

Medicare and Home Health Care

What home health care does Medicare cover?

Home health care includes health and social services that you receive in your home to treat an illness or injury. Medicare covers the following home health care:



Skilled nursing services: Services performed by or under the supervision of a licensed or certified nurse to treat your injury or illness. For example, a nurse may come to your home to administer medication through an IV or injection.



Skilled therapy services: Physical, speech, and occupational therapy services that are reasonable and necessary for treating your illness or injury. They must be performed by or under the supervision of a licensed therapist.



Home health aide: Medicare pays for an aide if you require skilled nursing or therapy services. 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 nursing or therapy services 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 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 care, dressings, and catheters, when provided by a Medicare-certified home health agency (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 pay a 20% coinsurance charge as long as your home health agency accepts Medicare's approved amount for your DME item as payment in full.

Medicare's home health benefit does **not** cover:

- 24-hour a day care at home
- Prescription drugs (enroll in a Part D plan if you need prescription drugs)
- Meals delivered to your home
- Homemaker services, called "custodial care." (However, home health aides may perform some homemaker services, such as light housekeeping, when visiting to provide other health related services.)

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 defined.
 - b. Medicare defines skilled services 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 another 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 face-to-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 or visit www.medicare.gov/care-compare if you have Original Medicare. If you have a Medicare Advantage Plan, contact your plan directly.

What if I have a Medicare Advantage Plan?

Your plan must provide at least the same level of home health care coverage as Original Medicare, but it 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.



Call your Medicare Advantage Plan to learn more.

Medicare home health care fraud

If you have Original Medicare, you should receive a Medicare Summary Notice (MSN). If you have a Medicare Advantage Plan, you should receive an Explanation of Benefits (EOB). To prevent and detect home health fraud, you should read these Medicare notices thoroughly when you receive them. You should report any suspicious charges. You should also protect your Medicare number and only share it with health care providers and other trusted individuals.



Here are some examples of potential home health fraud or abuse to watch for:



You see charges on your MSN or EOB for services that you did not receive, that were not prescribed by your doctor, or when you do not meet Medicare's homebound criteria.



You are enrolled in home health services by a doctor you do not know.



A home health agency offers you "free" groceries or "free" transportation in exchange for personal information or to switch to a different home health agency.



You are charged a copayment for home health services.





You are asked to sign forms saying that you received home health services that you did not receive.

If you think you may have experienced potential Medicare fraud, errors, or abuse, you should contact your local Senior Medicare Patrol (SMP).

Who to contact for more information:

- First, speak with your doctor or a hospital discharge planner if you need home health.
- Contact your **State Health Insurance Assistance Program (SHIP)** to learn more about Medicare coverage and costs for home health. SHIP counselors provide unbiased Medicare counseling.
- Contact your **Senior Medicare Patrol (SMP)** if you may have experienced Medicare fraud, errors, or abuse.
- Contact **1-800-MEDICARE** (1-800-633-4227) or go to **medicare.gov** for a list of Medicare-approved home health agencies. Contact your Medicare Advantage Plan for a list of home health agencies in your plan's network.

Local SHIP contact information	Local SMP contact information
Toll-free phone number: 877-839-2675 (To connect with your SHIP, say “Medicare”)	Toll-free phone number: 877-808-2468 (To connect with your SMP, say “Medicare Fraud”)
Online SHIP Locator: www.shiphelp.org Click: 	Online SMP Locator: www.smpresource.org Click: 
SHIP National Technical Assistance Center: 877-839-2675 www.shiphelp.org info@shiphelp.org SMP National Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2021 Medicare Rights Center www.medicareinteractive.org /	
<p><i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center. This document was supported, in part, by grant numbers 90SATC0002 and 90MPRC0002 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy.</i></p>	