

The Hospice Medicare Benefit

Medicare was the first health care system in the U.S. to cover hospice related services, leading the way for Medicaid and private insurance companies. The Medicare Hospice Benefit is covered under Medicare Part A, which is hospital insurance. To be eligible for hospice benefits you must:

- Be eligible for Medicare Part A
- Have a physician (usually your primary care doctor) certify that you have a terminal illness
- Must sign a consent form stating you wish to receive hospice care for your terminal illness in place of regular Medicare benefits, and
- Receive hospice care from a Medicare-approved hospice provider.

Covered Services

Medicare covers a wide range of services to provide the most comprehensive care as possible. Your Medicare benefit covers the following services and pays nearly all of the cost associated with them:

- Physician care
- Nursing care
- Medical supplies (bandages, catheters, diapers, etc.)
- Medical equipment (oxygen machine, wheelchair, hospital bed, etc.)
- Medications for pain and symptom control
- Home health aide services
- Medical social services
- Counseling (spiritual, emotional, dietary)
- Therapists (speech, physical, occupational)
- Short term stays in nursing facilities for respite care

You continue to keep your regular Medicare benefits to treat conditions that are unrelated to the terminal diagnosis. For example, if you are admitted to hospice with a diagnosis of end stage breast cancer but you also have insulin dependent diabetes, your regular Medicare benefits would continue to cover all expenses related to treatment of the diabetes in the same way as before you chose hospice.

Uncovered Services and Out of Pocket Expenses

Medicare does not cover treatments to cure your illness. It also does not cover care provided by a hospice other than the one you choose and care from physicians that duplicate hospice services.

You may have to supplement prescription medication coverage. You would only pay up to \$5 for each medication. Hospice companies have the right to charge you for this but many don't. You would also be responsible for paying 5% of the Medicare rate for inpatient respite care. For example, if Medicare pays \$100 per day for inpatient respite care, you would be responsible to pay \$5 per day.

Length of Coverage

Once you have been certified for hospice, you are eligible for two 90 day periods of hospice care followed by an unlimited amount of 60 day periods. What this means is, at the beginning of each 90 day or 60 day term, your doctor will have to re-certify that you still have a terminal illness. If you improve dramatically during hospice care, for example if your cancer suddenly goes into remission or your terminal illness gets much better, and your life expectancy increases from the original 6 months, your doctor may “graduate” you from hospice care. This would mean your Medicare benefit is no longer a hospice benefit and reverts back to standard Medicare Part A. You can be readmitted to hospice any time you experience a decline and your doctor certifies your life expectancy is 6 months or less.

It is important to remember that the Medicare Hospice Benefit is revocable at any time. If you decide to discontinue hospice care, all you would need to do is contact your hospice provider and sign a revocation form. Your Medicare benefit would then revert back to the standard Medicare Part A.