Caring Connections
a program of the
National Hospice and Palliative Care Organization

For more information, or to locate a hospice in your area, contact Caring Connections:

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Item #: 810002 – Hospice Care and the Medicare Hospice Benefit

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Hospice

It's About How You LIVE

Coping with a life-limiting illness *can be a daunting experience — not only for the dying person, but also for his or her family and friends. Experts agree that planning for end-of-life care before it is needed is vital to ensuring that one's wishes are honored. This is true for persons who are facing the end of their lives, as well as their family members. Questions that need to be asked include:*

"What kind of end-of-life care and support will my family and I need or want?"

"Where do I want to receive this care?"

"How will I pay for my medications and supplies?"

Many people do not realize that there is a hospice benefit available to Americans through the Medicare program. Since 1983, the Medicare Hospice Benefit has enabled millions of Americans and their families to receive quality end-of-life care that provides comfort, compassion, and dignity.

This brochure provides information about hospice and the services covered under the Medicare Hospice Benefit.

What is hospice?

Considered to be the model for quality compassionate care at the end of life, hospice provides a team approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the person and their family's needs and wishes. Hospice focuses on the belief that each of us has the right to die pain-free and with dignity, and the hope that our loved ones will receive the support to allow us to do so. The focus is on caring, not curing and, in many cases, care is provided in the person's home. Hospice is also provided in hospice facilities, hospitals and nursing homes and other long term care facilities.

How does hospice work?

Typically, a loved one is the person's primary caregiver and, when appropriate, helps make decisions for the individual who is receiving hospice care. Hospice staff make regular visits to assess individual and family needs and provide care or services.

Hospice is available 24 hours-a-day, seven days a week.

The hospice team, along with the person and family receiving hospice services, develops a care plan that focuses on the individual and family's needs and desires, including the need for pain management and symptom control. The plan outlines the care and support services needed such as medical care, personal care *(dressing, bathing, etc.)*, social work services, spiritual support, counseling, or other services. It also identifies the medical equipment, tests, procedures, medication and treatments necessary to provide high-quality comfort care for the individual.

The hospice team usually consists of:

- The person receiving care
- The person's family/caregiver
- The person's personal physician and/or hospice physician
- Nurses
- Home Health Aides
- Social Workers
- Counselors and Spiritual Caregivers
- Trained Volunteers
- Other professionals, such as speech, physical, and occupational therapists, as needed

For more information on how to select a hospice program, see the brochure, *Hospice Care: A Consumer's Guide to Selecting a Hospice Program."*

What is the Medicare Hospice Benefit?

As you may know, the Medicare program consists primarily of two parts:

Part A – often described as "Hospital Insurance;" and
Part B – known as "Supplementary Medical Insurance."

Hospice is available as a benefit under Medicare Part A.

The Medicare Hospice Benefit is designed to meet the unique needs of those who have a lifelimiting illness, providing them and their loved ones with services and support not otherwise covered by Medicare. Under the Medicare Hospice Benefit, beneficiaries elect to receive pain and symptom management for their hospice diagnosis by waiving the standard Medicare benefits for treatment of an illness. However, the beneficiary may continue to access standard Medicare benefits for treatment of conditions unrelated to the hospice diagnosis. For more information about Medicare health plans or to receive a Medicare handbook, call 1-800-MEDICARE (1-800-633-4227).

Care that individuals receive under the Medicare Hospice Benefit for their life-limiting illness must be from a Medicare-certified hospice program.

Who is eligible for hospice benefits under Medicare?

Hospice benefits are available to Medicare beneficiaries who:

- Are certified by one or two doctors, typically the personal physician and the hospice medical director, as having a life-limiting diagnosis.
- Sign a statement choosing hospice care using the Medicare Hospice Benefit.
- Enroll in a Medicare-certified hospice program.

It is important to note that Medicare will continue to pay for covered benefits for any health problems that are not related to the hospice diagnosis.

What services are covered under the Medicare Hospice Benefit?

