



Medicare Coverage of Home-Based Services

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MEDICARE COVERAGE OF SERVICES IN THE HOME

- There are limited benefits in Medicare Fee-for-Service
- Benefits are generally uncoordinated and subject to specific statutory and regulatory limits and eligibility requirements
- Post-COVID there is a growing recognition of the importance of providing care in the home, providing more flexibility in the delivery of care
- CMMI waiver authority can be used to test providing additional home-based services with the requirement to evaluate the success of those interventions.
- Growth of Medicare Advantage also is changing the landscape for services in the home.

HOME HEALTH CARE BENEFIT

- Generally only available to Medicare beneficiaries who are restricted to their home (“homebound”) and need skilled care
- Must be on a part-time or intermittent basis
- Doctor must certify patient needs
 - Skilled nursing care
 - Physical Therapy,
 - Speech language pathology services
 - Occupational Therapy
 - Certain home health aide services
 - Certain Medical Social Services
 - Medical Supplies
- Services must be delivered through Medicare-certified home health agency
- Medicare pays for home health services through prospective payment system in 30 day bundles

ADDITIONAL SERVICES THAT CAN BE PROVIDED IN THE HOME

Telehealth – patient’s home can be originating site for telehealth services, generally through 2024

Home infusion therapy services and supplies through the Durable Medical Equipment Benefit

Physician visits to the home (cannot be incident to)

Hospice

Independence at Home Demonstration

CMMI models – benefit enhancements and waivers to support care at home (homebound waiver, post-discharge waiver, etc)

Medicare Advantage – Plans must offer all fee-for-service benefits

- Plans may offer additional benefits through supplemental benefits.
- In home support services is one of the fastest growing areas with the supplemental benefit space

ACUTE HOSPITAL CARE AT HOME

- ❑ Originally implemented during COVID-19 Public Health Emergency, extended by law through 2024
- ❑ Not a “blanket waiver” broadly available, Hospitals have to apply and demonstrate ability to comply with certain clinical, administrative and quality standards
- ❑ Medicare is allowing approved hospitals to provide certain patients who need acute-level of inpatient care to receive that care in their home
- ❑ Waives Hospital Conditions of Participation, which require nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient.
- ❑ Medicare pays the full inpatient payment for the services provided at home
- ❑ As of June 2023, 125 health systems, 282 hospitals in 37 states have been approved to participate



KEY POLICY QUESTIONS FOR EXPANSION OF MEDICARE HOME-BASED SERVICES

- How much should Medicare pay for home-based services?
- Who can provide services?
- Program integrity and beneficiary protection issues
- Is there equitable access to home based-services?
- Role of caregiver?



THANK YOU!

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