

What's New myUnity Essentials

Notice of Admission

Overview

In the FY2022 Home Health Prospective Payment System Rate Update, CMS announced that Home Health Agencies would be required to submit a one-time Notice of Admission that establishes the home health period of care and covers all contiguous 30-day periods of care until the individual is discharged from Medicare home health services.

Notice of Admission replaces the RAP as NOA for Medicare.

Click **NEXT** to continue

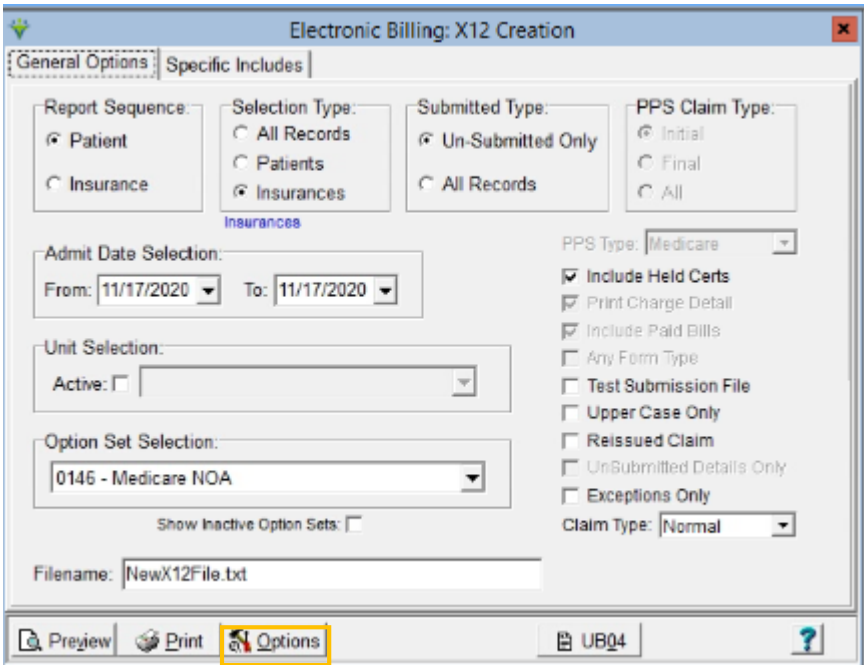
Next 



Functionality

System Configuration

- **Billing > Electronic Claims** and select the **#146 Medicare NOA Option Set**
- **Select Options**



Functionality**System Configuration****0100.06 ISA*06 Interchange**

Sender ID: Set to your agency Medicare Submitter ID or the ID assigned by clearinghouse.

The screenshot shows a software window titled "Billing Options Wizard" with a close button (X) in the top right corner. The window content is as follows:

- Header: **146 - Medicare NOA**
- Locator: A dropdown menu showing "0100.06 ISA*06 Interchange Sender ID". To the left is a "<- Previous" button, and to the right is a "Next >" button.
- Text: "0100.06 ISA*06 Interchange Sender ID"
- Section: "Select for Interchange Control Header (ICH) ISA*06 Sender ID"
- Options (radio buttons):
 - Unit Medicare ID Based on Patient Unit
 - Unit Medicaid ID Based on Patient Unit
 - Unit Federal Tax ID Based on Patient Unit
 - Insurance Submitter Number
 - Constant Value (Entered)
- Field: A text box containing "ADDSENDERID".
- Footer: A toolbar with icons for Save, Cancel, Print, Copy, Merge, and Rename.

Functionality

System Configuration

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.

The screenshot shows a software window titled "Billing Options Wizard" with a close button (X) in the top right corner. The window content is as follows:

- Title bar: Billing Options Wizard
- Section: 146 - Medicare NOA
- Navigation: Previous (left arrow) and Next (right arrow) buttons.
- Locator: A dropdown menu showing "0100.08 ISA*08 Interchange Receiver ID".
- Text: "0100.08 ISA*08 Interchange Receiver ID"
- Text: "Select for (ICH) ISA*08 Receiver ID"
- Text input field: "ADDRECEIVERID"
- Footer: A toolbar with icons for Save, Cancel, Print, Copy, Merge, and Rename.

