



Medicare Hospice Benefits

This [official government](#) booklet includes information about Medicare hospice benefits:

- ★ Who's eligible for hospice care
- ★ What services are included in hospice care
- ★ How to find a hospice provider
- ★ Where you can find more information



Welcome

Choosing hospice care is a difficult decision. The information in this booklet and support from a doctor and trained hospice care team can help you choose the most appropriate health care options for someone who's terminally ill.

Whenever possible, include the person who may need hospice care in all health care decisions.



“Medicare Hospice Benefits” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

The information in this booklet describes the Medicare Program at the time this booklet was printed. The information in this booklet was correct when it was printed. Changes may occur after printing. Visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users should call 1-877-486-2048.

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Hospice care

Hospice is a program of care and support for people who are terminally ill. Here are some important facts about hospice:

- Hospice helps people who are terminally ill live comfortably.
- Hospice isn't only for people with cancer.
- The focus is on comfort, not on curing an illness.
- A specially trained team of professionals and caregivers provide care for the “whole person,” including physical, emotional, social, and spiritual needs.
- Services typically include physical care, counseling, drugs, equipment, and supplies for the terminal illness and related conditions.
- Care is generally provided in the home.
- Family caregivers can get support.

Care for a condition other than your terminal illness

The Medicare hospice benefit covers your care, and you shouldn't have to go outside of hospice to get care (except in very rare situations). Once you choose hospice care, your hospice benefit should cover everything you need.

All Medicare-covered services you get while in hospice care are covered under [Original Medicare](#), even if you were previously in a [Medicare Advantage Plan](#) (like an HMO or PPO) or other [Medicare health plan](#).

You must pay the [deductible](#) and [coinsurance](#) amounts for all Medicare-covered services to treat health problems that aren't part of your terminal illness and related conditions. You also must continue to pay Medicare [premiums](#), if necessary.

How your Medicare hospice benefit works

If you qualify for hospice care, you and your family will work with your hospice provider to set up a plan of care that meets your needs. For more specific information on a hospice plan of care, call your national or state hospice organization (see pages 14 and 17–18).

You and your family members are the most important part of a team that may also include:

- Doctors
- Nurses or nurse practitioners
- Counselors
- Social workers
- Physical and occupational therapists
- Speech-language pathologists
- Hospice aides
- Homemakers
- Volunteers

In addition, a hospice nurse and doctor are on-call 24 hours a day, 7 days a week to give you and your family support and care when you need it.

A hospice doctor is part of your medical team. You can also choose to include your regular doctor or a nurse practitioner on your medical team, as the attending medical professional who supervises your care.

The hospice benefit allows you and your family to stay together in the comfort of your home, unless you need care in an inpatient facility. If your hospice provider determines that you need inpatient hospice care, your hospice provider will make the arrangements for your stay.

Finding a hospice provider



To find a hospice provider, talk to your doctor, or call your state hospice organization. See pages 17–18 for the phone number in your area. Medicare will only cover your hospice care if the hospice provider is Medicare-approved.

To find out if a certain hospice provider is Medicare-approved, ask your doctor, the hospice provider, your state hospice organization, or your state health department.

Medicare hospice benefits

If you have [Medicare Part A](#) (Hospital Insurance) **AND** meet these conditions, you can get hospice care:

- Your hospice doctor and your regular doctor (if you have one) certify that you're terminally ill (with a life expectancy of 6 months or less).
- You accept palliative care (for comfort) instead of care to cure your illness.
- You sign a statement choosing hospice care instead of other Medicare-covered treatments for your terminal illness and related conditions.

Note: Only your hospice doctor and your regular doctor (if you have one) can certify that you're terminally ill and have 6 months or less to live.

What Medicare covers

You can get a one-time only hospice consultation with a hospice medical director or hospice doctor to discuss your care options and management of your pain and symptoms. You can get this one-time consultation even if you decide not to get hospice care.

Medicare will cover the hospice care you get for your terminal illness and related conditions, but the care you get must be from a Medicare-approved hospice provider.

Important: Once you choose hospice care, the Medicare hospice benefit should cover everything you need. [Original Medicare](#) will still pay for covered benefits for any health problems that aren't part of your terminal illness and related conditions, but this is very rare.

Hospice care is usually given in your home. Depending on your terminal illness and related conditions, the plan of care your hospice team creates can include any or all of these services:

- Doctor services
- Nursing care
- Medical equipment (like wheelchairs or walkers)
- Medical supplies (like bandages and catheters)
- Prescription drugs
- Hospice aide and homemaker services
- Physical and occupational therapy
- Speech-language pathology services
- Social worker services
- Dietary counseling
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management)
- Short-term [respite care](#)
- Any other Medicare-covered services needed to manage your terminal illness and related conditions, as recommended by your hospice team

Respite care

If your usual caregiver (like a family member) needs a rest, you can get inpatient [respite care](#) in a Medicare-approved facility (like a hospice inpatient facility, hospital, or nursing home). Your hospice provider will arrange this for you. You can stay up to 5 days each time you get respite care. You can get respite care more than once, but it can only be provided on an occasional basis.



