

Home Health Care Services: What Medicare Covers and Doesn't

Health professionals encourage home care for recovery when it is possible, and insurance companies may encourage it as well to reduce the cost of care for themselves and patients.

Additionally, as more baby boomers enter their golden years and wrestle with the onset of various conditions, demand for home health care services has been steadily increasing. Costs are obviously a concern, leaving many seniors to wonder if Medicare will cover home health care.

The short answer is: It depends.

When will Medicare cover home health services?

- Your doctor must prescribe home health services.
- Your doctor must recommend part-time or intermittent skilled care, rather than full-time care, and only if you're also receiving other skilled services like nursing and/or therapy at the same time.
- You must be confined at home by an illness or injury.
- Care must be provided by an agency that is approved by Medicare.
- A health care plan must be set up by a doctor with an approved agency.
- Although Medicare used to require expected improvement of a condition for approval, people may now gain approval if home care will simply maintain their condition.

What will Medicare cover?

Part A will pay 100% of the home care costs, regardless of the number of visits. Additionally, the first evaluation is covered when a physician recommends it.

If there was a three-day hospital stay prior to the recommendation for home services, Part A covers the costs.

Part B covers the costs if home care is recommended without a hospital stay. These services are covered 100% by Medicare.

After you meet your Part B deductible, you will pay 20% of the Medicare-approved amount for covered medical equipment. Always obtain pricing information before ordering items if you have budget concerns.

This is important: Before you start getting your home health care, the home health agency should tell you how much Medicare will cover. The agency should also tell you if any items or services they give you aren't covered by Medicare, and how much you'll have to pay for them.

This should be explained verbally and in writing. The home health agency should give you a notice called the "Advance Beneficiary Notice" before giving you services and supplies that Medicare doesn't cover.

These services are covered 100% by Medicare:

- Physical therapy
- Speech or occupational therapy
- Part-time skilled care.

Care may be provided by nurses, home health aides, social services or other professionals such as occupational and speech therapists. Medical equipment and supplies that are recommended by the professionals are usually covered.

There are several things that Medicare will not cover:

- Home health aide care alone
- Home meal delivery
- Housekeeping services
- Drugs administered at home
- Full-time nursing care.

Pros and cons

Advantages — Since Medicare will cover an unlimited amount of home visits for qualified individuals, the savings benefits can be significant.

For most people, being at home is better for emotional health, and this can facilitate a quicker recovery. The stress felt by many people who spend their recovery time in an unfamiliar or shared room at a nursing facility can lead to other health problems.

Disadvantages — Some people may start home health care before they are ready to leave the hospital. Some hospitals will discharge people too early, and this may lead to the patient returning to the hospital for a longer visit or a permanent stay in a skilled facility.

People may also suffer more discomfort and pain at home without the amenities provided by a hospital. This is especially true if a patient needs frequent snacks or water and cannot call on a friend or family member in the next room to get them.

If you have any questions about what your Medicare covers, feel free to call us anytime.

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