

Care Management Home Visits

The Next Generation ACO Model's Care Management Home Visits benefit enhancement allows a physician (or other practitioner) to partner with licensed clinicians, such as a nurse practitioner, to provide visits to beneficiaries at risk of hospitalization in the beneficiary's home proactively, in advance of a potential hospitalization. Certain eligible beneficiaries can receive up to two care management home visits within 90 days of seeing a participating Next Generation ACO health care provider who has initiated a care management plan. Beneficiaries may become eligible to receive a third care management home visit within the 90-day period, if the beneficiary first has an in-office visit with a Next Generation ACO provider in which an evaluation and management (E/M) service identified by an Evaluation and Management code is furnished. Some of the services a beneficiary can receive through this benefit enhancement include, but are not limited to: Receiving instructions on how to change surgical dressings, how to operate special medical equipment, or how to administer special medications; assistance in knowing who to call if there's an issue or question; and help in understanding the patient's medical plan.

This is not part of the home health benefit, and beneficiaries eligible to receive home health services will not be eligible for this Benefit Enhancement, unless they qualify for Medicare coverage of home health services on the sole basis of living in a medically underserved area. The items and services provided as part of these care management home visits are intended to supplement, rather than substitute for, visits to a primary care provider or specialist in a traditional health care setting.

For more details about this benefit, please find information in the frequently asked questions (FAQs) below.

Care Management Home Visits & What They Mean for You

Q1. How do I know if I am a beneficiary associated with a Next Generation ACO and if I can receive services under this benefit?

A1. Medicare beneficiaries who receive care from a doctor participating in a Next Generation ACO should receive a letter from the ACO notifying them that they are associated with the ACO. That letter would also indicate if the ACO has elected to participate in this benefit. You can also call 1-800-MEDICARE to ask more about eligibility for this benefit and whether you are

associated with a Next Generation ACO. If you are interested in learning more about eligibility for this benefit, or which providers are offering this benefit, contact your Next Generation ACO.

Q2. How do I know if my physician (or other practitioner) is participating with a Next Generation ACO and can offer this benefit?

A2. Each Next Generation ACO is required to maintain on its website a current list of providers and facilities participating in the ACO's care network. You can also ask your doctor if they are participating in the Next Generation ACO, and, if so, whether they are providing this benefit with the ACO.

Q3. Is this benefit available only to those beneficiaries at risk of hospitalization?

A3. Yes. The care management home visits are intended to help prevent future, avoidable hospitalizations.

Q4. How is this benefit different from the Model's post-discharge home visits benefit?

A4. The most noticeable difference between the post-discharge home visits benefit and the care management home visits benefit under the Model is that a post-discharge home visit is allowable only after discharge from an inpatient facility (e.g., a hospital). A care management home visit can be provided before a potential future hospitalization. Another major difference is that the post-discharge home visits benefit allows for more home visits than the care management home visits benefit.

Q5. Can I receive services under the post-discharge home visits benefit and the care management home visits benefit at the same time?

A5. No; if you are eligible for the post-discharge home visits benefit, you would not be eligible to receive services under the care management home visits benefit at the same time.

Q6. This service sounds great, how much does it cost?

A6. As with any healthcare service, there may be some cost to the beneficiary (e.g., co-insurance). For more information, please visit the Medicare Part B coverage and costs website at: <https://www.medicare.gov/what-medicare-covers/part-b/what-medicare-part-b-covers.html>. If

you have a supplemental insurance plan in addition to Medicare, you can check with your supplemental insurance company for details about potential coverage of your co-insurance costs.

Q7. I'm covered under Medicare – does this limit my choice of doctors and hospitals?

A7. No. Your choice under Medicare is not limited. You still have your choice of doctors and hospitals, but this waiver applies only to beneficiaries who receive their care from a provider who partners with a Next Generation ACO. If you choose a provider that your ACO does not have an agreement with, the normal Medicare rules apply.