



The Medicare Hospice Benefit*



What is Hospice care?

Under Medicare, hospice is primarily a program of care and support provided by a Medicare-approved agency or organization. Medicare beneficiaries that elect hospice care will receive necessary medical and supportive services to help manage their terminal illness. A personalized care plan is established by the beneficiary's attending physician and the hospice care team.

Here are some important facts about hospice:

- Hospice provides comfort and support services to people who are terminally ill. It helps them live out the time they have remaining to the fullest extent possible.
- Hospice care is provided by a specially trained team that cares for the "whole person," including his or her physical, emotional, social and spiritual needs.
- Hospice provides support to family members caring for a terminally-ill person.
- Hospice is generally given in the home.
- Hospice services may include drugs, physical care, counseling, equipment, and supplies for the terminal illness and related condition(s).
- Hospice is not only for people with cancer.
- Hospice focuses on comfort, not on curing an illness.
- Hospice does not mean giving up hope.

What does Medicare cover under the Hospice Benefit?

You can get a one-time only hospice consultation with a hospice medical director or hospice doctor to discuss your care options and management of pain and symptoms. You don't need to choose hospice care to take advantage of this consultation service. The Medicare Hospice Benefit will cover the care you receive for your terminal illness, but it must be from a Medicare-approved hospice program.

Medicare covers the following hospice services for your terminal illness and related conditions:

- Physician services;
- Nursing care (intermittent with 24-hour on call);
- Medical equipment and supplies related to the terminal illness
- Drugs for pain and symptom management (may need to pay a small copayment);
- Hospice aide and homemaker services;
- Physical, speech and occupational therapy;
- Medical social services (social worker);
- Counseling: including dietary and spiritual counseling;
- Short-term inpatient care (for pain and symptom management);
- Short-term respite care (may need to pay a small copayment);
- Any other Medicare-covered services needed to manage pain and other symptoms, as recommended by the hospice team.

Who is eligible for the Medicare Hospice Benefit?

Hospice care is available under Medicare if **ALL** of the following conditions are met:

- The patient is eligible for Medicare Part A (Hospital Insurance).
- The patient's doctor and the hospice medical director certify that the patient is terminally ill with 6 months or less to live if the illness runs its normal course.
- The patient signs a statement choosing hospice care instead of other Medicare-covered benefits for their terminal illness.**
- The patient receives care from a Medicare-approved hospice program.

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** Medicare will still pay for covered benefits for health problems that are not related to your terminal illness.