

Medicare Newsletter **August 2018**

What home health services does Medicare cover?

Home health care includes a wide range of health and social services delivered in the home to treat illness or injury. Services covered by Medicare's home health benefit include:

- **Skilled nursing services:** Services performed by or under the supervision of a licensed or certified nurse to treat your injury or illness.
- **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.
- Home health aide: Medicare pays for an aide if you require skilled care. A home health aide provides personal care services, including help with bathing, toileting, and dressing. Medicare will not pay for an aide if you only require personal care and do not need skilled care in the first place.
- Medical social services: If you qualify for home health care, Medicare pays 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 home health agency.
- Durable Medical Equipment (DME): Medicare pays 80% of its approved amount for certain pieces of medical equipment, such as a wheelchair or walker. You pay a 20% coinsurance charge as long as your home health agency takes assignment.

What home health services does Medicare not cover?

Medicare's home health benefit does not cover:

- 24-hour per day care at home
- Prescription drugs (if you need prescription drugs, enroll in a Part D plan)
- Meals delivered to your home
- Custodial care (homemaker services), although home health aides may perform some custodial care when visiting to provide other health related services

This content was created and copyrighted by Medicare Rights Center © 2018. Medicare Rights Center is a national, nonprofit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities. These material are presented here with support from Connexion and may not be distributed, modified or edited without Medicare Rights' consent. For additional education on Medicare, you can go to www.MedicareInteractive.org.

Additional Resources

To schedule an appointment with a Medicare Specialist:

Call 866-448-0160 or email medicare@connexioninsurance.com



Medicare Newsletter **August 2018**

How can I get my home health care covered?

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.
- 2. You need skilled nursing services and/or skilled therapy on an intermittent basis.
 - a. 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.
 - b. Medicare defines skilled care as care that must be performed by a skilled professional, or under their supervision.
 - c. Skilled therapy services refer to physical, speech, and occupational therapy. Note that you cannot qualify for Medicare home health coverage if you only need occupational therapy. However, if you qualify for home health care on an-other basis, you can also get occupational therapy
- 3. You have a face-to-face meeting with a doctor within the 90 days before you start home health care, or within the 30 days after the first day you receive care.
- 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 faceto-face requirement was met.
- **5.** You receive your care from a Medicare-certified home health agency (HHA) If you need help finding a Medicare-approved HHA, call 1-800-MEDICARE.

What if I have a Medicare Advantage Plan?

If you have a Medicare Advantage Plan, your plan 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 an HHA that contracts with your plan
- Request prior authorization or a referral before receiving home health care
- Pay a copayment for your care
- Custodial care (homemaker services), although home health aides may perform some custodial care when visiting to provide other health related services

If you need information about the costs and coverage rules for home health care, call your Medicare Advantage Plan.

0

Additional Resources

To schedule an appointment with a Medicare Specialist:

Call 866-448-0160 or email medicare@connexioninsura nce.com