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Medicare Minute Teaching Materials — March 2021
Medicare's Coverage of Care at Home

1. What is home health care?

Home health care includes a wide range of health and social services delivered in your home to treat illness or injury. Services covered by Medicare's home health benefit include intermittent skilled nursing care, therapy, and care provided by a home health aide. Medicare covers your home health care if:

- You are homebound, meaning it is extremely difficult for you to leave your home and you need help doing so. (The homebound requirement can be met in additional way due to the coronavirus public health emergency. See question 5.)
- You need skilled nursing services on an intermittent basis and/or skilled therapy care.
  - Intermittent means you need care at least once every 60 days and at most once a day for up to three weeks. This period can be longer if you need more care, but your care needs must be predictable and finite.
  - Medicare defines skilled care as care that must be performed by a skilled professional, or under their supervision. Skilled therapy services refer to physical, speech, and occupational therapy.
- You have a face-to-face meeting with your doctor within the 90 days before you start home health care, or the 30 days after you first receive care. This can be an office visit, hospital visit, or in certain circumstances a face-to-face visit facilitated by technology (such as video conferencing).
- Your doctor signs a home health certification confirming that you are homebound and need skilled care. The certification must also state that your doctor has approved a plan of care for you and that the face-to-face meeting requirement was met.
  - Your doctor should review and certify your home health plan every 60 days. A face-to-face meeting is not required for recertification.
- And, you receive care from a Medicare-certified home health agency (HHA).

Note: You cannot qualify for Medicare home health coverage if you only need occupational therapy. However, if you need other skilled services as well, you could also receive occupational therapy. When your other home health needs end, you can continue receiving Medicare-covered occupational therapy under the home health benefit if you need it.

If you meet all the requirements, Medicare should pay for skilled care in your home and (if applicable) home health aide services. If you have questions or experience billing issues, call 1-800-MEDICARE or your State Health Insurance Assistance Program (SHIP). SHIPs help you navigate the complexities of Medicare. SHIP contact information is on the last page of this document.

2. What are home health covered services?

If you qualify for the home health benefit, Medicare covers the following:

- **Skilled nursing services:** Services performed by or under the supervision of a licensed or certified nurse to treat your injury or illness.

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  - Services you may receive include injections (and teaching you to self-inject), tube feedings, catheter changes, observation and assessment of your condition, management and evaluation of your care plan, and wound care.
  - Provided up to seven days per week for generally no more than eight hours per day and 28 hours per week. In some circumstances, Medicare can cover up to 35 hours per week.
- **Skilled therapy services:** Physical, speech, and occupational therapy services that are reasonable and necessary for treating your illness or injury and performed by or under the supervision of a licensed therapist.
  - Physical therapy includes gait training and supervision of and training for exercises to regain movement and strength in a body area.
  - Speech-language pathology services include exercises to regain and strengthen speech and language skills.
  - Occupational therapy helps you regain the ability to do usual daily activities by yourself, such as eating and putting on clothes.
- **Home health aide:** Medicare pays in full for an aide if you require skilled care (skilled nursing or therapy services). A home health aide provides personal care services, including help with bathing, toileting, and dressing. Medicare will pay for an aid only if you need skilled nursing or therapy services.
- **Medical social services:** Medicare pays in full for services ordered by your doctor to help you with social and emotional concerns you have related to your illness. This may include counseling or help finding resources in your community.
- **Medical supplies:** Medicare pays in full for certain medical supplies, such as wound dressings and catheters, when provided by a Medicare-certified HHA.
- **Durable medical equipment (DME):** Medicare pays 80% of its approved amount for certain pieces of medical equipment, such as a wheelchair or walker. You owe a 20% coinsurance.

Note: You cannot qualify for Medicare home health coverage if you only need occupational therapy. However, if you qualify for home health care on another basis, you can also get occupational therapy. When your other home health needs end, you can continue receiving Medicare-covered occupational therapy under the home health benefit if you need it.

3. Is there a limit on how much home health care I can receive?

Medicare's home health benefit covers skilled nursing care and home health aide services provided up to seven days per week for no more than eight hours per day and 28 hours per week. If you need additional care, Medicare provides up to 35 hours per week on a case-by-case basis.

