

HOME HEALTH BILLING GUIDE

OASIS Quality Assessments, PDGM Models, and RAP Deadlines

HOME HEALTH REIMBURSEMENT SYSTEM

Home health agencies are paid under an outpatient prospective model driven by thorough clinical assessments rather than standard fee-for-service claim tracking.

THE PATIENT-DRIVEN GROUPINGS MODEL (PDGM)

PDGM calculates 30-day care period payments based entirely on the patient's specific health characteristics. This grouping data is pulled directly from the **OASIS (Outcome and Assessment Information Set)** assessment form. Errors or skipped answers regarding functional or cognitive limits will lower the claim's case-mix weight, causing significant underpayments.

THE REQUEST FOR ANTICIPATED PAYMENT (RAP) 5-DAY RULE

Home health networks must submit a **Request for Anticipated Payment (RAP)** at the start of every 30-day care episode. CMS rules require the RAP to be accepted by the Medicare contractor within **5 calendar days** from the start of care. Missing this deadline triggers an automatic daily financial penalty calculated back to day one.