

Choose Home Protects Patient Safety, Reduces Costs & Expands Choice



Home healthcare has long been a safe, high-quality and effective alternative to care in an institutional setting. Medicare modernization is long overdue to enable increased access to home healthcare for more Medicare patients following hospitalization. This is an especially urgent need as COVID infections have risen in skilled nursing facilities, underscoring that home healthcare may be the optimal setting for many beneficiaries. To address the limitations of Medicare's current post-acute care benefits, the Choose Home program was created to better support patients who choose to recover at home following hospital discharge. The Choose Home Care Act would enable those who are clinically appropriate for home health to receive more services than are available under the existing Medicare home health benefit.

While Choose Home has received strong bipartisan support in Congress and stakeholder endorsements from consumer, beneficiary and provider advocacy organization since it was introduced in 2021, misperceptions about Choose Home warrant clarification.

Myth

The Choose Home Care Act would compromise patient safety.



Choose Home would place additional financial burden on patients by making patients responsible for excess cost-sharing obligations.



Fact

The opposite is true. Choose Home is designed to ensure patients can access the care setting of their choice based on clinically directed care. Further, a Choose Home provider must meet a rigorous and expanded set of Conditions of Participation comprehensively designed to ensure patient safety and effectiveness of care in a manner that is fully patient-centered and patient-driven.

Assessment tools utilized by physicians and discharge planners would be used to ensure patients meet eligibility requirements so that only those who are clinically appropriate to transition safely home qualify for Choose Home.

Choose Home patients, like all home healthcare beneficiaries, do not have any co-pays for home health services. Further, Choose Home is designed to be an alternative choice to skilled nursing facility (SNF) care to facilitate patients transitioning safely from hospital to home.

Like the current home health benefit, prescription drugs are not covered under Choose Home and patients would need to pay for their prescription drugs as they currently do by tapping into their Medicare Part D or Medigap policies to cover these costs. For SNF patients, prescription drugs are part of the SNF benefit. Choose Home is a choice for appropriate post-acute care patients, and patients and families should consider all aspects of the value and comfort of recovering at home, including that prescriptions will be covered under their pharmacy benefit, not through their home health benefit.

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Myth

Patients would lose access to skilled nursing facility (SNF) care under the Choose Home Care Act.

FALSE

Choose Home is built on a compromised Medicare benefit that has been catering to patients with less acute care needs.

FALSE

Fact

Beneficiaries and families have total control over the post-acute setting they select following hospital discharge. If a patient prefers a SNF, they can select that setting over Choose Home. If Choose Home is not right for the patient, or if their condition declines and warrants skilled nursing care, they will be able to transition to a SNF. The days the patient spent using Choose Home will count as days under the total post-acute Medicare SNF benefit.

Established in 1965, the Medicare home health benefit successfully enables millions of older Americans to recover and rehabilitate in the safety and comfort of their own homes.

Medicare spending for home health has remained relatively stable over the last decade, with spending per patient growing from \$4,704 in 1997 to \$5,440 in 2019. By contrast, SNF spending has grown from \$5,077 per patient in 1999 to more than double that amount - \$12,123 - in 2019. This demonstrates the value home health has delivered to the Medicare program.

MedPAC reports indicates that home health performance improvement measures have steadily increased in quality metrics in the areas of patient mobility (walking, transferring) and rehospitalization rates.

Medicare home health patients have high clinical needs (as designed by the program). Further, data indicates the most common services among Medicare home health patients are those to treat sepsis, heart failure, and major joint replacement.