

Medicare Coverage of Hospice Care

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:

- Be enrolled in Medicare Part A
- Have a hospice doctor certify that you have a terminal illness, meaning 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 (unless your provider is participating in a special demonstration program)
- And, receive care from a Medicare-certified hospice agency

Once you choose hospice, all of your hospice-related services are covered under Original Medicare, even if you are enrolled in a Medicare Advantage Plan. Your Medicare Advantage Plan will continue to pay for any care that is unrelated to your terminal condition. Hospice 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 condition.

How can I elect the hospice benefit?

If you are interested in Medicare's hospice benefit, ask your doctor whether you meet the eligibility criteria for hospice care. If you do, ask your doctor 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, the hospice director (and your own 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.

Additional Resources

To schedule an appointment with a Medicare Specialist:

Call 866-448-0160 or email medicare@connexioninsurance.com

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 (like eating, dressing, or 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, laundry)
- Medical supplies:** full coverage of certain medical supplies, such as wound dressings and catheters.
- Durable medical equipment (DME):** full coverage of equipment needed to relieve pain or manage your terminal 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 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 related to your illness. This may include counseling and/or 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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