

# PDGM 2022

Q&A

*Prepared for*

**myUnity Essentials Financial**



**Netsmart**

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# PDGM 2022

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**Q: Do Notices of Admission (NOA) replace Requests for Anticipated Payment (RAPs) in 2022?**

Yes, for period start dates of 1/1/2022 and later, a one-time NOA will be submitted for each patient admission instead of a RAP being submitted for each 30-day billing period.

**Q. Do I need to submit an NOA for patients admitted *prior* to 1/1/2022 that have a period start date in 2022?**

Yes, for patients continuing service into 2022 a one-time NOA needs to be submitted. In this instance, the Admit Date on the NOA and subsequent final claims for the admission period will have an artificial admit date that equals their first period start date in 2022. DO NOT change the admit date in myUnity Essentials. The artificial admit date will be handled via the claim creation process for the NOA and subsequent final claims continuing to the end of the admission period.

**Q. What requirements must be met before submitting an NOA?**

The Home Health Agency must have a written or verbal physician order that contains the services required for the initial visit and must have performed an initial visit at the patient's Start of Care.

**Q. Do I need to submit an NOA for Medicare Secondary Payer (MSP) patients?**

Yes, MSP follows the same requirements for NOA submission. Link your MSP insurance to Option Set #146 Medicare NOA to submit NOAs for MSP as well as Medicare primary patients.

**Q. Can I still send RAPs in 2022?**

Yes, you can submit RAPs in 2022, but only for periods that started in 2021. Follow the same process as always for RAP billing submission.

**Q: Will I use the Billing Pre-Audit report for NOA submission?**

No, NOAs follow a different process than RAP billing. Create the NOA from the Billing > Electronic Claims menu. The Billing Pre-Audit will continue to be used for final claim billing.

**Q. Will I receive payment or partial payment on the NOA?**

No, no payment will be received for NOAs.

**Q: Do I need a HIPPS code on file before I can submit an NOA?**

No, NOAs will always be submitted with a default HIPPS code of 1AA11.

**Q: Do I need a completed OASIS on file before I can submit an NOA?**

No, but the OASIS must be completed prior to Final claim billing.

**Q: Is a diagnosis code required on the NOA?**

Yes, although any valid diagnosis code can be submitted on the NOA, myUnity Essentials will continue to utilize diagnosis code(s) from the RAP Notice Verbal Order form or 485 for NOA creation.

**Q: How do I correct an NOA after it's been accepted?**

You will send a cancellation NOA (32D) and then send a corrected NOA. Refer to the [NOA Creation FAQ](#) for further guidance.

**Q: What are the valid exception reasons for submitting a late NOA?**

Refer to MLN MM12256 for a list of reasons: <https://www.cms.gov/files/document/mm12256.pdf>

**Q. Is there a payment penalty for late NOA submissions?**

Yes, 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.

**Q. Does the late NOA payment penalty apply to LUPA periods?**

Yes, LUPA per-visit payments will not be made for visits that occurred on days that transpired prior to NOA submission.

**Q: Is the HIPPS on my NOA and final claim required to match?**

No, the NOA will always be submitted with a default 1AA11 HIPPS, but the final claim will bill with a valid HIPPS code.

**Q: Will the Billing Pre-Audit fail the Final if the HIPPS code doesn't match the NOA HIPPS?**

No, edits are no longer needed since Medicare doesn't require the NOA HIPPS and claims HIPPS to match.

**Q. When does the Final claim HIPPS get grouped?**

The Final claim HIPPS will continue to be grouped by the Billing Pre-Audit/Audit post routine when a 485 and OASIS have been completed. For period 2, the most recent 485/Change Order and OASIS prior to the period 2 start date are used.

**Q. Is anything changing with the Final claims?**

No, Final claim billing will remain the same as it was in 2021 with the exception that periods starting in 2022 will not require a RAP to be done first.

**Q: Are any changes needed on my Medicare Electronic final claim option set?**

No, no claim changes are needed for final claims starting in 2022.

**Q. Do rural add-on adjustments still apply?**

Yes, for 2022 PDGM claims a 1.0% rural add-on amount still applies for Low Population Density counties.

**Q: Who is responsible for updating the 2022 PDGM rates?**

For hosted clients, the National Standard Rates, Case-Mix Weights and CBSA rates are loaded for you. For non-hosted clients, they can be updated via Help > Web Updates.

**Q. Will the 2022 PDGM Rates include the LUPA add-on amount for OT?**

Yes, changes have been made to include OT in the LUPA add-on factor.

**Q: Is anything changing regarding tracking of LUPAs?**

No, nothing has changed for LUPA tracking in 2022.

**Q: If an MA payer is still requiring RAPs beyond 1/1/2022, do I need to update the insurance record to indicate this?**

Yes, in **File > File Maintenance > Entity**, for the Insurance type, on the 'Insurance' tab the **Finals-Only** field can be changed to a future date not beyond 1/1/2025. This field is only enabled for payers marked as PPS with an Insurance Type 2 – Medicare HMO/Managed.

**Q: Who will be maintaining the PPS grouper when it's no longer maintained by Medicare?**

myUnity Essentials allows for billing PPS HIPPS codes for 60-day periods until 12/31/2021. Contact your payer for updating billing guidelines after that date.

## Helpful Links:

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<https://www.cms.gov/files/document/mm12256.pdf>

<https://www.cms.gov/files/document/r10839cp.pdf>

<https://www.cms.gov/files/document/r10795otn.pdf>

<https://www.cms.gov/files/document/home-health-notice-admission-837i-companion-guide.pdf>