

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 better understanding your perspective on providing home health services to Medicare beneficiaries. We are particularly interested in understanding potential access problems experienced by specific types of beneficiaries and how access might be affected by the current payment system.

Please complete this survey if you are the administrator of this home health agency. If you are not, please pass this survey on 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 agency can be identified by the Medicare program.

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

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.

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.

Q1. Please rate the burden on your agency's administrative 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 effects due to the face-to-face requirement.

Also, when answering the following questions, please think about the Medicare fee-for-service referrals (not Medicare Advantage patients) your agency has received in the past month.

Q3. Thinking about the past month, how many Medicare fee-for-service referrals for home health has your agency received? *(Please provide your best estimate for the most recent month or 30-day period.)*

(Please provide estimate here.)

Q4. Thinking about this past month's Medicare fee-for-service referrals, please indicate how many referrals your agency was **unable to admit**? *(Please provide your best estimate.)*

(Please provide estimate here.)

Q5. In the past month, how important were each of the following factors in cases where you were **unable to admit** Medicare fee-for-service patients referred to your agency?

Never an important factor

Always an important factor

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

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Issue related to home health agency	
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 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 barriers/communication problems	
Patient or family refused services	
Other, specify _____	

Q6. If you are **unable to start care for** a Medicare fee-for-service patient, where is the patient most likely to go for the needed care? (*Please select one response.*)

- Another agency
- Nursing home or skilled nursing facility
- Hospital
- Home, with no formal care
- Not applicable (we are able to start care for all referrals)
- Don't know

Q7. In the past month, please estimate how many Medicare fee-for-service referrals you started care for, but were unable to provide all the ordered services?

(Please provide estimate here.)

Q8. If you were unable to provide all ordered services for some patients, what was the most common reason for this? (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) _____

Q9. Thinking about the past month, how many times did you find that your agency had to **delay the start of care** for Medicare fee-for-service patients? (*Please provide your best estimate.*)

(Please provide estimate here.)

Q10. In the past month, typically how long was the start of care **delayed**?

- Less than 24 hours

__ 24 to 48 hours

__ More than 48 hours

Q11. In the past month, how important were each of the following factors in causing delays in the start of care for your Medicare fee-for-service patients?

Never an important factor

Always an important factor

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

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Issue related to home health agency	
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 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 barriers/communication problems	
Patient or family refused services	
Other, specify _____	

Q12. Suppose you have been asked to provide home health services for a patient with a chronic condition such as poorly controlled diabetes, heart failure or COPD, and the patient has other comorbidities. The patient is homebound, in need of skilled services, and has a caregiver.

For this hypothetical patient, please indicate to what extent the presence of any of the following factors would impact the cost of caring for the patient relative to current reimbursement levels.

Please check the most appropriate response in each row based on your experience with similar patients.

How does the cost of care compare to the current reimbursement for the hypothetical patient who also has or requires...	Cost of care within reimbursement	Cost of care somewhat higher than reimbursement	Cost of care much higher than reimbursement	Could not take the patient regardless of reimbursement
<i>State of mind:</i>				
Developmental and/or intellectual disabilities				
Mental illness				
Dementia or severe cognitive impairment				
Other (please specify or explain)				
<i>State of body:</i>				
Morbid obesity				
Severe ADL/IADL limitations				
Substance/alcohol abuse				
Dialysis dependence				
Dependence on mechanical ventilator				
Oxygen dependence				
Incontinence				
Bed/wheelchair bound				
Other (please specify or explain)				
<i>Frequency / complexity of procedures:</i>				
Use of multiple or high risk medications				
IV Administration				
Timing, frequency and/or duration of services needed (e.g. daily nursing/aide/therapy visits or multiple therapy disciplines)				
Complex wound treatments				
Other (please specify or explain)				
<i>Non-medical factors:</i>				

History of non-adherence/non-compliance				
Language barriers/communication problems				
Patient living conditions or local area unsafe				
Patient located in hard to reach area				
Other (please specify or explain)				

Q13. Please indicate for *all the patients* you serve – Medicare or otherwise - what percentage are covered by each of the following payer categories. Your best guess 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)

Q14. In your opinion, the current availability of home health care for Medicare fee-for-service beneficiaries in your local area is...

- Excellent
- Good
- Fair
- Poor
- Varies within our service area

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.