SPECIAL eBULLETIN

FOR FACILITY PROVIDERS **DECEMBER 21, 2020**

MEDICARE ADVANTAGE PROVIDERS

ELIMINATION OF REQUEST FOR ANTICIPATED PAYMENTS

In its 2020 Rulemaking, the Centers for Medicare and Medicaid Services (CMS) announced it was moving forward with a plan to fully eliminate home health-prepayments that provide a portion of an episode's requests for anticipated payment (RAPs) by 2021.

In place of RAPs, you will need to submit a one-time Notice of Admission (NOA) starting in 2022.

PROVIDERS WHO DO NOT PARTICPATE IN COMMUNITY BLUE MEDICARE ADVANTAGE PRODUCTS

If you do NOT participate Community Blue Medicare Advantage products, you will be considered out of network for your Community Blue Medicare Advantage patients.

If you still see a Community Blue Medicare Advantage patient, you must submit claims for your patient in the Patient Driven Grouper Model (PDGM) format, using the applicable Health Insurance Prospective Payment System (HIPPS) codes. Claims for these members will be processed and paid according to the PDGM processing and pricing rules established by CMS.

Additionally, you must submit a 322 type of bill at the start of each PDGM 30-day period, but you will **not** receive a RAP payment on the claim.

PROVIDERS WHO PARTICPATE IN COMMUNITY BLUE MEDICARE ADVANTAGE PRODUCTS

If you do participate in Community Blue Medicare Advantage products, nothing will change for you and you can continue to submit your claims as normal.

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