

KNOW YOUR RIGHTS

If Medicare doesn't pay for a service or supply, the home health agency will give you an "Advance Beneficiary Notice of Non-coverage" 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.

When all of your covered home health services are ending, your home health agency should also give you a "Notice of Medicare Non-Coverage." If you think your services are ending too soon, you may have the right to a fast appeal. Your "Notice of Medicare Non-Coverage" tells you how to ask for a fast appeal. Ask your doctor or allowed practitioner 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, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to view the booklets "Medicare Rights & Protections" and "Medicare Appeals." You can also call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

WHERE TO GET MORE INFORMATION

Visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227) to find Medicare publications, helpful phone numbers, and websites. TTY users can call 1-877-486-2048.

- **To compare how well home health agencies in your area care for patients (their quality),** visit [Medicare.gov/care-compare](https://www.Medicare.gov/care-compare).
- **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 Medicare Contractor.
- **For free health insurance counseling and personalized help,** call your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org/ or call 1-800-MEDICARE (1-800-633-4227).

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Medicare's Home Health Benefit



GETTING STARTED



Get Care in the
Comfort of Your
Own Home

YOUR DOCTOR SAYS YOU NEED HOME HEALTH CARE

LET'S GET STARTED

Home health care gives skilled nursing care, physical and occupational therapy, speech-language therapy services, home health aide services, and medical social services in the comfort of your home when you're recovering from an illness or injury, or you need care to maintain or slow a decline in your condition.

Your doctor or allowed provider (including a nurse practitioner, a clinical nurse specialist, and physician assistant) orders home health care. 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 provider 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 can teach you and your caregiver (family or friends who are helping you) to continue ongoing care you may need in the future, like wound care, therapy, and disease management to help in your recovery or to help you stay in your own home.

Although you have a say in which agency you use, your choices may be limited by the services the agency provides, whether you have Original Medicare or Medicare Advantage, and 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 give:

- 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 if you're also getting skilled care from the home health agency
- Medical social services (like counseling or help finding resources in your community) if you're also getting skilled care from the home health agency
- Certain medical supplies (like wound dressings) when your provider orders them as part of your care
- Durable medical equipment (like a walker, wheelchair, or oxygen equipment) when your provider orders it

WHO CAN GET COVERED HOME HEALTH CARE

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

- Under the care of a doctor or allowed provider
- Certified as homebound by your provider
- Getting services as part of a care plan that your provider established and reviews regularly

WHO CAN 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

Your provider must see you face-to-face before you can be certified for home health services. A doctor or allowed provider must order your care, and a Medicare-certified home health agency must give it.

WHAT TO PAY

You pay \$0 for Medicare-approved home health services. For durable medical 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 provider 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 suspected Medicare fraud to 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-800-486-2048.

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