You can continue to receive home health care for as long as you are homebound and continue to need skilled care. However, your plan of care must be recertified every 60 days by your doctor. Your doctor may make changes to your plan of care to ensure that the services and hours you receive are still reasonable and necessary.

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4. Can I still receive home health services if I have a chronic condition?
Yes. If you meet Medicare's home health eligibility requirements, Medicare should cover your care regardless of whether your condition is temporary or chronic. Medicare covers skilled nursing and therapy services as long as they:

- Help you maintain your ability to function
- Help you regain function or improve
- Or, prevent or slow the worsening of your condition

Providers and agencies may worry that Medicare will not cover skilled home care if you are no longer showing signs of improvement. However, Medicare should not deny your home care because your condition is chronic or unchanging, or when additional care will not improve your ability to function—as long as the care is medically necessary to maintain your condition or to prevent or slow deterioration.

If you have chronic care needs, it may be hard to find a home health agency (HHA) willing to provide you with services. If you have Original Medicare, you can find HHAs in your area by calling 1-800-MEDICARE or using the "Care Compare" tool at www.medicare.gov. If you have a Medicare Advantage Plan, contact your plan for a list of in-network HHAs. Know that HHAs can choose who to accept as a patient or refuse to provide you with home health services if they do not believe they can ensure your safety.

5. How do I know if I am considered homebound?
Medicare considers you homebound if:

1. You need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave your home, or your doctor believes that your injury or illness could get worse if you leave your home
2. And, it is difficult for you to leave your home and you typically cannot do so

Your doctor should decide if you are homebound based on their evaluation of your condition. If you qualify for Medicare's home health benefit, your plan of care will also certify that you are homebound. After you start receiving home health care, your doctor is required to evaluate and recertify your plan of care every 60 days.

Even if you are homebound, you can still leave your home for medical treatment, religious services, and/or to attend a licensed or accredited adult day care center without putting your homebound status at risk. Leaving home for short periods of time or for special non-medical events, such as a family reunion, funeral, or graduation, should also not affect your homebound status. You may also take occasional trips to the barber or beauty parlor.

Due to the coronavirus public health emergency, the homebound requirement can be met in additional ways. You can be considered homebound if your physician certifies that you cannot leave your home because you are at risk of medical complications if you go outside, or if you have a suspected or confirmed case of COVID-19.

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6. Are any services excluded from home health coverage?
Medicare's home health benefit does not cover all home care services. Services excluded from Medicare coverage include:

- 24-hour per day care at home
- Prescription drugs
    - If you need prescription drug coverage, enroll in a Part D plan or a Medicare Advantage Plan that provides drug coverage.
- Meals delivered to your home
- Custodial care (homemaker services), including light housekeeping, laundry, and meal preparation
    - Home health aides may perform some custodial care when visiting to provide other health-related services. However, aides cannot visit with the sole purpose of performing custodial duties.

If you are terminally ill, Medicare may cover some of the above services and items if you elect the hospice benefit. If you are chronically ill and enrolled in a Medicare Advantage Plan, your plan may offer some non-medical in-home services that Original Medicare does not cover, including meals. Contact your plan to inquire.

7. Is home health care covered by Part A or Part B?
You can receive home health care coverage under either Medicare Part A or Part B. While home health care is normally covered by Part B, Part A provides coverage in certain circumstances after you are in a hospital or skilled nursing facility (SNF). Specifically, if you spend at least three consecutive days as a hospital inpatient or have a Medicare-covered SNF stay, Part A covers your first 100 days of home health care. Your HHA will bill either your Part A or Part B depending on your situation. Regardless of whether your care is covered by Part A or Part B, Medicare pays the full cost.

8. How is home health different for people with a Medicare Advantage Plan?
All Medicare Advantage Plans must provide at least the same level of home health care coverage as Original Medicare, but they may impose different rules, restrictions, and costs. Depending on your plan, you may need to:

- Get care from a home health agency (HHA) that contracts with your plan
- Request prior authorization or a referral before receiving home health care
- Pay a copayment for your care (Original Medicare fully covers home health)

Remember that HHAs can choose who to accept as a patient or refuse to provide you with home health services if they do not believe they can ensure your safety. If no HHA in your plan's network will take you as a patient, call your plan. Your plan must provide you with home health care if your doctor says it is medically necessary. If no in-network HHA will provide you with care, but an out-of-network HHA will, your plan must provide coverage for your out-of-network home health care. If no HHA in your area can provide you with care, speak to your doctor about other options for receiving care.

