Home Health NOA Creation

FAQ

Prepared for

myUnity Essentials Financial

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Overview

Effective January 1, 2022, Medicare requires a Home Health Notice of Admission (NOA) via Electronic Data Interchange for active and newly admitted patients.

RAPs are no longer required for billing periods starting in 2022 or later. Instead, the Home Health Notice of Admission (NOA) must be submitted and accepted by Medicare within 5 calendar days after the Admission Date. Clinical users will use the RAP Notice Verbal Order form to allow the NOA to generate in Billing prior to a SOC assessment being completed and exported.

In addition to being required for new admissions in 2022, an NOA is required for patients on service in 2021 who continue service in 2022.These continuing patients will have an NOA created with an "artificial" admit date that is equal to the first day of their first 2022 billing period. Users should NOT enter this artificial admit date as the patient's admit date in the patient file. The NOA and all claims for that patient's admission will automatically populate this artificial admit date without any user intervention.

Late NOAs will result in a payment penalty equal to a 1/30 reduction of the 30-day period payment amount for each day from the admission date until the date the NOA is accepted.

If requesting an exception for a late NOA, a "KX" modifier should be submitted on the Final claim along with a Remark (Bill Note).

Electronic option sets in myUnity Essentials Financial can be configured to create these non-standard NOA 837I transaction files. If not submitting electronically, a UB04 hard copy can be printed or saved as a PDF from the Electronic Claims menu via the UB04 button.

Setup

Configure the NOA Electronic Option Set

Go to **Billing > Electronic Claims** and select the **#146 Medicare NOA** Option Set.

Click **Options** and change the following locators to match the option set used currently for submitting claims.

0100.06 ISA*06 Interchange Sender ID: set to your agency Medicare Submitter ID or the ID assigned by clearinghouse.

0100.08 ISA*08 Interchange Receiver ID: set to your MAC Receiver ID (CGS/J15 – **15004**, NGS/J6 – **06001**, NGS/JK – **14011**, Palmetto/JM – **11001)** or the value assigned by clearinghouse.For a list of MACs by State go to https://www.cms.gov/files/document/macs-state-jun-2021.pdf.

2010.80 NM1*PR Subscriber Payor ID: set to Insurance Submitter Number (make sure the 5-digit payer ID is present in the Payor/Submitter# field of the Insurance tab in the Insurance file) or set to Bypass this Data Element (Use Receiver ID).

9000.15 Clearinghouse: set to RevConnect/Ability, Waystar/Zirmed or leave set to Bypass depending on your agency set-up.

Press **Save** and close the Option Set wizard.

On the Electronic Billing window, set the Selection Type to **Insurance**. Click on the **Specific Includes** tab and search for and select the **Medicare PPS** and **MSP Home Health** insurances. Press **Store** to retain this selection.

Note: Confirm NOA requirements with any Medicare Advantage Payer prior to adding that payer to any NOA option set. If you need a unique NOA Option Set for MA payers, make a **Copy** of option set #146 by assigning a unique Destination ID number and update ISA*06 and ISA*08 and any other locators based on the payer or clearinghouse requirements. Refer to the Creating an Option Set FAQ for detailed instructions.

Creating Electronic NOAs

Go to **Billing > Electronic Claims** and select the **Medicare NOA** option set.

Report Sequence: Patient or Insurance

Selection Type: Patients or Insurances (use Specific Includes tab for selections).

Submitted Type: Un-Submitted Only (set to 'All Records' only if needing to resubmit an NOA).

Admit Date Selection: enter Admit date range for the NOA generation. Use a wide date range to capture late submissions.

Unit Selection: check Active and select Unit if your agency submits by Unit, otherwise leave unchecked.
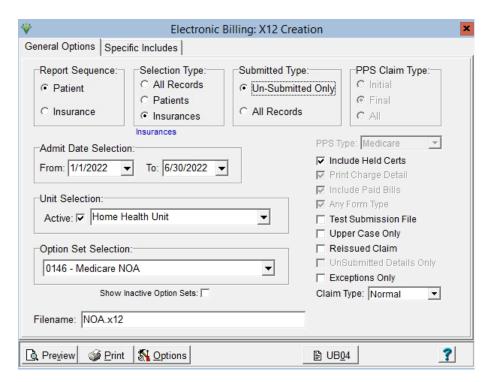
Filename: enter a unique filename with a .X12 extension.