The Medicare Hospice Benefit covers the following services as long as they relate to the hospice diagnosis and are detailed in the person's care plan:

- Physician services for the medical oversight of the individual's care, provided by either the patient's personal physician or a hospice physician
- Home care visits by registered nurses and licensed practical/vocational nurses to monitor the person's condition and to provide appropriate care to maintain comfort
- Home health aide and homemaker services such as dressing and bathing that address the individual's personal needs
- Spiritual support for the person and/or loved ones, if desired
- Social work or counseling services
- Medical equipment *(i.e., hospital beds)*
- Medical supplies *(i.e., bandages or catheters)*
- Drugs for symptom control and pain relief
- Volunteer support
- Physical, speech, and occupational therapy; dietary counseling
- Bereavement counseling and support services for 12 months after the person's death

Will the Benefit pay for hospice in a place other than a personal residence?

Sometimes a person does not or cannot reside in a private home. The Benefit provides hospice services that are delivered in hospice facilities, hospitals, nursing homes and other long-term care facilities. However, the Benefit does not cover expenses for room and board. In some instances, Medicaid will cover these expenses for eligible individuals. For benefits available under Medicaid, consult your state Medicaid office or ask your local hospice.

Does the Benefit cover "continuous nursing care" at home?

Yes. If there is a brief, serious episode that requires pain management or addresses medical symptoms, ongoing nursing care may be covered on a short-term basis to help keep the person at home. Skilled nursing and home health aide services may be provided alternately on a continuous basis in addition to visits from the other interdisciplinary team members.

Does the Benefit cover general "inpatient" care that may be needed as a result of a crisis or an acute episode that cannot be managed in a person's primary residence?

If inpatient care is necessary for the person, the hospice team can arrange for the stay in a hospice facility, a hospital, a nursing home, or other long-term care facility, which is covered by Medicare. The hospice can only work with facilities if they have a contract to do so; the choice of facility may be limited.

Is there any relief for loved ones who are responsible for providing care?

Family or friends who are caring for the individual, sometimes need a break, or "respite," from daily caregiving. Respite care for the person may be available for short-term stays (up to five days) in a Medicare-approved facility.

What costs are not covered by the Medicare Hospice Benefit?

The following services are not covered under the Medicare Hospice Benefit:

- Services for conditions unrelated to the hospice diagnosis
- Services for the hospice diagnosis that are not addressed on the hospice plan of care or arranged by the hospice

What expenses must be paid by the person and family?

Medicare pays hospice directly for the individual's hospice care. Individuals may be billed for up to 5 percent — up to $5 for each prescription — for outpatient drugs for pain relief and symptom control. The individual may also be responsible for 5 percent of the Medicare payment amount for inpatient respite care, if this service is used.

Is a person's Medicare coverage forfeited if hospice is chosen?

No, a person retains full Medicare coverage for any health care needs not related to the hospice diagnosis, even when the person elects hospice care. The individual must continue to pay the applicable deductible and coinsurance amounts under the standard Medicare Plan or the co-payment under a Medicare managed care (HMO) plan.

How long can a patient receive hospice?

Hospice can be provided as long as the person is certified as having a six month life expectancy by one or two doctors. However this does not mean services are stopped after 6 months. The hospice team is continually addressing the person's condition and along with the doctor, can recertify the person for hospice, for additional 60 to 90 day periods. The Medicare Hospice benefit is an unlimited benefit.

What if a patient is enrolled in a Medicare managed care (HMO) plan?

A hospice-eligible individual who is enrolled in a Medicare managed care plan may choose any Medicare-certified hospice provider. Authorization from the managed care plan is not required.

Can an individual change from one hospice provider to another?

Yes. An individual has the right to change to another hospice at any point, as long as the newlychosen hospice program is Medicare approved. A person may transfer once per certification period.

Learn what services are covered under the Medicare Hospice Benefit.

Why would someone stop receiving hospice?

An individual has the right to stop receiving hospice at any time, for any reason. If the person chooses to stop hospice care, the standard Medicare benefits are restored. On occasion, the health of an individual receiving hospice may improve or the person's disease may go into remission while receiving hospice. A person's condition may change so that the hospice team and physician(s) believe the person has a life expectancy of more than six months, and, therefore, is no longer eligible for hospice care under Medicare Hospice Benefit. At any point in time, a person can return to hospice care, as long as the eligibility criteria are met and certification by physician(s) is received.

How can someone find a Medicare-certified hospice program?

To find a local hospice, please call the National Hospice and Palliative Care Organization's Helpline at 800-658-8898 or visit *www.nhpco.org* and click on 'Find a Provider'.

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