Functionality

System Configuration

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).

The screenshot shows a software window titled "Billing Options Wizard" with a close button in the top right corner. The window content is as follows:

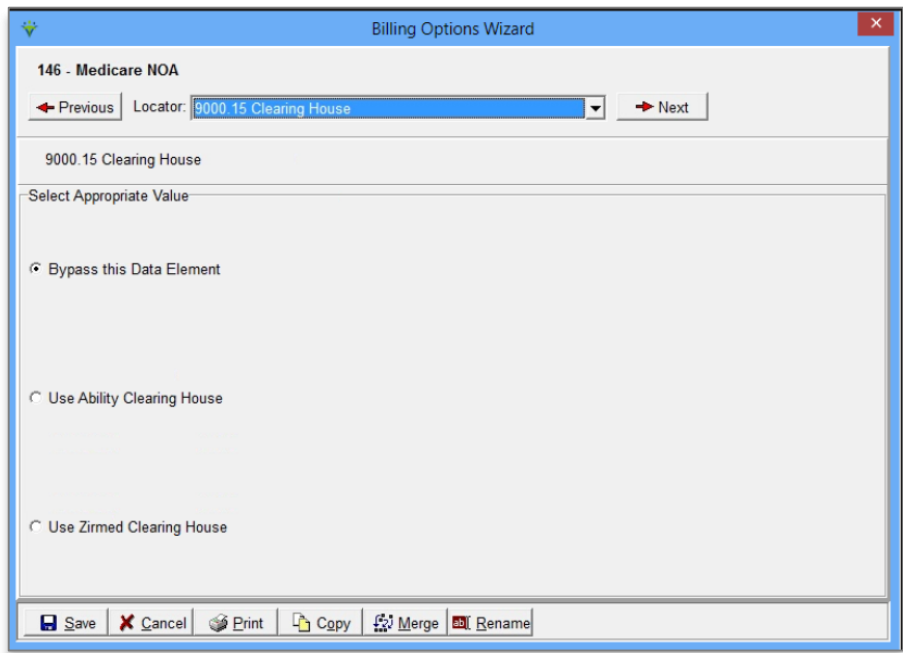
- Header: 146 - Medicare NOA
- Navigation: "Previous" button with a left arrow and "Next" button with a right arrow.
- Locator: A dropdown menu currently displaying "2010.80 NM1*PR Subscriber Payor ID".
- Text: "2010.80 NM1*PR Subscriber Payor ID"
- Section: "Select for Loop 2010BB NM1*PR*09 (if different from Receiver ID)"
- Options:
 - Insurance Provider Number
 - Constant Value (Entered)
 - Bypass this Data Element (Use Receiver ID)
 - Insurance Submitter Number
- Footer: A toolbar with icons for Save, Cancel, Print, Copy, Merge, and Rename.