Press **Preview** to view the Electronic Claim Submission report. Only patients with a period beginning on or after 1/1/2022 will pull to the report (the certification period must be present in Billing).

For assistance resolving exception messages on the report, refer to the Electronic Submissions Exceptions Guide.

If no corrections are needed, press **Mark Notice as Submitted** and transmit the file to Medicare. RevConnect/Ability and Waystar/Zirmed interface clients will press the **Submit to Medicare** or **Submit to Zirmed** button. Press **Do Not Mark** if corrections are needed. Confirm successful receipt of these notices via Claims Status or the receiver website.

The Submit date will populate the **NOA Date** field in the Patient file **Admit** tab, **Addt'l-Data** sub-tab. For patients admitted prior to 1/1/2022, the Benefit Start date will also be updated with an artificial "Admit" date as required by CMS for NOAs and claims starting on or after that date (this will be the first Period Start date that begins in 2022).

Condition Code 47

As was the case with RAPs, Condition Code 47 is required on the NOA when admitting a patient that has transferred from another agency during an open admission period. To generate the condition code 47 on the NOA, go to the Clinical Patient Profile and set the Admission Source to **Transfer from another HHA** in the Referral Information section.

In the Billing Module, this shows in the Patient file Admit tab Adm-Src field as **B-Xfer from HHA(CC47)**.

An Admission Source 1 and Condition Code 47 will populate the NOA during NOA creation.

Printed NOAs

Press the **UB04** button from the Billing > Electronic Claims menu to preview/print a hard copy NOA if needed. NOA printing from the Billing > Printed Claims menu is NOT supported.

Preview example:

Cancelling an NOA

To cancel the NOA, a notice of cancellation (type of bill 32D) is sent.

If a Final claim has been submitted and accepted, cancel the claim prior to cancelling the NOA. Wait for the cancelation to process in Medicare's system prior to resubmitting a new NOA.

The Cancellation NOA will pull the patient's admit date from the Benefit Start Date field of the Billing Module Patient file Admit tab, Addt'l Dates sub-tab. This is to ensure that if the NOA is being cancelled due to an incorrect Admit Date, the cancellation is sent with the same date.

When the Cancellation NOA is Marked As Submitted, the original NOA submit date will be cleared to assist with tracking that the replacement NOA gets submitted timely.

Cancel NOA using Void/Cancel Claim Type (no Remarks):

Go to **Billing > Electronic Claims** and select the NOA option set.

Selection Type: Patients (you must select the patient(s) on the Specific Includes tab)

Submitted Type: All Records

Admit Date Selection: enter the patient admission date.

Claim Type: set to **Void/Cancel**

NOA with Cancellation Condition Code and/or Remarks

Cancel the NOA in DDE or create a new NOA Cancellation Option set that will be used with Claim Type set to Normal. Select the Option Set and set the following locators:

2300.05 CLM*05: set to 32D

2300.59 NTE*ADD Comments: set to 'Constant Value (Entered)' and enter the note in the text box at the right. This note will apply to all NOAs when utilizing this option set.

2300.70 HI*BG Condition Code 1: set to 'Constant Value (Entered)' and enter the Condition Code in the text box at the bottom. This code will apply to all NOAs when utilizing this option set.

Contact Netsmart Support for assistance with <u>creating an option set</u> if needed.

Tracking NOAs

Claims Status

For clients submitting Medicare NOAs using the RevConnect, Ability or Waystar Clearinghouse, go to **Billing > Claims Status** to view 277 and 999 response files. Any Rejected status files with a CLM Bill Type for 999s or NOA Bill Type for 277s need to be corrected immediately to avoid a late submission penalty.

Billing Pre-Audit

The **Billing > Billing Pre-Audit** for Finals shows an Informational message if the NOA was late to alert the user that an exception may need to be requested.

