

Chapter 12

Home Health Care (HHC)

Revision: C-6, October 20, 2017

| Section/Addendum | Subject/Addendum Title |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Home Health Benefit Coverage And Reimbursement - General Overview |
| 2 | Home Health Care (HHC) - Benefits And Conditions For Coverage Figure 12.2-1 Copayments/Cost-Shares For Services Reimbursed Outside The HHA PPS When Receiving Home Health Services Under A POC For Services Received Before January 1, 2018 |
| 3 | Home Health Benefit Coverage And Reimbursement - Assessment Process |
| 4 | Home Health Benefit Coverage And Reimbursement - Prospective Payment Methodology Figure 12.4-1 Calculating Domain Scores From Response Values Figure 12.4-2 Clinical Severity Domain Figure 12.4-3 Functional Status Domain Figure 12.4-4 Service Utilization Domain Figure 12.4-5 HHRG To HIPPS Code Crosswalk Figure 12.4-6 New HIPPS Code Structure Under HH PPS Case-Mix Refinement Figure 12.4-7 Scoring Matrix For Constructing HIPPS Code Figure 12.4-8 Case-Mix Adjustment Variables And Scores For Episodes Ending Before January 1, 2012 Figure 12.4-9 Case-Mix Adjustment Variables And Scores For Episodes Ending On Or After January 1, 2012 Figure 12.4-10 Relative Weights For NRS - Six-Group Approach Figure 12.4-11 NRS Case-Mix Adjustment Variables And Scores Figure 12.4-12 Format For Treatment Authorization Code Figure 12.4-13 Converting Point Values To Letter Codes Figure 12.4-14 Example Of A Treatment Authorization Code Figure 12.4-15 Calculation Of National 60-day Episode Payment Amounts Figure 12.4-16 Standardization For Case-Mix And Wage Index Figure 12.4-17 Per Visit Payment Amounts For Low-Utilization Payment Adjustments |
| 5 | Home Health Benefit Coverage And Reimbursement - Primary Provider Status And Episodes Of Care (EOCs) |
| 6 | Home Health Benefit Coverage And Reimbursement - Claims And Billing Submission Under Home Health Agency Prospective Payment System (HHA PPS) |
| 7 | Home Health Benefit Coverage And Reimbursement - Pricer Requirements And Logic |

TRICARE Reimbursement Manual 6010.61-M, April 1, 2015

Chapter 12, Home Health Care (HHC)

| Section/Addendum | Subject/Addendum Title |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 | Home Health Benefit Coverage And Reimbursement - Medical Review Requirements |
| A | Definitions And Acronym Table |
| B | Home Health Consolidated Billing Code List - Non-Routine Supply (NRS) Codes |
| C | Home Health Consolidated Billing Code List - Therapy Codes |
| D | Home Health Certification And Plan Of Care (POC) |
| E | Primary Components Of A Home Care Patient Assessment |
| F | Outcome and Assessment Information Set (OASIS) Items Used For Assessments Of 60-Day Episodes |
| G | Diagnosis Codes For Home Health Resource Group (HHRG) Assignment |
| H | Home Health Resource Group (HHRG) Worksheet Figure 2.H-1 HHRG For Episodes Beginning On Or After January 1, 2008 Figure 2.H-2 Abbreviated OASIS Questions |
| I | Health Insurance Prospective Payment System (HIPPS) Tables For Pricer |
| J | Home Assessment Validation and Entry (HAVEN) Reference Manual |
| K (CY 2016) | Annual Home Health Agency Prospective Payment System (HHA PPS) Rate Updates - CY 2016 Figure 12.K-2016-1 CY 2016 National Standardized 60-Day Episode Payment Amounts Figure 12.K-2016-2 CY 2016 National Per-Visit Payment Amounts For HHAs Figure 12.K-2016-3 CY 2016 NRS Conversion Factor Figure 12.K-2016-4 CY 2016 NRS Conversion Factor Figure 12.K-2016-5 CY 2016 Per-Visit Amounts For Services Provided In A Rural Area Figure 12.K-2016-6 CY 2015 Relative Weights For The Six-Severity NRS System For Beneficiaries Residing In A Rural Area |
| K (CY 2017) | Annual Home Health Agency Prospective Payment System (HHA PPS) Rate Updates - CY 2017 Figure 12.K.2017-1 CY 2017 National Standardized 60-Day Episode Payment Amounts Figure 12.K.2017-2 CY 2017 National Per-Visit Payment Amounts For HHAs Figure 12.K.2017-3 CY 2017 NRS Conversion Factor Figure 12.K.2017-4 CY 2017 Relative Weights For The Six-Severity NRS System Figure 12.K.2017-5 CY 2017 Cost-Per-Unit Payment Rates For The Calculation Of Outlier Payments Figure 12.K.2017-6 CY 2017 Per-Visit Amounts For Services Provided In A Rural Area Figure 12.K.2017-7 CY 2017 Relative Weights For The Six-Severity NRS System For Beneficiaries Residing In A Rural Area |

