Earlier this month Corridor put together "No-Pay RAP's in 2021: 8 Key Questions Answered," a list of FAQs outlining the important aspects Home Health Agencies need to understand. Below is another set of FAQ's to help you dig a bit further as we quickly approach the new year.

1. **If any PDGM acceptable diagnosis meets the requirement on RAP why does it matter which I choose?**

Some things to consider:

- Following coding guidelines to report a diagnosis that is known for the patient is best practice.
- CMS collects data for other uses beyond payment impacts. Required fields by CMS have been later utilized to inform decisions around behavioral rules, payment adjustments and policy.
- Assess the impact of using any acceptable PDGM diagnosis on the clinician in POC development.
- Assess how using any acceptable PDGM diagnosis might impact the agencies use of tools that identify the clinical groupings, support utilization management and other care planning metrics.

2. **What do I need for the physician's order?**

Requirements of admission to home health services remain in effect. Documentation received during the referral process to initiate Home Health services and/or the verbal order process utilized to obtain the physicians order unless otherwise specified by state practice act.

3. **When can I submit subsequent episode RAPS?**

Subsequent episode RAP may be submitted the first day of the "from date" and may also submit both period RAPS.

4. **Do you have any tips to avoid delay in submission?**

Our insights:

- Utilize default HIPPS example 1AA11 and a PDGM appropriate diagnosis from referral document.
- Maintain close oversight of SOC/REC visit completion and synch back to office. Know where you stand today. Implement a tracking process and plan to manage the clinical staff to a standard of returning assessments the next morning. This includes weekends and holidays.
- Review completion times for SOC/REC and determine appropriate productivity expectations.
- Review scheduling protocols for SOC/REC for clinicians leaving on vacation, leaving the company etc. for impact to complete SOC/REC documentation.
- Streamline documentation where possible. Be careful not to eliminate key areas to support skilled care, compliance areas or HH requirements.
- Understand EMR requirements to generate RAPS, workflow changes, payor set up and complete testing as soon as available.
- Contact your Medicare Advantage plans NOW. Ask whether they will they follow CMS requirements for the submission of RAPs. Have frequent check-ins to identify changes in their policies. Many payors did not communicate their PDGM plans for 2020, which caused agencies delays and denials in payment.