Functionality

System Configuration

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

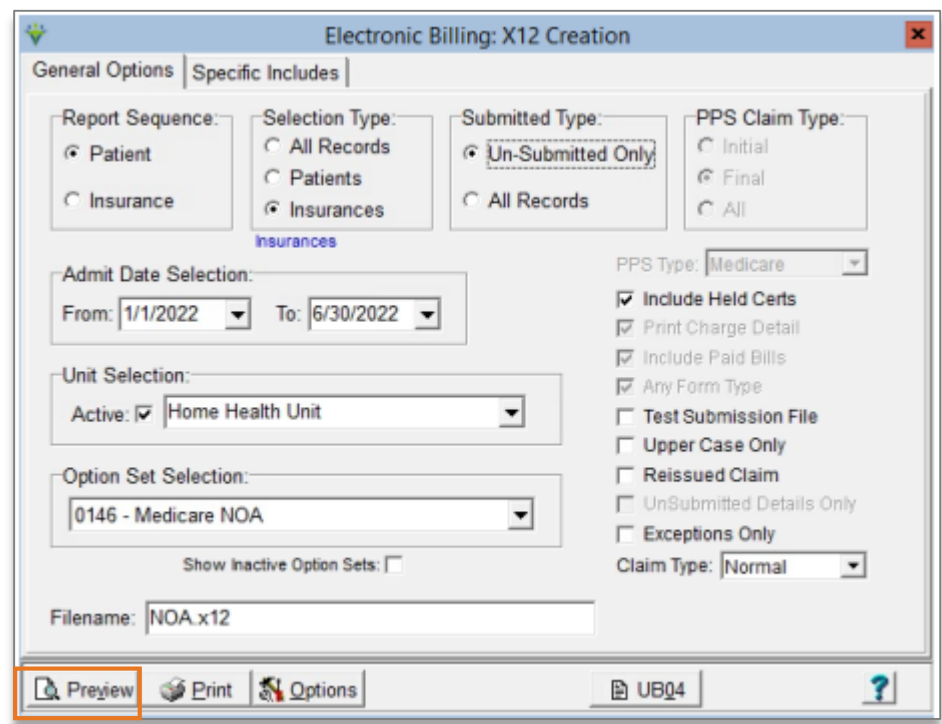




Functionality

Creating a Notice of Admission

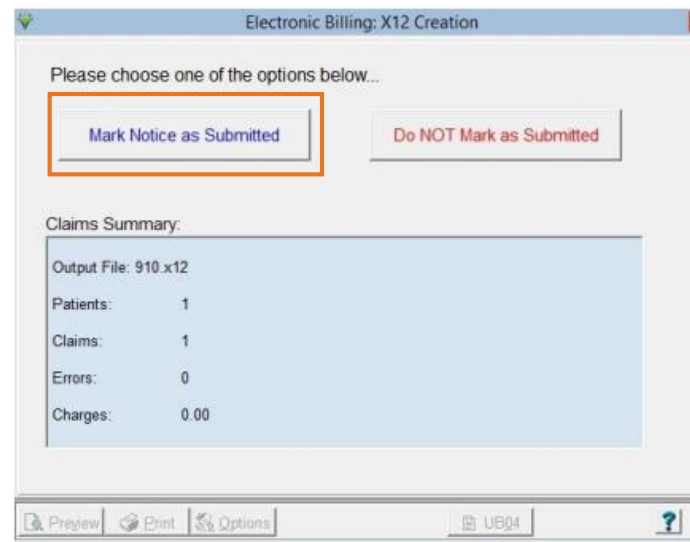
- Billing > Electronic Claims
- Select the Medicare NOA option set
- Press Preview to view the file.
- Bill Type defaults to **32A**



Functionality

Submitting a Notice of Admission

- If no corrections are needed, press Mark Notice as Submitted and transmit the file to Medicare using your agency process.

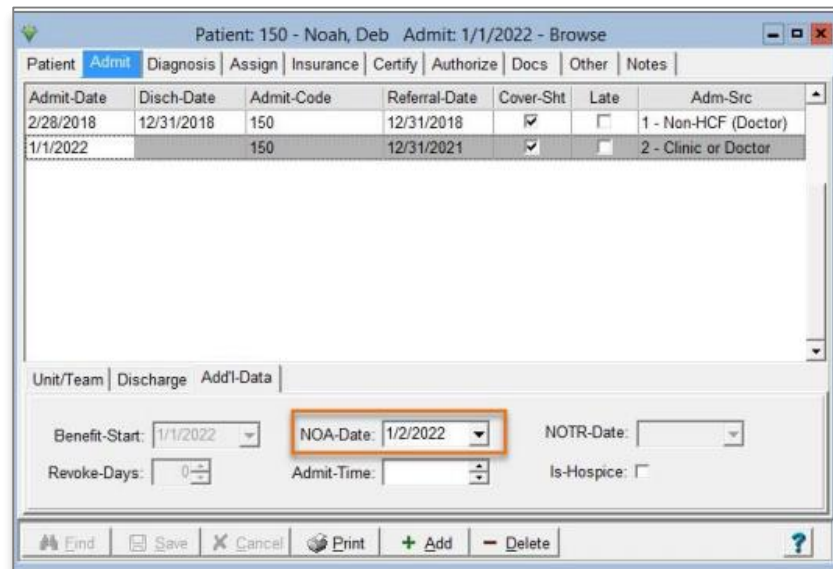




Functionality

Submitting a Notice of Admission

The Submit date will populate the NOA Date field in the Patient file Admit tab, Add'l-Data sub-tab.