PPS Billing Pre-Audit - Bills Ready   Final Claims   Page 1

Patient Sequence   Patient(s) From:1/1/2022 To:11/30/2022   Home & Hospice Care Services
                                              PPS Billing   Accrual, Andy

Accrual, Andy - 398   Prim-Ins: Medicare   Birth: 5/16/1956

Admit: 1/6/2022   **Period-From:** 01/06/2022   **Period-To:** 02/04/2022

First-Visit: 01/13/2022   Exported: Hipps: 3BA11   Days: 30   Late-Timing-Ovr
Assessed: 01/06/2022   NOA-Date: Period: 1

Insurance-1: Medicare - 60016   Effective: 01/01/2000 - 12/31/2099 PPS

Warning: Assessment has not been exported.
Warning: Assessment was not accepted by CMS.
Warning: All Documentation has not been received.
Warning: Period is 85 days old and final has not been run.
Information: NOA is late, so KX modifier may be needed before Final is run.

Assessments For Episode From:1/6/2022   To:3/6/2022
Assessed   Hipps HippsP2   RFA   Status   Status-Date   Claim-Key
1/6/2022   3BA11   3BA11   1   Locked   7/8/2021   22AF19MX11CQBHALAA

Charge Detail - Period From:1/6/2022   To: 2/4/2022   Start   End   Time   Chg-Amt   Bill-To-Ins
1/6/2022 SNADM   SN Admission   08:00a 09:00a 1.00   220.00
                                                                        Totals: 1.00   220.00

PPS Activity Report

The **Stats > PPS Activity Report** can be run for **Days to RAP/NOA** and **RAP/NOA Not Done** to track average days it takes the agency to send an NOA and to obtain a list of patients whose NOA has not yet been submitted.

The **RAP/NOA Not Done** report shows patients that have a certification record in Billing but have not yet had an NOA submitted. The **Days-Out** column shows the number of days that have transpired and the NOA has not yet been submitted. This report type can show MSP patients by checking **Include MSP** and selecting the MSP insurance from the dropdown.

Example RAP/NOA Not Done Report (Days-Out > 5 is late):

11/4/2021 9:59:22 AM

Unit Sequence

RAP/NOA Not Done

PPS Activity Report

Units From:1/3/2022 To:1/31/2022

Period-Active Date Selection

Medicare   Page 1

Home & Hospice Care Services

2021 Testing

2021 Testing

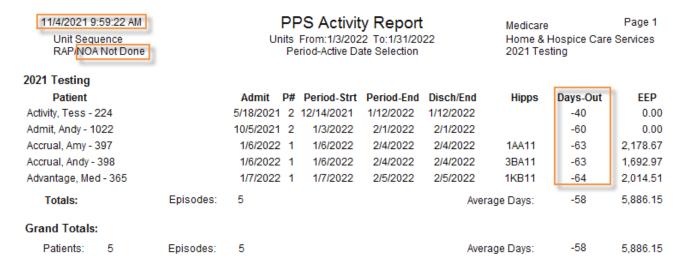| Patient	Admit	P#	Period-Strt	Period-End	Disch/End	Hipps	Days-Out	EEP
Activity, Tess - 224	5/18/2021	2	12/14/2021	1/12/2022	1/12/2022		-40	0.00
Admit, Andy - 1022	10/5/2021	2	1/3/2022	2/1/2022	2/1/2022		-60	0.00
Accrual, Amy - 397	1/6/2022	1	1/6/2022	2/4/2022	2/4/2022	1AA11	-63	2,178.67
Accrual, Andy - 398	1/6/2022	1	1/6/2022	2/4/2022	2/4/2022	3BA11	-63	1,692.97
Advantage, Med - 365	1/7/2022	1	1/7/2022	2/5/2022	2/5/2022	1KB11	-64	2,014.51

| **Totals:** | Episodes: | 5 | | | | Average Days: | -58 | 5,886.15 |

Grand Totals:

| Patients: | 5 | Episodes: | 5 | | | Average Days: | -58 | 5,886.15 |

On the **Days to RAP/NOA**, periods with Days greater than 5 on these reports are considered late and may need an Exception Request on the Final claim.

