of Care (30-day Period From Date)				
20	21	22	23	24	25	26
27	28	29	30	31	January 1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
			30-Day Period Through Date	NOA with Admission Date 1/14/2022		

Lessons Learned & Current State

Lessons Learned and Current State

Issue (All MACs)	Provider Action
<ul style="list-style-type: none">Identified: 1/5/2022Return to Provider Reason Code: 32114Description: ZIP codes submitted on Electronic Media Claims (EMC) have been identified for all Medicare Administrative Contractors, causing it to incorrectly go to RTP.	<ul style="list-style-type: none">To avoid this edit, agencies may choose to submit NOAs via Direct Data Entry (DDE), rather than EMC, until a system fix can be implemented.To correct EMC submitted NOAs that have returned for reason code 32114, please use the following workaround: (1) Access the DDE NOA in the Claims Correction screen (2) Enter the provider nine-digit ZIP Code (3) F9/resubmit the NOA. Some NOAs are going to a manual processing status.If a NOA is late due to this issue, request a late NOA exception and indicate the following in the Remarks field of the claim(s) "January 2022 NOA reason code 32114 issue."
Estimated Fix	
<ul style="list-style-type: none">Resolved January 19th	

Lessons Learned and Current State

Issue (Palmetto)	Provider Action
<ul style="list-style-type: none">• Identified: 1/17/2022• Return to Provider Reason Code: <u>19960</u>• Description: NOAs were returned to providers indicating a condition code other than 47 is present on the NOA. Condition code 15 is showing on NOAs when they were not billed.	<ul style="list-style-type: none">• A new received date will be applied to the NOAs which may cause the NOA to be considered late. Palmetto is instructing providers to request a late NOA exception with remarks "Late due to CC 15 release."• Status: Palmetto GBA has completed re-entering the NOAs that were returned to providers for reason code 19960 into processing
Estimated Fix	
<ul style="list-style-type: none">• Resolved January 28th	

Lessons Learned and Current State

Issue (All MACs)	Provider Action
<ul style="list-style-type: none">Identified: 1/1/2022Description: Unable to submit NOAs with revenue codes when hand entering DDE (required field).	<ul style="list-style-type: none">When NOAs are hand entered without revenue codes longer processing times have been observed NOAs are initially going into a manual processing status (ex. S MOPPS – NGS and S MFISS – Palmetto).NOAs have begun to finalize week of 1/17/2022.
Estimated Fix	
<ul style="list-style-type: none">Resolved	

Lessons Learned and Current State

Issue (Palmetto)	Provider Action
<ul style="list-style-type: none">Identified: 1/6/2022Description: Some home health claims incorrectly edited for reason code 31755 that were received in December 2021 or early January 2022. The issue was resolved on January 5, 2022.	<ul style="list-style-type: none">Per Palmetto, Home health agencies may return claims that incorrectly edited for this reason code prior to the implementation of the resolution, so they may now process.
Estimated Fix	
<ul style="list-style-type: none">Resolved January 5th	

Lessons Learned and Current State

Issue (All MACs)	Provider Action
<ul style="list-style-type: none">• Identified: 1/21/2022• Return to Provider Reason Code: U537F• Description: Reason code used historically when there was an overlap existing with the same provider number and the "FROM" date equals the episode's start date OR a visit date on a final claim falls within another episode established by another HHA or the billing HHA.	<ul style="list-style-type: none">• Per CGS, they are aware of the issue and are researching the appropriate solution. Suggested to refrain from calling Provider Contact Center.• Attempting to submit with condition code 47 but NOAs are returning to RTP.• Palmetto advises that if an NOA is late due to this issue, request a late NOA exception and indicate the following in the Remarks field of the claim(s) "2022 NOA REASON CODE U537F ISSUE".• Status: A system fix to correct this issue is still being created and an implementation date has not been established.
Estimated Fix	
<ul style="list-style-type: none">• To be determined	

Lessons Learned and Current State

Issue (CGS)	Provider Action
<ul style="list-style-type: none">Identified: 2/15/2022Rejection Reason Code: U5235Description: Home Health Notices of Admission (HH NOAs) with an admission date that falls within a hospice period are rejecting in error.	<ul style="list-style-type: none">No provider action.
Estimated Fix	
<ul style="list-style-type: none">To be determined	

Lessons Learned and Current State

Issue (CGS)	Provider Action
<ul style="list-style-type: none">Identified: 2/17/2021Return to Provider Reason Code: 31254Home Health Notices of Admission (HH NOAs) were assigned an incorrect Julian date in the DCN and returned to the provider (RTP'd) with reason code 31254 in error.	<ul style="list-style-type: none">Per CGS, submit a new NOA (TOB 32A) and report the following on the final claim (TOB 329):<ul style="list-style-type: none">- Modifier KX- Remarks: Issue with RC 31254
Estimated Fix	
<ul style="list-style-type: none">To be determined	

Best Practices

Best Practices

- Bill NOAs daily.
 - Medicare
 - MSP
 - Medicare Advantage (if applicable)
- Review claim acknowledgement reports daily to confirm NOAs are on file (999/277 reports).
- Review processing NOAs daily until they finalize in a PB9997 status.
- Trust but verify! Run an admissions report using the EMR daily to ensure all NOAs are dropping for billing.

Best Practices

- Ensure communication channel is in place for when a NOA is approaching timely filing.
- Understand billing changes in EMR.
- Re-verify insurances monthly (if not more frequently).
- Identify all active patients that have a period start date on or after 1/1/2022.
- Continue to confirm with Medicare Advantage plans on NOA billing requirements.
 - Review claims billed and confirm calculated HIPPS is present to ensure correct payment.

Questions?

Thank You



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How better happens.