Functionality

Notice of Admission Criteria

- Insurance Plan that requires an NOA in the patient billing sequence
- Active Admission with an admission date of 1/1/2022 (Medicare) or later
- RAP Notice/NOA Verbal Order is present
- Initial Visit for Start of Care is started and shows Exported and Unverified

Unit 05
1234 Rhode Road
Nowhere, PA 19945999
732-555-8282

150
32A

01-123459 01012022

56 Downey Way

Noah, Deb New York NY 10025

12311937 F 010122 9 1 30

Medicare
PO Box 14537
Collingswood, NJ 085744537

0023 Homecare NOA 1AA11 010122 1 0.00

Form	Form Date	Marks
OASIS-D1 Nurse Start of Care	12/15/2021	



Functionality

Transition Admissions

CMS is requiring a one-time Notice of Admission (NOA) for transition episodes. For current admissions that will extend into 2022, agencies are expected to submit an NOA with an artificial “admission date” that matches the “from date” of the first claim in January 2022. This artificial “admission date” must be maintained and used on claims for these admissions until patient is discharged.

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.

Functionality

Transition Admission Criteria

- As per CMS NOA requirements for patients admitted prior to 2022, myUnity will automatically update the benefit start dates with artificial “Admit” dates that follow patients until discharge. These dates are populated with the first day of each patient’s first 2022 billing period.
- Patient admission dates should NOT be changed.
- Visits will not be required on the first day of the billing period
- NOAs must be submitted within 5 days of their artificial 2022 “Admit” date, which is the first day of each patient’s first 2022 billing period.
- Transition admissions require the RAP Notice/NOA Verbal Order form.

Functionality

Notice of Cancellation

Notice of Admissions can not be corrected once submitted, if incorrect information was submitted a notice of cancellation must be created and submitted. After the notice of cancellation is created and submitted the corrected NOA can be created and submitted.

Notice of Cancellation Criteria

- Notice of Admission is present
- Notice of Admission has been accepted
- Notice of Admission has been marked for cancellation

Functionality

Creating a Notice of Cancellation (with no remarks)

- **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: **patient admission date**
- Claim Type: **Void/Cancel**
- Bill Type defaults to **32D**
- Press Preview to view the file.

Electronic Billing: X12 Creation

General Options | Specific Includes

Report Sequence: Patient Insurance

Selection Type: All Records Patients Insurances
Patients Insurances

Submitted Type: Un-Submitted Only All Records

PPS Claim Type: Initial Final All

Admit Date Selection: From: 1/1/2022 To: 6/30/2022

Unit Selection: Active: Home Health Unit

Option Set Selection: 0146 - Medicare NOA

Show Inactive Option Sets:

PPS Type: Medicare

Include Held Certs
 Print Charge Detail
 Include Paid Bills
 Any Form Type
 Test Submission File
 Upper Case Only
 Reissued Claim
 UnSubmitted Details Only
 Exceptions Only

Claim Type: Void/Cancel

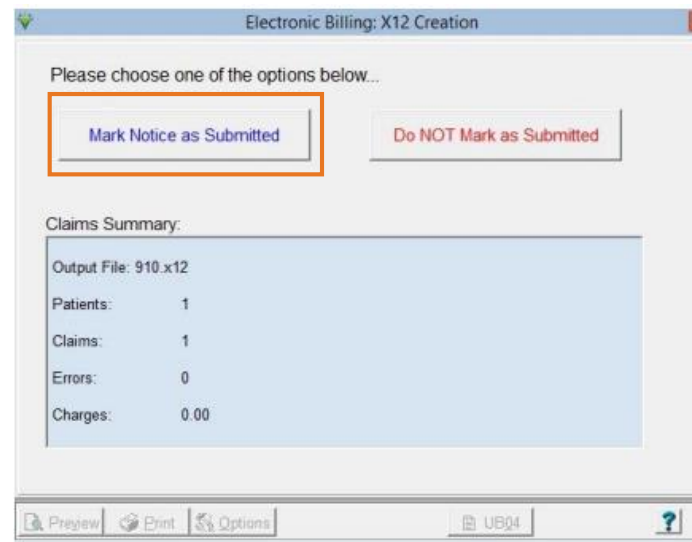
Filename: NOA.x12

Preview Print Options UB04 ?

