

Paying for Hospice

Hospice is paid for through the Medicare Hospice Benefit, Medicaid Hospice Benefit, and most private insurers. If a person does not have coverage through Medicare, Medicaid or a private insurance company, hospice will work with the person and their family to ensure needed services can be provided.

Medicare Hospice Benefit

The Medicare Hospice Benefit is covered under Medicare Part A (hospital insurance). Medicare beneficiaries who choose hospice care receive a full scope of medical and support services for their life-limiting illness. Hospice care also supports the family and loved ones of the person through a variety of services.

More than 90% of hospices in the United States are certified by Medicare. Eighty percent of people who use hospice care are over the age of 65, and are thus entitled to the services offered by the Medicare Hospice Benefit. This benefit covers all of the care related to the terminal illness that is determined medically necessary by the hospice physician. If there is a medical condition that is not related to the terminal illness, the Medicare coverage you had before electing the hospice benefit will cover this condition.

In addition, most private health plans and Medicaid in 47 States and the District of Columbia cover hospice services.

Sometimes a person's health improves or their illness goes into remission. If that happens, the hospice physician may feel that you no longer need hospice care. If this happens, you will be discharged from hospice and return to the care and the Medicare coverage you had before electing the hospice benefit.

Also, you always have the right to stop getting hospice care at any time and for any reason. If you stop your hospice care, you will receive the type of Medicare coverage that you had before electing hospice. If you are eligible, you can go back to hospice care at any time.

Who is Eligible for Medicare Hospice Benefits?

You are eligible for Medicare hospice benefits when you meet all of the following conditions:

- You are eligible for Medicare Part A (Hospital Insurance), and
- Your doctor and the hospice medical director certify that you have a life-limiting illness and if the disease runs its normal course, death may be expected in six months or less, and
- You sign a statement choosing hospice care instead of routine Medicare covered benefits for your illness*, and
- You receive care from a Medicare-approved hospice program.
- *Medicare will still pay for covered benefits for any health needs that aren't related to your life-limiting illness.

What Does Medicare Cover?

Medicare defines a set of hospice core services, which means that hospices are required to provide these set of services to each person they serve, regardless of the persons insurance.

Medicare covers these hospice services and pays nearly all of their costs:

- Doctor services
- Nursing care
- Medical equipment (like wheelchairs or walkers)
- Medical supplies (like bandages and catheters)
- Drugs for symptom control and pain relief
- Short-term care in the hospital, including respite and inpatient for pain and symptom management
- Home health aide and homemaker services
- Physical and occupational therapy
- Speech therapy
- Social work services

- Dietary counseling
- Grief support to help you and your family

You will only have to pay part of the cost for outpatient drugs and inpatient respite care.

The Medicare Hospice Benefit Does Not Cover the Following

Treatment intended to cure your illness.

You will receive comfort care to help manage symptoms related to your illness. Comfort care includes medications for symptom control and pain relief, physical care, counseling, and other hospice services.

Medications not directly related to your hospice illness are not covered under the Medicare Hospice Benefit.

Hospice team members will consult with the hospice physician and will tell you and your family which drugs and/or medications are covered and which ones are not covered under the Medicare Hospice Benefit. The Hospice uses medicine, equipment, and supplies to make you as comfortable as possible. Under the hospice benefit, Medicare won't pay for treatment where the goal is to cure your illness. You should talk with your doctor if you are thinking about potential treatment to cure your illness. You always have the right to stop getting hospice care and receive the "traditional" Medicare coverage you had before electing hospice.

Care from another provider that is the same care that you are getting from your hospice.

All care that you receive for your illness must be given by your hospice team. You can't get the same type of care from a different provider unless you change your hospice provider.

Nursing Home Room and Board

Room and board aren't covered by Medicare. You may receive hospice services wherever you live, even in a nursing home, however, the Medicare Hospice Benefit does not pay for nursing home room and board. If you are eligible for Medicaid, Medicaid will cover room and board charges.

Hourly Care

Hospice care provided by the hospice team in the home is intermittent or visit based. You will receive visits by the hospice team based on you and your family's needs. Hourly care is not covered under the Medicare Hospice Benefit and if this is a necessity, you will need to pay out of pocket for this care or explore another care environment such as a nursing home which offers 24/7 care.