



'Care Share

Medicare's Coverage of Care at Home

Home health care includes a wide range of health and social services delivered in your home to treat illness or injury. If you qualify for the home health benefit, Medicare covers:

- Skilled nursing services provided up to seven days per week for generally no more than eight hours per day and 28 hours per week
- Skilled therapy services, such as physical, speech, and occupation therapy
- Home health aide, so long as you require skilled care as well
- Medical social services to help with social or emotional concerns related to your illness
- Certain medical supplies, such as wound dressings and catheters
- Certain durable medical equipment (DME), such as a wheelchair or walker

Note: Medicare should pay for these services regardless of whether your condition is temporary or chronic and regardless of whether your condition is improving or not.

Medicare will cover your home health care if:

1. You are homebound, meaning it is extremely difficult for you to leave your home and you need help doing so.

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.

2. You need skilled nursing services on an intermittent basis and and/or skilled therapy care. Skilled therapy refers to physical, speech, and occupational therapy.

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.

3. 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 the first day you receive care. This meeting can be facilitated by technology such as video conferencing.
4. Your doctor signs a home health certification confirming that you are homebound and need intermittent 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, if

needed, recertify your home health plan every 60 days.

5. You receive care from a Medicare-certified home health agency (HHA). If you need help finding a Medicare-approved HHA, call 1-800-MEDICARE. If you have a Medicare Advantage Plan, contact your plan for a list of in-network HHAs.

How else can I receive more care at home?

Telehealth: Medicare generally only covers telehealth in limited situations but has expanded coverage and access during the public health emergency. Medicare covers your hospital and doctors' office visits, preventive 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

Mail order prescription drugs: Many Part D plans and Medicare Advantage Plans may offer a mail order option to deliver your medications to your home. Contact your prescription drug plan to see if this service is available and what rules may apply. You can also ask your pharmacy if it offers a home delivery service for prescription drugs.

Physician's services in the 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.

How can I recognize and prevent home health care fraud?

Home health care fraud can take many forms. You might be enrolled in home health services by a doctor you do not know, offered things like "free" groceries from a home health agency in exchange for your Medicare number, or switched to a different home health agency. You might also notice that Medicare was billed for home health services that were not provided or that were not deemed medically necessary by your doctor. You can avoid experiencing home health care fraud with the following tips.

- Carefully read your Medicare Summary Notice (MSN) and/or Explanation of Benefits (EOB) to ensure they accurately reflect the services you received.
- 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.
- Do not accept gifts like money or groceries in return for home health services.
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If you suspect Medicare fraud or errors, contact your Senior Medicare Patrol, or SMP, and report your concerns. **Your local SMP office can be reached by calling 1-800-551-3191.**