Functionality

Submitting a Notice of Cancellation

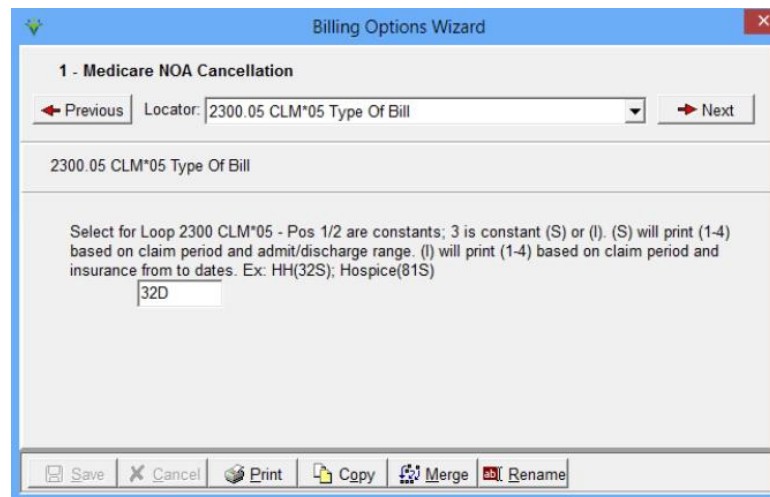
- If no corrections are needed, press Mark Notice as Submitted and transmit the file to Medicare using your agency process.



Functionality

Notice of Cancellation with Cancellation Condition code and remarks

- Cancel 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**



Functionality

Notice of Cancellation with Cancellation Condition code and remarks (cont)

Select the Option Set and set the following locators:

- **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.

Billing Options Wizard

1 - Medicare NOA Cancellation

Previous Locator: 2300.59 NTE*ADD Comments Next

2300.59 NTE*ADD Comments

Select for Loop 2300 NTE*ADD Comments (Max 80 Char)

- Bypass this Data Element
- Patient Discharge Reason and Date
- Insurance Group Code
- Insurance Contract (Current Insurance)
- Insurance Claim Number
- Institution Name and Prov# (First for admit)
- Constant (NOT COVERED)
- Constant Value (Entered)

Enter comment here.
This note will apply to all NOAs utilizing this option set.

Save Cancel Print Copy Merge Rename

Functionality

Notice of Cancellation with Cancellation Condition code and remarks (cont)

Select the Option Set and set the following locators:

- **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.

Billing Options Wizard

1 - Medicare NOA Cancellation

Previous Locator: 2300.70 HI*BG Condition Code 1 Next

2300.70 HI*BG Condition Code 1

Select for Loop 2300 HI*BG 02 Cond Code 1

Bypass this Data Element

Insurance Claim Number

Discharge Reason Status Codes (52, H2 only)

Constant Value (Entered)

Save Cancel Print Copy Merge Rename

Functionality

Late Notice of Admission

If requesting an exception for late NOA submission/acceptance, the KX modifier and Bill Note should be added to the Final claim

- **Patient file Insurance tab**
- **select Medicare or MA payer**
- Click on the Bill Data tab.
- Press + to add a new row.
- Select the Type – HomecareNOA
- Enter the KX Code
- Enter the note for the reason