TRICARE Reimbursement Manual 6010.61-M, April 1, 2015
Chapter 12, Home Health Care (HHC)

| Section/Addendum | Subject/Addendum Title |
|--------------------|-------------------------------------------------------------------------------------------------------------------|
| K (CY 2018) | Annual Home Health Agency Prospective Payment System (HHA PPS) Rate Updates - CY 2018 |
| Figure 12.K.2018-1 | CY 2018 National Standardized 60-Day Episode Payment Amounts |
| Figure 12.K.2018-2 | CY 2018 National Per-Visit Payment Amounts For HHAs |
| Figure 12.K.2018-3 | CY 2018 NRS Conversion Factor |
| Figure 12.K.2018-4 | CY 2018 Relative Weights For The Six-Severity NRS System |
| Figure 12.K.2018-5 | CY 2018 Cost-Per-Unit Payment Rates For The Calculation Of Outlier Payments |
| Figure 12.K.2018-6 | CY 2018 Per-Visit Amounts For Services Provided In A Rural Area |
| Figure 12.K.2018-7 | CY 2018 Relative Weights For The Six-Severity NRS System For Beneficiaries Residing In A Rural Area |
| Figure 12.K.2018-8 | CY 2018 Cost-Per-Unit Payment Rates For The Calculation of Outlier Payments IN A Rural Area |
| L | Annual Home Health Agency Prospective Payment System (HHA PPS) Wage Index Updates - CY 2016 - CY 2018 |
| M | Diagnoses Associated With Each Of The Diagnostic Categories Used In Case-Mix Scoring |
| N | Diagnoses Included In The Diagnostic Categories Used For The Non-Routine Supplies (NRS) Case-Mix Adjustment Model |
| O | Code Table For Converting Julian Dates To Two Position Alphabetic Values |
| P | Examples Of Claims Submission Under Home Health Agency Prospective Payment System (HHA PPS) |
| Figure 12.P-1 | Request for Anticipated Payment (RAP) - Non-Transfer Situation |
| Figure 12.P-2 | RAP - Non-Transfer Situation With Line Item Service Added |
| Figure 12.P-3 | RAP - Transfer Situation |
| Figure 12.P-4 | RAP - Discharge/Re-Admit |
| Figure 12.P-5 | RAP - Cancellation |
| Figure 12.P-6 | Claim - Non-Transfer Situation |
| Figure 12.P-7 | Claim - Transfer Situation - Beneficiary Transfers To Your HHA |
| Figure 12.P-8 | Claim - Significant Change in Condition (SCIC) Situation |
| Figure 12.P-9 | Claim - No-RAP-Low Utilization Payment Adjustment (LUPA) Claim |
| Figure 12.P-10 | Claim Adjustment |
| Figure 12.P-11 | Claim - Cancellation |

