

Survey of Access to Home Health Services

For Medicare Beneficiaries

Thank you for taking the time to fill out this questionnaire. We are interested in understanding your perspective on referring Medicare beneficiaries for home health services and whether you see access problems experienced by specific types of beneficiaries. The questions cover Medicare beneficiaries who you may refer to home health care, either following a stay in an institution (e.g., hospital or nursing home) or directly from the community.

We are interested in hearing from the individual in your practice who is primarily responsible for identifying the home health agency and handling the arrangements for patients you refer. We appreciate your completing the questionnaire or passing it along to the appropriate person. If you have any questions, please call the Study Manager, **JANE DOE**, at 1-800-~~XXX-XXXX~~.

Your responses will be completely confidential. Information will be reported only in grouped data so that neither you nor your practice can be identified by the Medicare program.

After you read each question, mark the response that best represents your experience, using the categories listed.

In the past 3 months, has the physician listed on the cover sheet referred 10 or more Medicare fee-for-service patients to home health services? *If you are uncertain as to which patients are covered by Medicare fee-for-service, please focus on those likely to be 65 or older or those who are severely disabled.*

Yes

No [Please return the questionnaire in the enclosed envelope. We appreciate your time.]

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

For physicians certifying Medicare home health services, under regulations implemented in 2011, the certifying physician must document that he or she or an allowed practitioner had a face-to-face encounter with the patient. The next few questions focus on this Medicare home health face-to-face encounter requirement. We have provided space at the end of the questionnaire for you to offer additional comments about access to home health services.

Q1. Please rate the burden on your practice's administrative and/or clinical workload resulting from this requirement.

- Very significant
- Somewhat significant
- Not very significant
- Don't know

Q2. To what extent do you think the requirement has caused delays in access to home health care for your Medicare fee-for-service patients?

- Substantial increase in delays
- Moderate increase in delays
- Small increase in delays
- No increase in delays

When answering the following questions, to the best of your ability, please exclude any changes due to the face-to-face requirement.

Also, when answering the following questions, please think about the Medicare fee-for-service patients (not Medicare Advantage patients) who have been referred for home health care services in the past 3 months by the individual physician listed on the cover sheet.

Q3. Thinking about the past 3 months, how many Medicare fee-for-service patients have you referred for home health services? *(Please provide your best estimate.)*

(Please provide estimate here.)

Q4. Thinking about the past 3 months, please indicate what percentage of your Medicare fee-for-service patients you wanted to refer to home health care but for whom you were **unable to find a placement?** *(Please provide your best estimate.)*

- Rarely or never
- For fewer than 5% of patients
- For 6 to 10% of patients
- For 11 to 20% of patients
- For more than 20% of patients
- Don't know

Q5. In the past 3 months, how important do you think each of the following factors were in your being **unable to place** your Medicare fee-for-service patients with a home health agency?

Never an important factor

Always an important factor

1.....2.....3.....4.....5.....6.....7

←-----→

| Issue related to home health agency | Rating of Importance | Check if Don't Know |
|---|----------------------|---------------------|
| Nursing staff with needed skill set not available | | |
| Therapy staff not available (e.g., PT, OT, ST) | | |
| Staff not experienced with medical condition(s) | | |
| Required equipment/supplies not available | | |
| Reimbursement not sufficient | | |
| Medical issue related to patient | | |
| Severity/complexity of patient's medical condition | | |
| More than two 60 day periods (episodes) of care expected | | |
| Two or more visits per day expected | | |
| Routine evening or weekend care expected | | |
| Patient does not qualify for Medicare home health benefit (e.g., not homebound) | | |
| Non-medical issue related to patient | | |
| Patient living conditions or local area unsafe | | |
| Patient located in hard-to-reach area or travel distance/time too great | | |

| | | |
|--|--|--|
| Patient/family/caregiver cannot be or is unwilling to be trained | | |
| Family/caregiver is unable to provide necessary support | | |
| Language barrier/communication problems | | |
| Patient or family refused services | | |
| Other, specify _____ | | |

Q6. In the past 3 months, if you have been **unable to place** a Medicare fee-for-service patient **at the first agency you tried**, where was the patient most likely to go for the needed care? (*Please select one response*)

Another agency → how many additional agencies do you usually need to contact?

1

2 or more

Nursing home or skilled nursing facility

Hospital

Home, with no formal care or with private pay care

Don't know

Not applicable

Q7. In the past 3 months, how often did you need to contact more than one home health agency in order to find a placement for one of your Medicare fee-for-service patients?

Rarely or never

For fewer than 5% of patients

For 6 to 10% of patients

For 11 to 20% of patients

For more than 20% of patients

Don't know

Q8. In the past 3 months, in how many of your Medicare fee-for-service home health placements were you aware the agency could not provide all services that you ordered? (*Please provide your best estimate.*)

(Please provide estimate here.)

