



# Home Healthcare's Zero-Pay RAP Daily Planner

Success comes one day at a time -- and starts before the official penalty counter begins. Complete these daily task lists and your home health business will be penalty-proof!

## Day (-1): Preparation for patient visit

Thorough, accurate and complete documentation for every single patient sets you up for success and should be completed the day before the patient visit.

- Referral orders – received and documented for verbal or written.
- Note patient insurance coverage – are they traditional Medicare? Medicare Advantage? Other?
- Patient information entered in to EHR - check for accuracy, are there transposed numbers? Is date of birth correct? Information for referring physician captured and complete?
- Patient scheduled for first visit.
- Care team staff allocated - arrange for those clinicians deemed necessary by the referral.

## Day 0: Patient visit made and completed

This is the day that the penalty period starts – yes, the day of the patient visit, which counts as Day 0!

- Clinician or care team visits patient at their residence or place of care – this should include therapists or others who will be treating the patient.
- As much as possible, care teams should complete their documentation directly in the EHR and during the point of care, not retroactively.

## Day 1: Clinical documentation completed and returned to office

Use this day to validate that the orders match what services need to be provided.

- Vet all documents for accuracy and completion
- Contact referring physician to resolve any discrepancies between the orders and clinical assessment.
- Update patient record in EHR

## Days 2-3: Data entry completed, verified and claim is generated

This is the time to verify and enter everything you will need to submit the RAP.

- Coding is completed – paying care to capture all payable diagnosis and HIPPS codes, with primary PDGM diagnosis code entered and validated.
- Patient eligibility confirmed.
- Claim is generated or prepared in EHR – no edits are pending.

## Day 4 : Submit the RAP

The Medicare system necessitates that you submit RAPs on day four to verify that acceptance is received no later than day five. But this is not a passive monitoring step – remain engaged!

Remember – Sundays are “dark” days for the Medicare system, so factor that into your plans if you have submissions that would otherwise hit that day of the week.

## Day 5 : Verify RAP has been accepted by CMS

Medicare has already accidentally rejected claims since January 1, 2021, so do not assume your RAPs have been accepted until you receive confirmation.

If the RAP has not been accepted on Day 5, your business will incur six days’ worth of penalties at 3% of total reimbursement per day. Remember, CMS starts the penalty counter on Day 0, the day of the patient visit.