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 NOA Verbal Order form (formerly named the RAP Notice Verbal Order) 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. For non-hosted clients, contact Netsmart Client Support to obtain an 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: NOAs can be created for any payer set to Insurance Type 1–Medicare (Fee for Service) or 2–Medicare (HMO/Managed) regardless of whether PPS Billing is checked or not. Confirm NOA requirements with the Medicare Advantage Payer prior to adding it to an 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)**.
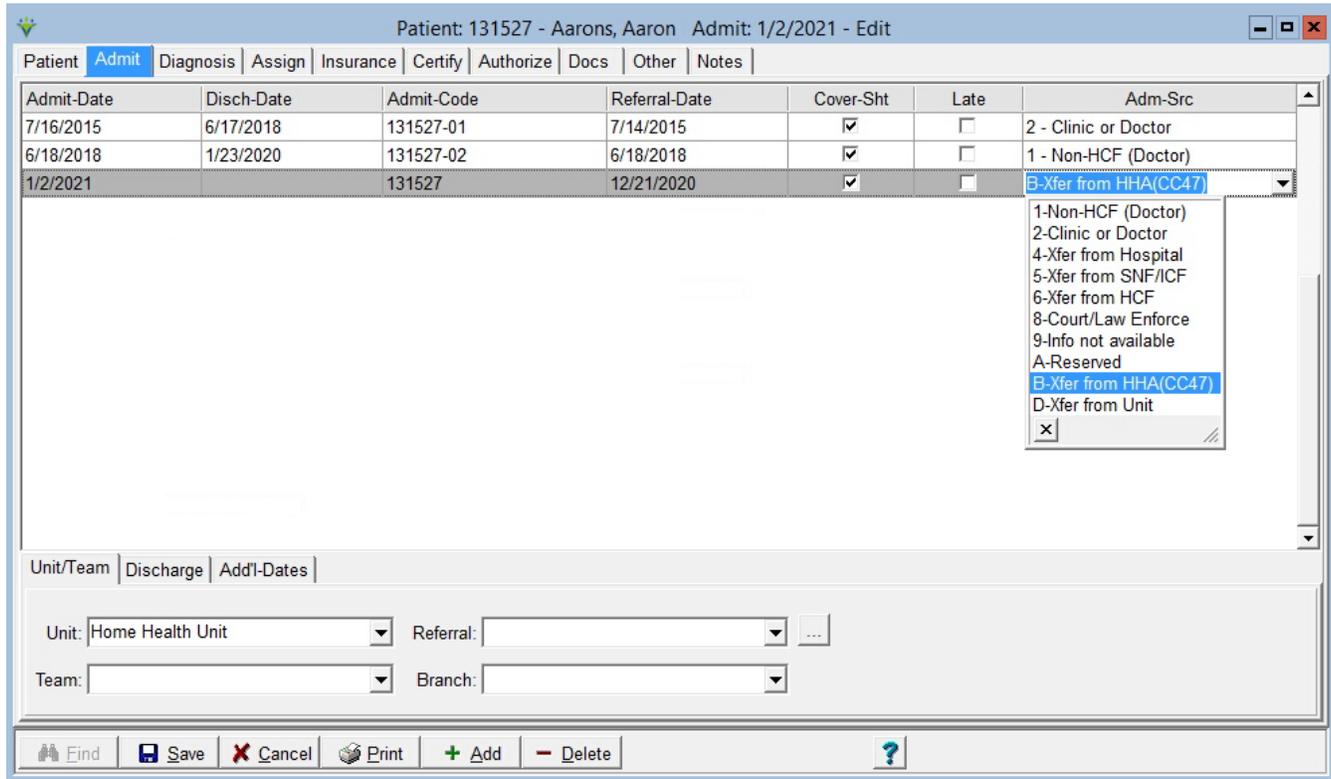
An Admission Source 1 and Condition Code 47 will populate the NOA during NOA creation.

Note: The NOA option set must have 2300.42 set to Patient Admission Source.

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:

Unit 05		2			3a PAT CNTL #	150				4 TYPE OF BILL
1234 Rhode Road					b MED REC #					32A
Nowhere, PA 199459999					5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM / THROUGH			7
732-555-8282					01-123459		01012022	01012022		

| 8 PATIENT NAME | b | | 9 PATIENT ADDRESS | a 56 Downey Way | | | | | | |
| b Noah, Dora | | | b New York | | | | | c NY | d 10025 | e |

| 10 BIRTHDATE | 11 SEX | 12 DATE | ADMISSION 13 HR 14 TYPE 15 SRC | 16 DHR | 17 STAT | 18 | 19 | 20 | 21 | CONDITION CODES 22 23 24 25 | 26 | 27 | 28 | 29 ACDT STATE | 30 |
| 12311937 | F | 010122 | 9 | 1 | 30 | | | | | | | | | | |

| 31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37 |
| | | | | | | |

38				39 CODE VALUE CODES AMOUNT	40 CODE VALUE CODES AMOUNT	41 CODE VALUE CODES AMOUNT
Medicare				a		
PO Box 14537				b		
Collingswood, NJ 085744537				c		
				d		

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON COVERED CHARGES | 49 |
| 0023 | Homecare NOA | 1AA11 | 010122 | 1 | 0.00 | | 1 |

PAGE 1 OF 1   CREATION DATE 040122   TOTALS ➡

| 50 PAYER NAME | 51 HEALTH PLAN ID | 52 REL INFO | 53 ASG BEN | 54 PRIOR PAYMENTS | 55 EST. AMOUNT DUE | 56 NPI | 1234567890 |
| Medicare | Unit 05 | Y | | | | 57 OTHER PRV ID | |

| 58 INSURED'S NAME | 59 P. REL | 60 INSURED'S UNIQUE ID | 61 GROUP NAME | 62 INSURANCE GROUP NO. |
| Noah, Dora | 18 | 1E65TE5EF85 | | |

| 63 TREATMENT AUTHORIZATION CODES | 64 DOCUMENT CONTROL NUMBER | 65 EMPLOYER NAME |
| | | |

| 66 DX N32.3 | | | | | | | | | | | | | | 68 |
| 0 | | | | | | | | | | | | | | |

69 ADMIT DX	70 PATIENT REASON DX			71 PPS CODE	72 ECI			73
74 PRINCIPAL PROCEDURE CODE DATE	a OTHER PROCEDURE CODE DATE	b OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI 1111333333	QUAL
				LAST Aarons	FIRST Devon
c OTHER PROCEDURE CODE DATE	d OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE	77 OPERATING NPI	QUAL
			LAST	FIRST
80 REMARKS	81CC a	78 OTHER NPI	QUAL
	b	LAST	FIRST
	c	79 OTHER NPI	QUAL
	d	LAST	FIRST

UB-04 CMS-1450   NUBC-0004-1   APPROVED OMB NO. 0938-0997   OCR/Original   NUBC National Uniform Billing   THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Netsmart

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 creating an option set 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 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):

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 the date the NOA was accepted. The KX modifier and note will be added to claims for all billing periods that started prior to this date.
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.

<u>Late NOA exemption request due to correction to NOA:</u>

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	