



Medicare and Hospice Benefits

KNOW YOUR RIGHTS

If your hospice program or doctor believes you're no longer eligible for hospice care because your condition has improved, and you don't agree, you have the right to ask for a review of your case. Your hospice should give you a notice that explains your right to an expedited (fast) review by an independent reviewer hired by Medicare, called a Quality Improvement Organization (QIO). If you ask for this fast appeal, an independent reviewer will decide if your services should continue.

You have the right to be included in decisions about your care, the right to a fair process to appeal decisions about payment of services, and the right to privacy and confidentiality. For more information, visit www.medicare.gov/publications to get the booklet "Medicare Appeals." You can also call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have a complaint about the hospice that is providing your care, contact your State Survey Agency. Visit www.medicare.gov/contacts, or call 1-800-MEDICARE to get the phone number.

WHERE CAN I GET MORE INFORMATION?

Get Medicare publications and find helpful phone numbers and Web sites by visiting www.medicare.gov or calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- **To learn more about Medicare eligibility, coverage, and costs**, get the booklet "Medicare Hospice Benefits."
- **To find a hospice program**, talk to your doctor or state hospice organization.
- **For free health insurance counseling and personalized help with insurance questions**, call your State Health Insurance Assistance Program (SHIP).

For more information about hospice, contact the following organizations:

- National Hospice and Palliative Care Organization (NHPCO)— Visit www.nhpco.org, or call 1-800-658-8898.
- Hospice Association of America— Visit www.nahc.org/haa, or call 1-202-546-4759.

"Medicare and Hospice Benefits: Getting Started" isn't a legal document. More details are available in the "Medicare Hospice Benefits" booklet. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

GETTING STARTED



Care and support for people who are terminally ill

HOSPICE BENEFITS AND MEDICARE

Hospice care provides care and support for the terminally ill focusing on comfort, not on curing an illness.

- It's provided by a specially trained team to care for all of the person's needs related to the terminal illness.
- It provides support to family members caring for a terminally ill person.
- It's generally given in the home.
- It may include drugs, physical care, counseling, equipment, and supplies for terminal and related condition(s).
- It doesn't shorten or prolong life.

You can get Medicare hospice benefits when you meet **all** of the following conditions:

- You're eligible for Medicare Part A (Hospital Insurance).
- Your doctor and the hospice medical director certify that you're terminally ill and have 6 months or less to live if your illness runs its normal course.
- You sign a statement choosing hospice care instead of other Medicare-covered benefits to treat your terminal illness and related conditions.
- You get care from a Medicare-approved hospice.

Hospice care is given in 90-day or 60-day periods of care. You can get hospice care for up to two 90-day periods followed by an unlimited number of 60-day periods as long as you continue to meet the conditions above.

HOSPICE BENEFITS AND MEDICARE (CONTINUED)

You can choose to stop hospice care at any time. You may then resume getting other services under Original Medicare, or, if you're enrolled in a Medicare Advantage Plan (like an HMO or PPO), through that program and pay your plan's monthly premium.

You may also switch to another hospice provider one time during a 90-day or 60-day period of care.

WHAT'S COVERED

Medicare covers the following for your terminal illness and related conditions:

- Doctor services
- Nursing care
- Medical equipment (such as wheelchairs or walkers)
- Medical supplies (such as bandages and catheters)
- Drugs for symptom control or pain relief (you may need to pay a small copayment)
- Hospice aide and homemaker services
- Physical and occupational therapy
- Speech-language pathology services
- Social worker services
- Dietary counseling
- Spiritual counseling
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management)

WHAT'S COVERED (CONTINUED)

- Any other Medicare-covered services needed to manage your pain and other symptoms, as recommended by your hospice team
- Short-term respite care (you may need to pay a small copayment)

You can get inpatient respite care from a hospice if your usual caregiver needs a rest. During this time, you will be cared for in a Medicare-approved facility, such as a hospice inpatient facility, hospital, or nursing home.

WHAT DO I PAY?

- No more than \$5 for each prescription drug and other similar products for pain relief and symptom control
- 5% of the Medicare-approved amount for inpatient respite care

All Medicare-covered services you get while in hospice care are covered under Original Medicare, even if you're in a Medicare Advantage Plan or other Medicare health plan. You pay coinsurance and deductibles for these services. However, your plan will continue to cover you for any extra services not covered by Original Medicare. If you choose to stay in your Medicare Advantage Plan while getting hospice care, you must continue to pay your plan's monthly premium.

www.medicare.gov

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