

Five things to know about Medicare's hospice benefit

1. Hospice is a program of end-of-life pain management and comfort care.

The Medicare hospice benefit offers end-of-life treatment, focusing on the whole person, including support for your physical, emotional, social, and spiritual needs. The hospice benefit pays for your doctors and nurses as well as social worker services, grief and loss counseling for you and your family, and any other Medicare-covered services needed to manage your terminal illness, as recommended by your hospice team. The goal of hospice is to help you live comfortably, not to cure an illness. Hospice allows you to remain in your home, with a hospice nurse and doctor on-call 24 hours a day, seven days a week.

To elect hospice, you must:

- Have Part A
- Have a hospice doctor certify that you have a terminal illness (a life expectancy of six months or less)
- Sign a statement electing to have Medicare pay for palliative care (pain management), rather than curative care
- Receive care from a Medicare-certified hospice agency

Once you've chosen hospice, all of your hospice-related services will be covered under Original Medicare, even if you are enrolled in a Medicare Advantage Plan (see #5 for more information). Original Medicare will pay your hospice doctor and related providers for your care, and you won't have a deductible. You are only responsible for your monthly premiums (Part B, and Part A and D if applicable), \$5 copayment for prescription drugs for pain and symptom management (covered by Part A), and 5% of the cost for any inpatient respite care (see #2 for more information).

2. The hospice benefit provides short-term respite care for your usual caretaker.

Hospice allows you to remain in your home, where you may rely on a family member or some other caregiver to help with your day-to-day needs. If that caregiver needs a rest, you can speak to your hospice doctor about respite care. Respite care allows your caregiver to get some rest while you spend up to five days receiving care in a Medicare-approved facility, like

a hospice inpatient facility, hospital, or nursing home. The care you receive at this facility will continue to be non-curative comfort care, and you will be charged 5% of the cost of this care.

You can request respite care more than once, but it can only be given on an occasional basis. If you need inpatient care for any other reason, it must be at the recommendation of your hospice provider.

3. You have the right to stop hospice at any time.

If you want curative treatment for any reason, you have the right to end your hospice care. Speak with your hospice doctor if you are interested in stopping. If you elect to return to curative treatment, you will be asked to sign a form that includes the date your hospice care will end. Afterwards, you will again receive Medicare the way you did before choosing hospice, either through Original Medicare or a Medicare Advantage Plan.

4. You can continue getting hospice if you live longer than six months.

Initially, Medicare will cover your hospice care for two 90-day benefit periods, or six months. Afterwards, you are allowed an unlimited amount of 60-day (two-month) benefit periods. At the start of each benefit period, the hospice medical director, your hospice doctor, or a related provider must recertify that you have a life expectancy of six months or less.

You have the right to ask for a review of your case if a hospice provider has declared you no longer eligible for hospice care. This provider is required to give you a notice explaining your right to an expedited appeal. If you do not get this notice, ask for it. Instructions for appealing should be provided on the notice.

You also have the right to change your hospice provider once each benefit period. To change your hospice provider, you must sign a statement naming the hospice provider you plan to receive care from, your previous hospice provider, and the effective date of the change. This statement must be filed at both hospice agencies.

5. You can continue receiving care for conditions unrelated to your terminal illness.

While you've elected hospice, you can continue receiving Medicare-covered services for conditions that are not related to your terminal illness. You must continue to pay your deductible and any copays or coinsurances to receive treatment for your other health issues. If you receive non-hospice coverage through a Medicare Advantage Plan, that plan will cover non-hospice care that you receive, so long as you continue to follow your plan's coverage rules.

This toolkit for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) was made possible by grant funding from the National Council on Aging.