

CMS Claims Processing Changes for Skilled Home Health Agencies

Quick Reference Guide

Key Points:

- CMS announced changes to claim processing requirements that affect the use of Requests for Anticipated Payments (RAP) for home health care claims, including submission timelines and late penalties.
- For care with dates of service beginning Jan. 1, 2022, CMS will no longer require RAPs or Notice of Admission (NOA) to be submitted with claims.

CMS Claims Processing Changes for Home Health Agencies

The Centers for Medicare & Medicaid Services (CMS) recently announced changes to claim processing requirements that affect the use of Requests for Anticipated Payments (RAP) for home health care claims, including changes to submission timelines and late penalties.

- VA will NOT require an RAP or NOA for dates of service beginning Jan. 1, 2022 to be included with home health care claims submitted to VA
- VA will NOT implement any of the late penalties since neither a RAP nor a NOA is required.
- VA will pay claims based on the Health Insurance Prospective Payment System (HIPPS) code submitted on the claim and will look to providers to bill appropriately.

PGBA Requirements

Since VA will not require NOA submission, PGBA, TriWest's claims processor, will return a denial message if a claim is filed with bill types 322, 32A, or 32D. The message will read "Bill type no longer valid for home health claims effective 01/01/2022."

Department of Veterans Affairs Resources:

- Online at VA.gov; [File a Claim for Veteran Care](#).
- By Phone: VA Office of Community Care National Contact Center at 877-881-7618, M-F, 8:05 a.m. – 6:45 p.m., EST.