

KNOW YOUR RIGHTS

If Medicare doesn't pay for a service or supply, the home health agency will give you a Home Health Advance Beneficiary Notice to sign. This notice says Medicare probably (or certainly) won't pay for the item or service. Read this notice carefully - if you sign it, you're agreeing to pay the entire cost if Medicare doesn't cover the item or service. Your home health agency will also give you a notice called the Notice of Medicare Provider Non-Coverage before your Medicare-covered services end. If you think your Medicare-covered home health services are ending too soon, you may have the right to a fast appeal (also called an "expedited review"). Your Notice of Medicare Provider Non-Coverage gives instructions on how to ask for a fast appeal. Ask your doctor for any information that may help your case. If you ask for this fast appeal, an independent reviewer will decide if your services should continue. You have the right to participate in decisions about your treatment, the right to a fair process to appeal decisions about coverage and payment of services, and the right to privacy.

For more information, read the free booklets "Medicare Rights and Protections" and "Medicare Appeals," visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

WHERE CAN I GET MORE INFORMATION?

You can view or print Medicare publications and find helpful phone numbers and Web sites by visiting www.medicare.gov or calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- **To compare how well home health agencies in your area care for patients (their quality)** visit www.medicare.gov/hhcompare.
- **To learn more about eligibility, coverage, and cost information**, read the free booklet "Medicare and Home Health Care."
- **To get a report on a particular home health agency**, call your State Survey Agency.
- **For help with home health care bills**, call your Regional Home Health Intermediary (RHHI).
- **For free health insurance counseling and personalized help**, call your State Health Insurance Assistance Program (SHIP).
- **To learn more about your right to appeal coverage and payment decisions**, read the free booklet "Medicare Appeals."

Medicare's Home Health Benefit



GETTING STARTED



Get Better in the
Comfort of Your
Own Home

YOUR DOCTOR SAYS YOU NEED HOME HEALTH CARE

LET'S GET STARTED.

Home health care provides skilled nursing care, physical and occupational therapy, speech-language therapy services, and medical social services delivered in the comfort of your home. Home health care is ordered by your doctor, and if you're leaving a facility like a hospital or skilled nursing facility, the discharge planner may help transition your care from the facility to home health care. Health care professionals from a Medicare-certified home health agency work with you and your doctor to evaluate your health care needs and write your plan of care, which tells you what home care services you need. The home health agency staff will teach you and your caregiver(s) (family or friends who are helping you) to continue any care you may need in the future, including wound care, therapy, and disease management. The goal is to help you reach and keep your best physical, mental, and social well-being. Although you have a say in which agency you use, your choices may be limited by the services the agency provides, your insurance coverage, or whether the agency is available.



WHAT'S COVERED

For Medicare to cover home health services, they must be reasonable and necessary for the treatment of an illness or injury.

A Medicare-certified home health agency may provide the following:

- Skilled nursing care on a part-time or intermittent basis by a registered nurse or a licensed practical nurse
- Physical therapy, speech-language pathology services, and occupational therapy
- Home health aide services (like help with personal care such as bathing, using the toilet, or dressing) on a part-time or intermittent basis and medical social services (such as counseling or help finding resources in your community) if you're also getting skilled care such as nursing care or other therapy from the home health agency
- Certain medical supplies, like wound dressings, that are ordered as part of your care
- Durable medical equipment (like a walker)

CAN I GET COVERED HOME HEALTH CARE?

You can get covered home health care if you meet these conditions:

- Confined to the home
- Under the care of a doctor
- Getting services under a plan of care established and periodically reviewed by a doctor

CAN I GET COVERED HOME HEALTH CARE? (CONTINUED)

- In need of skilled nursing care on an intermittent basis or physical therapy or speech-language therapy, or in need of continuous occupational therapy

A doctor must certify your eligibility. Talk to your doctor to find out if you qualify.

WHAT DO I PAY?

You pay \$0 for Medicare-approved home health services. For durable medical equipment (like a walker, wheelchair, or oxygen equipment), you pay 20% of the Medicare-approved amount, after you pay the Part B deductible.

PROTECT YOURSELF AND MEDICARE FROM FRAUD

In general, most home health agencies are honest and use correct billing information. Unfortunately, fraud sometimes occurs. Examples of fraud include home health visits that your doctor orders that you didn't get or bills for services and equipment you never got. Help us prevent fraud, waste, and abuse in the Medicare Program by reporting Medicare fraud to 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-800-486-2048.

"Medicare's Home Health Benefit: Getting Started" isn't a legal document. More details are available in the "Medicare and Home Health Care" booklet. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

www.medicare.gov

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