

## Chapter 12

## Section 6

# Home Health Benefit Coverage And Reimbursement - Claims And Billing Submission Under HHA PPS

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CFR 159.1401

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### 1.0 APPLICABILITY

This policy is mandatory for the reimbursement of services provided either by network or non-network providers. However, alternative network reimbursement methodologies are permitted when approved by the TRICARE Management Activity (TMA) and specifically included in the network provider agreement.

### 1.0 ISSUE

To describe the procedures involved in submitting Requests for Anticipated Payments (RAPs) and claims for 60-day episodes of care under the Home Health Agency Prospective Payment System (HHA PPS).

### 1.0 POLICY

#### 1.1 Episode Payment

Payment for a 60-day episode of care will usually be made in two parts (initial and final); the first paid in response to a RAP and the last in response to a claim. Added together, the first and last payment will equal 100% of the established episode payment amount based upon patient severity and resource utilization. The following are billing procedure guidelines for RAPs and claims under the HHA PPS:

#### 1.1.1 RAPs

HHA's are required to submit the following data elements on a RAP under the home health PPS. Effective for dates of service on or after the first day of health care delivery of the new contract, home health services under a plan of care (POC) will be paid based on a 60-day episode of care. To receive the first part of the HHA PPS split payment, HHA's must submit a RAP with coding as described below:

**1.1.1.1** After assessment, and once a physician's verbal orders for home care have been received and documented, a POC has been established, and the first service visit under that plan has been delivered, the HHA can submit a RAP.

# Tricare Reimbursement Manual Chapter 12

**Michael Seilmaier**



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