

AHA Members may reproduce this sample document cooperatively developed by the New Jersey Hospital Association and the Home Care Association of New Jersey.



Dear **Patient Name**:

Thank you for choosing **Agency Name** for your home health services.

Agency Name and your physician are responsible for evaluating if the care you need meets Medicare requirements for payment and to also keep you informed as changes in your Medicare coverage occur while you are receiving home health services.

We want to make you aware that Medicare has recently established a new requirement for payment of home health services that involves additional responsibility on your part. Here are the key things you need to know:

Effective January 1, 2011 Medicare requires:

- All individuals who are referred for home health services **must have an “in person” visit with a physician within a certain time frame**, and must meet other Medicare requirements in order for Medicare to pay for the services.
- Your visit with the doctor will need to occur
 - **Within the 90 days before the start of home health services or**
 - **Within 30 days after the home health nurse or therapist makes the first visit** in your home.
- **If this requirement is not met, Medicare will not pay for the home health services.**
- **All Medicare certified home health agencies are required to comply** with this new requirement in order for Medicare to pay for the services.
- This requirement is part of the new Patient Protection and Affordable Care Act (health care reform law) and is intended to ensure that the care you receive is authorized by your physician.

We will help you determine if you have met this new requirement, and if not, we will ask you to arrange a visit with your physician within the first 30-days of your admission to home health service. If you need help in making your doctor’s appointment please contact us so we may assist you.

If you have any questions about your home health services or this new Medicare requirement, please call us at **Phone Number**.

Thank you again for choosing **Agency Name** for your home health services.

Sincerely,

Contact Name
Title