Example Days to NOA Report (Days > 5 is late):

```
8/17/2021 12:55:38 PM           PPS Activity Report              Medicare           Page 1
   Unit Sequence            Units From:1/31/2022 To:2/7/2022    Home & Hospice Care Services
  Days to RAP/NOA            Period-Active Date Selection        2021 Testing

2021 Testing
    Patient             Admit    P#  Period-Strt  Period-End  Disch/End   RAP/NOA    Days      EEP
Finals, Only - 389      1/3/2022  1   1/3/2022     2/1/2022    2/1/2022   1/5/2022     2     2,683.10
NOAtest, Mya Kay - 370  5/11/2021 1   1/6/2022     2/4/2022    2/4/2022   1/7/2022     1     1,206.83
Activity, Tess - 224    5/18/2021 1   1/13/2022    2/11/2022   2/11/2022  1/13/2022    0     1,531.78
Testpatient, Mynew - 376 1/6/2022 1   1/6/2022     2/4/2022    2/4/2022   1/6/2022     0     2,683.10

    Totals:     Episodes:  4                            Average Days:     1     8,104.81

Grand Totals:
    Patients:  4   Episodes:  4                         Average Days:     1     8,104.81
```

Late NOA Exception Request

If requesting an exception for late NOA submission/acceptance, the KX modifier and Bill Note should be added to the Final claim. The information can be added at any time prior to generating the Electronic Final Claim. Refer to https://www.cms.gov/files/document/r10987cp.pdf.
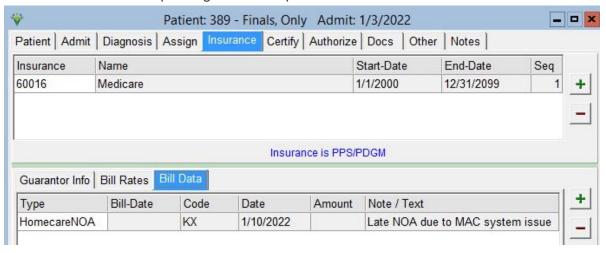
To add an exception request, go to the **Patient** file **Insurance** tab, select the Medicare or MA payer and click on the **Bill Data** tab. Press **+** to add a new row.

Type: HomecareNOA
Bill-Date: leave blank
Code: enter KX (must be in all caps)
Date: enter a date within the billing period
Amount: leave blank
Note: enter the reason for requesting a late exception

Late NOA exemption request due to switch to Medicare:

In cases where Medicare NOA was submitted late because it was not found out until past timely filing deadlines that the patient had disenrolled from their Medicare Advantage (MA) plan, the following Note should be entered:

"CR11855 disenroll MA xx/xx/xxxx" where the xx/xx/xxxx is the date the MA coverage ended.

Late NOA exemption request due to correction to NOA:

If the NOA was cancelled and resubmitted to correct an error, enter the Note:

"Timely NOA, cancel and rebill"

Sample Electronic Claim Submission Report for claim with Late NOA with an exception:

11/11/2021 9:42:23 AM   **Electronic Claim Submission**   Institutional   Page 1
0800 - PPS RevConnect   Finals Billed From: 2/4/2022 - 2/4/2022   Home & Hospice Care Services
                                              Medicare_Final_02042022.X12

Patient #	Patient Name	Admit Date	Bill Date	Bill Type	Payor
389	Finals, Only	1/3/2022	2/4/2022	Final: 2/4/2022	Medicare

Adm-Src: 1   Status: 30   Period-1 From: 01/03/2022 To: 02/01/2022   Contract: 5E64TE4MK72
TOB: 329   Unit: 21   Statement From: 01/03/2022 To: 02/01/2022
Diagnosis: 1:L89.211
Values: 1:12100 2:85*34001.00 Occurrences: 1:50:01/03/2022
Order/Refer-Doctor: Devon Aarons 1111333333
Bill-Notes: Late NOA due to MAC system issue

Rev	Description	Code	Date	Units	Hours	Amount	Other
0023	Home Health Services	1CA11	01/03/22	1		0.00	KX
0551G0299	Skilled Nursing Visit	Snvt	01/03/22	4	1.00	185.00	G0299
0551G0299	Skilled Nursing Visit	Q5001	01/03/22	1	0.00	0.01	Q5001
0551G0299	Skilled Nursing Visit	Snvt	01/10/22	4	1.00	185.00	G0299
0551G0299	Skilled Nursing Visit	Snvt	01/17/22	4	1.00	185.00	G0299
0551G0299	Skilled Nursing Visit	Snvt	01/24/22	4	1.00	185.00	G0299
0551G0299	Skilled Nursing Visit	Snvt	02/01/22	4	1.00	185.00	G0299
0001	Total Charges			21		925.01	