Patient: 389 - Finals, Only Admit: 1/3/2022

Insurance	Name	Start-Date	End-Date	Seq
60016	Medicare	1/1/2000	12/31/2099	1

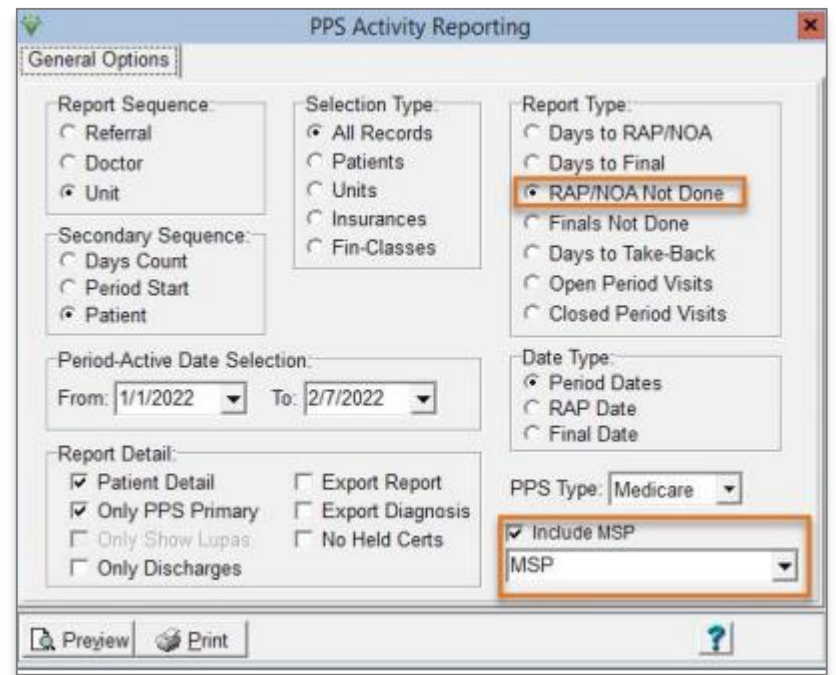
Insurance is PPS/PDGM

Type	Bill-Date	Code	Date	Amount	Note / Text
HomecareNOA		KX	1/10/2022		Late NOA due to MAC system issue

Functionality

NOA Tracking

- **PPS Activity Report**
- **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.





Functionality

NOA Tracking

- **PPS Activity Report - RAP/NOA Not Done**
- Shows patients that have a certification record in billing but have not yet had an NOA submitted
- Days-Out column shows the number of days that have transpired and the NOA has not yet been submitted

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

11/4/2021 9:59:22 AM		PPS Activity Report				Medicare	Page 1		
Unit Sequence RAP/NOA Not Done		Units From: 1/3/2022 To: 1/31/2022 Period-Active Date Selection				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, Army - 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



Functionality

NOA Tracking

- **PPS Activity Report- 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

8/17/2021 12:55:38 PM Page 1

PPS Activity Report
 Medicare Home & Hospice Care Services
 2021 Testing

Unit Sequence
Days to RAP/NOA

Units From: 1/31/2022 To: 2/7/2022
 Period-Active Date Selection

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

PPS Activity Reporting

General Options:

Report Sequence:
 Referral
 Doctor
 Unit

Secondary Sequence:
 Days Count
 Period Start
 Patient

Selection Type:
 All Records
 Patients
 Units
 Insurances
 Fin-Classes

Report Type:
 Days to RAP/NOA
 Days to Final
 RAP/NOA Not Done
 Finals Not Done
 Days to Take-Back
 Open Period Visits
 Closed Period Visits

Period-Active Date Selection:
 From: 1/1/2022 To: 2/7/2022

Date Type:
 Period Dates
 RAP Date
 Final Date

Report Detail:
 Patient Detail
 Only PPS Primary
 Only Show Lupas
 Only Discharges
 Export Report
 Export Diagnosis
 No Held Certs

PPS Type: Medicare
 Include MSP

Preview Print



Functionality

Payment reductions for late NOA

Notices of Admission submitted and accepted on Day 6 or later will have a financial penalty for 1/30th for each day that that the NOA is late. (same as RAP as NOA)

- Users can apply the adjustment via A/R > Payments/Transfers

Functionality

Please see the Notice of Admission documentation on the Training Portal for additional detail.

Access to the Training Portal: You can access the Training Portal from the top-right menu, otherwise known as a "hamburger menu."