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If you need information about the costs and coverage rules for home health care, or if you are experiencing problems, contact your Medicare Advantage Plan. Reminder: If you are chronically ill and enrolled in a Medicare Advantage Plan, your plan may offer some non-medical in-home services that Original Medicare does not cover, including meals. Contact your plan to inquire.

9. Will Medicare cover full visits with my provider from home using telehealth?
Original Medicare usually only covers telehealth in the following limited situations:

- You live in a rural area and travel from your home to a local medical facility to get telehealth services.
- You require telehealth services to treat behavioral health conditions, including substance use disorder. You have the option of accessing telehealth services from your home or from a medical facility.
- You require telehealth services to diagnose, evaluate, or treat symptoms of acute stroke. You have the option of accessing telehealth services from your home or from a medical facility.

In response to the coronavirus public health emergency, however, Medicare has expanded coverage for and access to telehealth benefits. During the public health emergency, Medicare covers your hospital and doctors' office visits, behavioral health counseling, preventive health screenings, and other visits via telehealth in settings that include your home. Telehealth services can also be used for the face-to-face visits required for home health care and hospice care. Standard cost-sharing may apply. If you have a Medicare Advantage Plan, you should contact your plan to learn about its costs and coverage rules.

Certain telehealth services can now be delivered using only audio, including:

- Counseling and therapy provided by an opioid treatment program
- Behavioral health care services
- Patient evaluation and management

If you have questions about technology requirements for telehealth services, you should ask your provider.

10. Will Medicare cover services from a doctor who visits my home?
Part B covers services you receive from a physician (or other provider, such as a registered nurse) who visits your home. Part B also covers some services that are not provided face-to-face with a doctor, such as check-in phone calls and assessments using an online patient portal. Virtual check-ins can be used to assess whether you should go to your doctor's office for an in-person visit.

11. Can I have my prescription medications delivered to my home?
Many Part D plans and Medicare Advantage Plans may offer a mail order option to deliver your medications to your home. Contact your Part D plan or Medicare Advantage Plan to see if mail orders are available for your prescriptions. You can also ask your pharmacy if it offers a home delivery service of prescription drugs.

12. What does home health care fraud look like?
There are many different examples of home health care fraud. They include:

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- You were enrolled in home health services by a doctor you do not know
- Your Medicare was incorrectly charged for home health services that were not provided to you
- You were asked to sign forms verifying that home health services were provided even though you did not receive these services
- You were charged a copayment for home health services
- You were offered gifts from a home health agency in exchange for your Medicare number or as an incentive to switch to a different home health agency

If you believe you have experienced Medicare fraud, abuse, or error, you should contact your Senior Medicare Patrol (SMP). SMP counselors can help you report fraud to the appropriate agency. Contact information for your SMP is on the last page of this document.

13. How can I avoid being involved in home health care fraud?
First, carefully read your Medicare Summary Notice (MSN) and/or Explanation of Benefits (EOB) to ensure they accurately reflect the services you received. You should report any charges on your MSN or EOB for services or visits that you did not receive. Similarly, report any charges for services that were charged incorrectly; for example, report a charge of five hours of physical therapy if you only received four hours. Second, work with your doctor to enroll in home health services and determine your plan of care; do not enroll in home health services with a doctor you do not know. And finally, do not sign any forms that you do not understand and do not accept gifts in return for home health services.

14. Who can I contact if I have questions about Medicare covering care at home?

Your doctor or facility staff: If you are interested in starting home health care services, you should speak with your doctor or (if leaving a hospital or SNF) discharge planning staff to discuss your eligibility and any medically necessary services you need. You can also talk with your doctor about what telehealth services they provide if you would like to have appointments with your doctor via telehealth.

