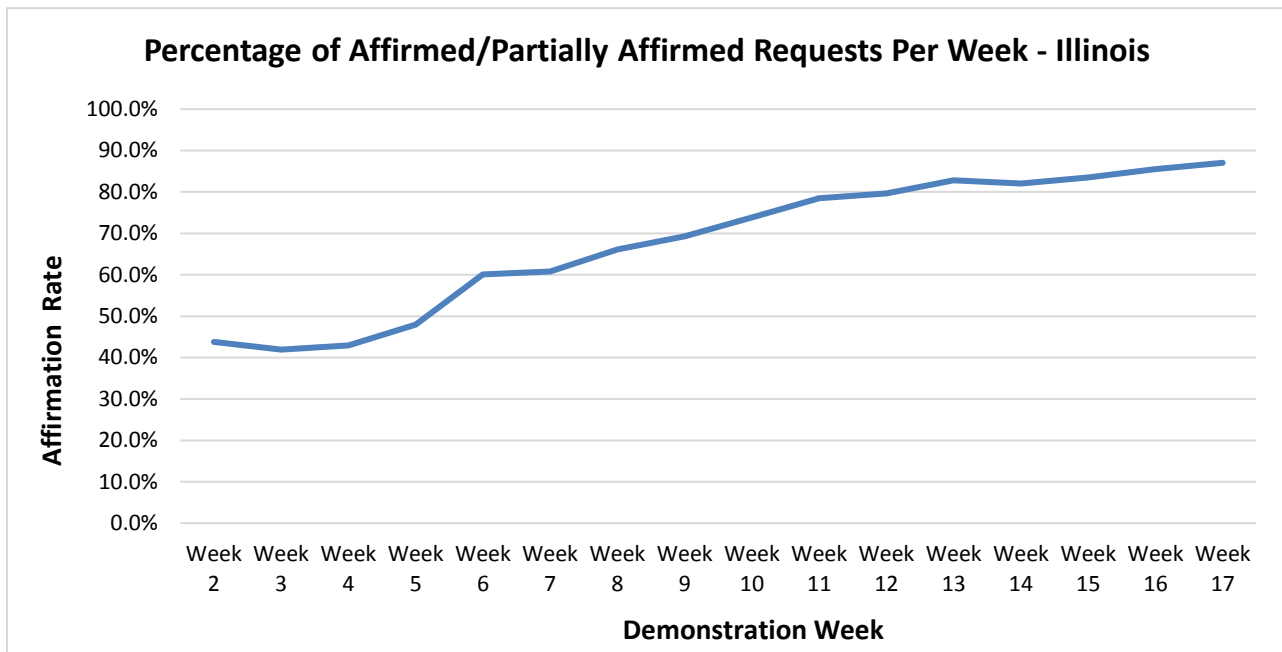


Percentage of Affirmed/Partially Affirmed Pre-Claim Review Requests in Illinois (Week Seventeen Affirm Rate in Illinois)

Updated: December 1, 2016

As of week 17, the majority (87 percent) of pre-claim review requests, received a provisionally affirmed or partially affirmed decision. Pre-claim review requests may include one or more home health service. A partially affirmed decision indicates at least one service was provisionally affirmed.



Between August 3 and October 31, 2016, the Centers for Medicare & Medicaid Services (CMS) received 23,061 pre-claim review requests from Illinois Home Health Agencies (HHAs). In the same time period, CMS received approximately 80,961 requests for anticipated payment (RAPs).¹ For each RAP, a claim submission is eventually expected. Providers have until they submit a final claim to submit pre-claim review requests. Claims can be submitted well after the date of service. Therefore, it is possible that requests associated with many of these RAPs will be submitted through the pre-claim review process.

If HHAs choose not to take advantage of the pre-claim review process, when the final claim is submitted, it will be subjected to pre-payment review. Unlike during pre-claim review, claims that are found to be incorrect or missing required documentation during the pre-payment review process cannot be corrected. Such claims would be denied, and the HHA would need to appeal the claim to seek further review. As of November 3, 2016, claims submitted for payment without a pre-claim review decision are subject to a 25 percent payment reduction if found to be payable.

¹ A RAP is a split percentage payment approach to ensure adequate cash flow to HHAs. The split percentage occurs through the RAP at the start of the episode and the final claim at the end of the episode. For initial episodes, there will be a 60/40 split percentage payment. See <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf> for more information.