REQUEST FOR ANTICIPATED PAYMENT (RAP) CHANGES IN CALENDAR YEAR 2021 FACT SHEET

The following information provides facts about the changes to the home health RAP, which are effective for RAPs with "From" dates on or after **January 1, 2021**.

Resources:

- CGS: Submitting a Request for Anticipated Payment (RAP) under the Home Health Patient-Driven Groupings Model, https://www.cgsmedicare.com/hhh/education/materials/anticipated_payment.html
- Medicare Claims Processing Manual, Chapter 10, https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c10.pdf
- MM11855, https://www.cms.gov/files/document/mm11855.pdf
- Medicare and Medicaid Programs; CY 2020 Home Health Prospective Payment System Rate Update, Final rule. https://www.govinfo.gov/content/pkg/FR-2019-11-08/pdf/2019-24026.pdf

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What is the no-pay RAP?	For RAPs with "From" dates on or after January 1, 2021, the up-front split-percentage payment for all 30-day periods of care will be zero percent (0%) for all home health agencies (HHAs) (newly-enrolled and existing). The no-pay RAP will be used to update the Common Working File to enforce the home health consolidated billing rules.
When can the RAP be submitted?	RAPs may be submitted when: • The appropriate physician's written or verbal order that sets out the services required for the initial visit has been received and documented as required; and • The initial visit within the 60-day certification period has been made and the individual is admitted to home health care.
Can multiple RAPs be submitted at the same time?	When the plan of care dictates multiple 30-day periods of care will be required to effectively treat the beneficiary, HHAs will be allowed to submit RAPs for both the first and second 30-day periods of care (for a 60-day certification) at the same time. **Initial RAP:** Report the date of the first covered visit provided on the 0023 revenue code line. **Subsequent RAP:** Report the first day of the period of care on the 0023 revenue code line.
Is there a penalty for late submission of the RAP?	Yes, starting in calendar year 2021, a payment reduction will be applied when HHA does not submit the RAP within 5 calendar days from the start of care date for the first 30-day period of care in a 60-day certification period, and within 5 calendar days of the "From" date for the second 30-day period of care in the 60-day certification period. The payment reduction will be equal to a 1/30th percent reduction to the 30-day period payment amount for each day from the start of care date/admission date, or "From" date for subsequent 30-day periods, until the date the HHA submits the RAP.
Are there exceptions for the penalty?	If the penalty applies to your claim, you may request an exception. There are 4 circumstances that qualify for an 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 CGS system issue that is beyond the control of the HHA • A newly Medicare-certified HHA that is notified of their certification after the Medicare certification date, or which is awaiting its user ID from CGS. • Other circumstances determined by the MAC or CMS to be beyond the control of the HHA.
How is an exception submitted?	To request an exception • Add modifier **KX** to the HIPPS Code reported on the revenue code 0023 line of the claim • Enter, in the REMARKS field of the claim information supporting the exception request. If the information provided in the REMARKS field is not clear, CGS will request documentation by generating a non-medical review additional development request (non-MR ADR).
Are there changes to the information submitted on the no-pay RAP?	The only changes to the information required on the RAP in 2021 is that the value codes 61 (Core Based Statistical Area (CBSA) code) and 85 (Federal Information Processing Standards (FIPS) State and County Code) and "Other" diagnosis codes are optional. The primary diagnosis code is still required. If value code 61 is submitted, refer to the MM12017 MLN Matters article (https://www.cms.gov/files/document/mm12017.pdf). For the counties listed in Table 7, the 50xxx codes (Alternate IDs column) for fiscal year 2021 must be submitted.
Does the HIPPS code on the RAP need to match the HIPPS code on the claim.	The HIPPS code submitted on the RAP and the claim may be any valid HIPPS code. However, they must match. The Medicare system will determine the actual HIPPS code used for payment