

**SUNSETTED**



**\*ACP policy originating from ACP sponsored resolution introduced to the AMA House of Delegates**

## **HOME HEALTH SERVICES**

### **Physician Ordering of Durable Medical Equipment and Home Health Services\***

1. ACP reaffirms its support for the copayment and deductible for DME and reaffirm its support for its existing policy favoring appropriate cost sharing for home health services. ACP opposes the establishment of additional cost sharing requirements for skilled nursing services that could hinder access to medically necessary services and/or encourage use of more costly inpatient care. ACP supports the federal government's efforts to prevent, investigate, and eliminate fraud and abuse associated with the supply of DME and the provision of home health and skilled nursing services, provided that such increased enforcement activities do not result in increased hassles for internists and/or result in internists unfairly being targeted for investigation for authorizing medically appropriate DME, home health, and skilled nursing services. ACP recommends that home health providers and DME suppliers document and attest to the need identified in the home for recommended DME and home health services. This documentation should be provided to the physician at the time the physician attests to the need for DME and home health services and should be made part of the permanent medical record and attached to the forms submitted to the appropriate local or regional carrier. (HoD 97; reaffirmed BoR 06)
2. ACP urges the Centers for Medicare & Medicaid Services (CMS) to require that Durable Medical Equipment and services to be provided by home health agencies and skilled nursing facilities must be ordered by the attending physician after appropriate documentation of medical necessity before such services are offered to the patient or family. Suppliers should provide to the physician the charge for all DME and home health services prior to the time the physician is required to sign the order. (HoD 96; reaffirmed BoR 06)

### **Home-Bound Care\***

ACP believes that payment should be allowed for physicians' charges for his or her allied health personnel and that a physician should be reasonably reimbursed for the care and supervision of his or her home-bound patients. (HoD 82; reaffirmed HoD 93; reaffirmed BoR 04)

### **Unnecessary Recertification Forms\***

ACP urges CMS to modify its policy regarding Home Health Certification and Plan of Treatment so that recertification by the physician is not necessary for permanent or terminal conditions as judged by the physician. ACP urges CMS to examine and modify recertification requirements in other areas to accomplish the same purpose. (HoD 93; reaffirmed BoR 04)

### **Home Health Care\***

ACP approves a national goal to help older Americans who are socially or geographically isolated and/or physically homebound to live independently as long as possible by assisting them to return to or remain in their own homes or places of residence, if this is appropriate to their needs, as an alternative to domiciliary or institutional care. (HoD 87; reaffirmed BoR 04)

ACP urges that Congress take the following actions to assure the continued viability of home health services to beneficiaries:

1. ACP supports the March 2002 MedPAC recommendations for maintaining enhanced financial support for home health care providers.
2. ACP also urges CMS and Congress to closely monitor the impact of BBA cuts on the number of home health agencies and quality of care provided and assure sufficient funding to maintain adequate beneficiary access to care that is not undermined by shortages of nursing personnel.
3. ACP also recommends Congress take measures to assure that enhanced payment incentives are provided to home health agencies so that the sickest and frailest home health patients are not denied care, but receive care consistent with their medical needs. (BoR 02)

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