

Medicare hospice benefit

Medicare is a health insurance program for people 65 years of age and older, for some people younger than 65 who have disabilities, and for people with long-term (chronic) kidney failure treated with dialysis or a transplant. Medicare is administered by the Centers for Medicare and Medicaid Services (CMS) of the United States government.

Medicare consists of:

- Part A, or hospital insurance. Part A benefits provide coverage for hospitals, nursing facilities, some home health care, and hospice. People (including a spouse) who paid Medicare taxes while they were working are eligible for Part A benefits. A monthly payment, or premium, is not required for Part A benefits.
- Part B, or medical insurance. Part B benefits pay for services not covered by part A, which would include care for any health problems that are not related to your terminal illness. Part B benefits are optional and are not paid from Medicare taxes; you must pay a monthly premium as well as deductible and/or copayment fees.

Eligibility

The Medicare hospice benefit provides coverage for services related to a life-limiting illness. Hospice care is covered under Medicare Part A benefits. You must meet all of the following criteria to be eligible for the Medicare hospice benefit:

- You must be eligible for Medicare Part A benefits.
- Your doctor and hospice medical director must certify you as having a life-limiting illness with a probable life-expectancy (prognosis) of less than 6 months to live.
- You must sign a statement that documents your intent to receive the Medicare hospice benefit. This means that you agree to receive services to maintain your comfort and control the symptoms of your life-limiting illness and are willing to stop treatments designed to prolong your life. However, your regular Medicare

benefits will still cover services for any health problem that is not related to your life-limiting illness.

- You must receive care from a hospice approved by Medicare.

Covered services

Medicare pays the hospice program a daily (per diem) rate that is intended to fully covers most services related to a life-limiting illness, including:

- Hospice nursing care in your home. This includes intermittent visits by a nurse to assess your symptoms. Nurses are also available 24 hours a day, 7 days a week to visit if you need help. However, live-in nursing care is not covered.
- Medical supplies and equipment, such as a wheelchair, hospital bed, or incontinence pads.
- Medications for symptom control and pain relief. You will have to pay no more than \$5 for each prescription drug and other related products.
- Visits to your doctor to help manage your life-limiting illness.
- Intermittent homemaker and home health aide services. However, the service of a live-in homemaker or home health aide is not covered.
- Physical, occupational, or speech therapy, if needed because of your life-limiting illness.
- Dietary counseling.
- Visits from a counselor or social worker.
- Spiritual care, if desired.
- Visits from trained volunteers. Volunteers are available on a short-term basis to provide companionship, to help with your care, or to run errands.
- Short-term care in a skilled facility (such as a hospital or nursing home) to give temporary relief to your caregiver. This is called respite care; it is helpful if a family member, friend, or hired caregiver needs a temporary break from the demands of caregiving (because of illness, for example). The hospice program can charge up to 5% of the daily skilled facility costs for respite care. You can stay for up to 5 days per each admission. There is no limit to the number of times you can receive respite care.
- Temporary hospitalization, if needed, to help manage symptoms that cannot be controlled at home.
- Counseling (called bereavement care) for your family, friends, and caregivers following your death.

If your condition changes so that hospice is no longer appropriate, you can get your previous Medicare benefits reinstated. You can also re-apply for hospice benefits at a later time if necessary.

For more information

The Centers for Medicare and Medicaid Services (CMS) of the United States government manages the Medicare hospice benefit. You may call toll-free (1-800-633-4227) or visit its Web site at <http://www.medicare.gov/> for more information.