

Medicare Coverage of Hospice Care

In this resource on hospice care, we speak directly to patients as if they are the ones taking these actions or making these decisions. However, discussions about hospice often involve caregivers and family members as well. If you are a caregiver, family member, or a patient's appointed representative, you may be leading these conversations or decisions, rather than the patient.

What is the Medicare hospice care benefit?

Hospice is a program of end-of-life pain management and comfort care for those with a terminal illness. Medicare's hospice benefit offers end-of-life palliative treatment, including support for your physical, emotional, and other needs. It is important to remember that the goal of hospice is to help you live comfortably, not to cure an illness.

To elect hospice, you must:

1. Be enrolled in Medicare Part A
2. Be certified, by the hospice doctor and your doctor, if you have one, to have a terminal illness, meaning a life expectancy of six months or less if the illness takes its normal course
3. Sign a statement electing to have Medicare pay for palliative care (pain management), rather than curative care (unless your provider is participating in a special demonstration program)
4. And, receive care from a Medicare-certified hospice agency.

Once you choose hospice care, all of your hospice-related services are covered under Original Medicare, even if you are enrolled in a Medicare Advantage Plan, unless your plan is part of a special demonstration program.



Your Medicare Advantage Plan will continue to pay for any care that is unrelated to your terminal condition. Hospice care should also cover any prescription drugs you need for pain and symptom management for your terminal condition, while your Part D plan may cover medications that are unrelated to your terminal conditions.



Hospice generally takes place at home, with your hospice provider sending aides, nurses, and/or skilled therapists to provide the pain management services in your place of residence.



Hospice can sometimes take place at an inpatient facility, if your hospice provider determines inpatient care is necessary for you. If your hospice provider determines that you need inpatient care, they must be the one to make the arrangements. The cost of your inpatient stay is covered by the hospice benefit, but if you go to the hospital for hospice care and your hospice provider didn't make the arrangements, you might be responsible for the full cost of the stay.

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How can I elect the hospice care benefit?

If you are interested in Medicare's hospice care benefit, ask your provider whether you meet the eligibility criteria for hospice care. If you do, ask your doctor for help to contact a Medicare-certified hospice on your behalf. There may be several Medicare-certified hospice agencies in your area.



Once you have found a Medicare-certified hospice of your choice, the hospice medical director or doctor (and your doctor, if you have one) will certify that you are eligible for hospice care. Afterwards, you must sign a statement electing hospice care and waiving curative treatments for your terminal illness. Your hospice team must consult you—and your primary care provider, if you wish—to develop a plan of care.

What services are covered under Medicare's hospice benefit?

If you qualify for the hospice benefit, Medicare covers:

- **Skilled nursing services:** services performed by or under the supervision of a licensed or certified nurse to treat your injury or illness
- **Skilled therapy services:** physical, speech, and occupational therapy services that are reasonable and necessary to manage your symptoms or help maintain your ability to function and carry out activities of daily living (eating, dressing, toileting)
- **Hospice aides and homemaker services:** includes full coverage of a hospice aide to provide personal care services, including help with bathing, toileting, and dressing, as well as some homemaker services (changing the bed, light cleaning and laundry)
- **Medical supplies:** full coverage of certain medical supplies, such as wound dressings and catheters
- **Durable medical equipment (DME):** including full coverage of equipment needed to relieve pain or manage your terminal medical condition
- **Respite care:** short-term inpatient stays for you that allow your caregiver to rest. This coverage includes up to five consecutive inpatient days at a time.
- **Short-term inpatient care:** care at a hospital, SNF, or hospice inpatient facility if your medical condition calls for a short-term stay for pain control or acute or chronic symptom management. This is only covered if care cannot feasibly be provided in another setting.
- **Medical social services:** full coverage of services ordered by your doctor to help you with social and emotional concerns you have related to your illness. This may include counseling and/or help finding resources in your community.
- **Prescription drugs related to pain relief and symptom control.** You pay a \$5 copay.
- **Spiritual or religious counseling**
- **Nutrition and dietary counseling**

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How can I recognize and report potential hospice fraud?

Hospice fraud occurs when Medicare is falsely billed for any level of hospice care or service. Scammers may try to get beneficiaries to agree to hospice even though they do not qualify for the hospice care benefit. As a Medicare beneficiary, you should be on the lookout for suspicious behavior that might indicate Medicare fraud or abuse. Report potential hospice care fraud, errors, or abuse if:

- You were enrolled in hospice without your or your family's permission
- You find out someone is falsely certifying or failing to obtain physician certification on plans of care
- You were offered gifts or incentives to receive hospice services or to refer others for hospice services
- You see on your Medicare Summary Notice (MSN) or Explanation of Benefits (EOB) that you were billed for different hospice services than what you received or needed
- You experienced high-pressure and unsolicited marketing tactics of hospice services, such as unsolicited home visits or phone calls from hospice providers
- You know a hospice beneficiary being abused or neglected by a hospice worker



If you suspect that a provider is committing potential hospice care fraud, you should contact your local Senior Medicare Patrol (SMP). Your SMP can help you identify potential fraud, errors, and abuse, and report your concerns.

You can stop hospice fraud by following a few guidelines.

- First, be sure a trusted doctor has assessed your condition and certified that you are terminally ill.
- Second, be wary of deals that seem too good to be true. For example, never accept gifts in return for hospice services.
- Third, report any potential fraud, errors, or abuse to your local Senior Medicare Patrol (SMP).

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Where should I go for help with the Medicare hospice benefit?

Your health care provider: If you are interested in electing hospice care, contact your provider to discuss your eligibility. They can contact a Medicare-certified hospice agency.

Ohio State Health Insurance Information Program (OSHIIP): Contact OSHIIP to learn more about the hospice benefit, find a Medicare-certified hospice agency in your area, or to receive general Medicare counseling. Contact information is at the bottom of this page.

Ohio Senior Medicare Patrol (SMP): Contact Ohio SMP if you have concerns about potential Medicare fraud, errors, or abuse. Contact information is at the bottom of this page.

Medicare: Contact Medicare if you have hospice billing or coverage questions. 1-800-MEDICARE or Medicare.gov also have lists of Medicare-certified hospice agencies near you.

Your Medicare Advantage Plan or Part D plan: Contact your plan to learn more about how your coverage changes if you elect hospice, to address issues accessing care or medications unrelated to your terminal condition, or to find out if your plan participates in a demonstration program where your hospice benefit is provided by your plan instead of Original Medicare.

Ohio Senior Health Insurance Information Program	Ohio Senior Medicare Patrol
800-686-1578	800-488-6070
OSHIPmail@insurance.ohio.gov	mgallagher@proseniors.org
www.insurance.ohio.gov	www.proseniors.org/ohio-smp
<p>To find a SHIP in another state: Call 877-839-2675 (and say “Medicare” when prompted) or visit www.shiphelp.org</p>	<p>To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org</p>

SHIP National Technical Assistance Center: 877-839-2675 | www.shiphelp.org | info@shiphelp.org

SMP National Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org

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