1-800-MEDICARE: You can call 1-800-MEDICARE with any questions about your Medicare coverage and costs, and to find a Medicare-certified home health agency (HHA) near you.

State Health Insurance Assistance Program (SHIP): Contact your SHIP for individualized counseling and assistance regarding Medicare's home health benefit. Your SHIP can also help you find HHAs near you or explain other local resources that can support your care at home. SHIP counselors provide unbiased Medicare counseling and assistance. Contact information for your SHIP is on the last page of this document.

Your Medicare Advantage Plan: If you have a Medicare Advantage Plan, you should contact your plan directly to find an HHA that is in your plan's network. You should also ask your Medicare Advantage Plan about costs and coverage rules that may apply.

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Your prescription drug plan: If you have a prescription drug plan and would like to receive your prescriptions at home, you should contact the plan to ask about possible mail order services. You may also contact your pharmacy to see if it offers delivery services.

Senior Medicare Patrol (SMP): If you believe you have experienced Medicare fraud, errors, or abuse, you should contact your SMP. SMPs empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse. Contact information for your local SMP is on the last page of this document.

SHIP Case study

Donald recently had knee surgery and now requires skilled physical therapy to regain his strength and movement. Because of an underlying medical condition he has, he avoids going outside or traveling much right now, as he knows he is at higher risk of developing complications due to COVID-19. He is concerned about traveling to his physical therapist's office and would prefer to complete physical therapy at home.

What should Donald do?

- First, Donald can schedule a telehealth appointment with his doctor to discuss his concerns and ask about the possibility of home health care.
  - If the doctor confirms that Donald is considered homebound, he may be eligible for home health care. The doctor could confirm this if he believes that because of Donald's knee surgery, leaving the house is too difficult for him and he would require help getting to his physical therapist's office. Because of the coronavirus public health emergency, the doctor could also confirm that Donald is homebound if he is at risk of medical complications if he goes outside.
- If Donald is considered homebound by Medicare's standards, his doctor can create a plan of care.
  - If Donald has Original Medicare, he should ask his home health agency if they are a Medicare-certified home health agency (HHA) before accepting their services. If he has a Medicare Advantage Plan, he can call his plan directly for a list of in-network HHAs in his area.
  - Donald should remember that his doctor will need to recertify the plan of care every 60 days, if Donald's need for skilled physical therapy at home continues.
- For individualized counseling and assistance about Medicare's home health benefit or help finding a Medicare-certified HHA, Donald could contact his State Health Insurance Assistance Program (SHIP).
  - If Donald does not know how to contact his SHIP, he can visit www.shiptacenter.org or call 877-839-2675.

SMP Case study

Since the start of the global health emergency, Catarina has been having her groceries delivered to her home. One day, an individual rings her doorbell to deliver her groceries and stays to chat. They tell Catarina that the company is offering the grocery delivery service for free to people who sign up for home health care with them. The individual asks for her Medicare number so that she can be signed up and have an aide come to her house the next time her groceries are delivered.

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What should Catarina do?

- First, Catarina should not give this individual her Medicare number. This is private information that can be used in harmful ways if given to the wrong person.
- Additionally, Catarina should not sign up for home health care services without discussing her eligibility and a plan of care with her doctor. Her doctor is the only one who can determine what and if services are medically necessary, and what will be covered by Medicare.
- Catarina should then call her local Senior Medicare Patrol (SMP) to report potential fraud and discuss this event with an SMP counselor.
  - If she does not know how to contact the SMP, she can call 877-808-2468 or visit www.smpresource.org.
  - The SMP counselor can help Catarina report this incident to the correct authorities.
  - The SMP counselor should encourage Catarina to continue exercising caution and avoid sharing her Medicare number.
- If Catarina is now suspicious or uncomfortable with this grocery delivery service, she might consider switching to a different one.

Local SHIP Contact Information	Local SMP Contact Information
SHIP toll-free: **SHIP email:** **SHIP website:** **To find a SHIP in another state:** Call 877-839-2675 or visit www.shiptacenter.org.	**SMP toll-free:** **SMP email:** **SMP website:** **To find an SMP in another state:** Call 877-808-2468 or visit www.smpresource.org.

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