Q9. In cases where an agency was not able to provide all the services that are ordered, what were the most common service(s) the agencies were not able to provide? (Please check all that apply)

___ Specific type of staff not available (Please check all that apply):

___ nursing staff

___ therapy staff

___ social work staff

___ home health aide

___ Staff not available to travel to patient's residence

___ Other (please specify) _____

Q10. Thinking about the past 3 months, how many times did you experience **delays** in finding a home health agency willing and able to admit your Medicare fee-for-service patients? (Please provide your best estimate.)

(Please provide estimate here.)

Q11. In the past 3 months, typically how long were these **delays** in placing a patient?

___ Less than 24 hours

___ 24 to 48 hours

___ More than 48 hours

Q12. In the past 3 months, for your Medicare fee-for-service patients, how important do you think each of the following factors were in causing **delays** in placing a patient with a home health agency services?

Never an important factor

Always an important factor

1.....2.....3.....4.....5.....6.....7

←-----→

| Issue related to home health agency | Rating of Importance | Check if Don't Know |
|---|----------------------|---------------------|
| Nursing staff with needed skill set not available | | |
| Therapy staff not available (e.g., PT, OT, ST) | | |
| Staff not experienced with medical condition(s) | | |

| | | |
|---|--|--|
| Required equipment/supplies not available | | |
| Reimbursement not sufficient | | |
| Medical issue related to patient | | |
| Severity/complexity of patient's medical condition | | |
| More than two 60 day periods (episodes) of care expected | | |
| Two or more visits per day expected | | |
| Routine evening or weekend care expected | | |
| Non-medical issue related to patient | | |
| Patient living conditions or local area unsafe | | |
| Patient located in hard-to-reach area or travel distance/time too great | | |
| Patient/family/caregiver cannot be or is unwilling to be trained | | |
| Family/caregiver is unable to provide necessary support | | |
| Language barrier/communication problems | | |
| Patient or family refused services | | |
| Other, specify _____ | | |

Q13. How many physicians practice at this location?

- One
- 2 to 5
- 5 to 10
- More than 10

Q14. Please indicate for ***all the patients*** the physician listed on the cover sheet serves – Medicare or otherwise - what percentage of the patients referred for home health services are covered by each of the following payer categories. Your best estimate is fine (should sum to 100 percent).

- % Medicare only (fee-for-service)
- % Medicaid only
- % Dually eligible for Medicare and Medicaid
- % Privately insured (include Medicare Advantage)
- % Other (self pay)

Q15. Please indicate your position at this practice.

- Physician

Office Manager/Medical Assistant

Nurse/PA/Clinical manager

Other, please specify _____

Q16. In your opinion, the current availability of home health care services to Medicare beneficiaries in your local area is...

Excellent

Good

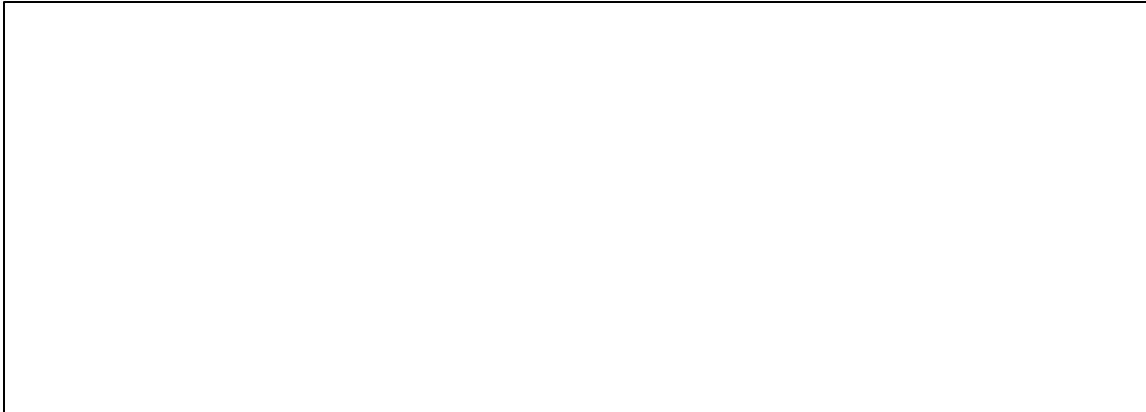
Fair

Poor

Varies within the local area where my patients live

THANK YOU FOR COMPLETING THE SURVEY

We invite you to share any additional thoughts you have about the availability and adequacy of home health care for Medicare patients in your local area.

A large, empty rectangular box with a thin black border, intended for the respondent to provide additional thoughts or comments regarding the availability and adequacy of home health care for Medicare patients in their local area.