What the Medicare hospice benefit won't cover

When you choose hospice care, you've decided that you no longer want care to cure your terminal illness and related conditions, and/or your doctor has determined that efforts to cure your illness aren't working. Medicare won't cover any of these once you choose hospice care:

- **Treatment intended to cure your terminal illness and/or related conditions.** Talk with your doctor if you're thinking about getting treatment to cure your illness. You always have the right to stop hospice care at any time.
- **Prescription drugs** (except for symptom control or pain relief).
- **Care from any provider that wasn't set up by the hospice medical team.** You must get hospice care from the hospice provider you chose. All care that you get for your terminal illness and related conditions must be given by or arranged by the hospice team. You can't get the same type of hospice care from a different provider, unless you change your hospice provider. However, you can still see your regular doctor if you've chosen him or her to be the attending medical professional who helps supervise your hospice care.
- **Room and board.** Medicare doesn't cover room and board. However, if the hospice team determines that you need short-term inpatient or **respite care** services that they arrange, Medicare will cover your stay in the facility. You may have to pay a small **copayment** for the respite stay.
- **Care you get as a hospital outpatient (like in an emergency room), care you get as a hospital inpatient, or ambulance transportation,** unless it's either arranged by your hospice team or is unrelated to your terminal illness and related conditions.

Note: Contact your hospice team **before** you get any of these services, or you might have to pay the entire cost.

Words in **blue**
are defined on
pages 15–16.

Hospice care if you're in a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan

A [Medicare Advantage Plan](#) (like an HMO or PPO) is a type of [Medicare health plan](#) offered by a private company that contracts with Medicare to provide you with all your [Medicare Part A](#) (Hospital Insurance) and [Medicare Part B](#) (Medical Insurance) benefits.

[Original Medicare](#) covers all Medicare-covered services you get while in hospice care, even if you were previously in a Medicare Advantage Plan or other Medicare health plan. Once you choose hospice care, your hospice benefit should cover everything you need. Original Medicare will still pay for covered benefits for any health problems that aren't part of your terminal illness and related conditions (this is very rare).

You can choose to get Medicare-covered services that aren't part of your hospice care through your Medicare Advantage Plan or through Original Medicare. If your plan covers extra services that aren't covered by Original Medicare (like dental and vision benefits), your plan will continue to cover these extra services as long as you continue to pay your [premium](#).

For more information about Original Medicare, Medicare Advantage Plans, and other Medicare health plans, visit [Medicare.gov](#) or call 1-800-MEDICARE (1-800-633-4227). [TTY](#) users should call 1-877-486-2048.

Information about Medicare Supplement Insurance (Medigap) policies

If you have a [Medigap policy](#), it will cover your hospice costs for drugs and [respite care](#). Your Medigap policy will also help cover health care costs for problems that aren't part of your terminal illness and related conditions. Call your Medigap policy for more information.

To get more information about Medigap policies, visit [Medicare.gov](#) or call 1-800-MEDICARE.

What you pay for hospice care

Medicare pays the hospice provider for your hospice care. There's no **deductible**. You'll pay:

- A **copayment of up to \$5 per prescription for outpatient prescription drugs for pain and symptom management**. In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan (if you have one) to see if it's covered under **Medicare prescription drug coverage (Part D)**.
- **5% of the Medicare-approved amount for inpatient respite care**.

For example, if Medicare approves \$100 per day for inpatient respite care, you'll pay \$5 per day and Medicare will pay \$95 per day. The amount you pay for respite care can change each year.

Note: If you need to get inpatient care at a hospital, your hospice provider must make the arrangements. The cost of your inpatient hospital care is covered by your hospice benefit, but paid to your hospice provider. They have a contract with the hospital and they work out the payment between them. However, if you go to the hospital and your hospice provider didn't make the arrangements, you might be responsible for the entire cost of your hospital care.

How long you can get hospice care

Hospice care is for people with a life expectancy of 6 months or less (if the disease runs its normal course). If you live longer than 6 months, you can still get hospice care, as long as the hospice medical director or other hospice doctor recertifies that you're terminally ill (with a life expectancy of 6 months or less).

Important: Hospice care is given in benefit periods. You can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods. At the start of each period, the hospice medical director or other hospice doctor must recertify that you're terminally ill (with a life expectancy of 6 months or less), so you can continue to get hospice care. A benefit period starts the day you begin to get hospice care and it ends when your 90-day or 60-day period ends.

Note: You have the right to change providers once during each benefit period.

Stopping hospice care

If your health improves or your illness goes into remission, you may no longer need hospice care.

You always have the right to stop hospice care at any time. If you choose to stop hospice care, you will be asked to sign a form that includes the date your care will end.

You shouldn't be asked to sign any forms about stopping your hospice care at the time you start hospice. Stopping hospice care is a choice only you can make, and you should not sign or date any forms until the actual date that you want your hospice care to stop.

If you stop your hospice care, you'll get the type of Medicare coverage you had before you chose a hospice provider, like [Original Medicare](#), a [Medicare Advantage Plan](#) (like an HMO or PPO), or another type of [Medicare health plan](#). If you're eligible, you can go back to hospice care at any time.

Example: Mrs. Jones has terminal cancer and got hospice care for two 90-day benefit periods. Her cancer went into remission. At the start of her first 60-day period, Mrs. Jones and her doctor decided that, due to her remission, she wouldn't need to return to hospice care at that time because she no longer has a life expectancy of 6 months or less. Mrs. Jones' doctor told her that if she becomes eligible for hospice services in the future, she may be recertified and can return to hospice care.

Here's another way to look at Mrs. Jones' situation:

- ▶ Mrs. Jones got hospice care.
 - ▶ She started her 1st 90-day benefit period.
 - ▶ Her doctor recertifies that she's terminally ill and she starts her 2nd 90-day benefit period.
 - ▶ At the start of her 1st 60-day benefit period, Mrs. Jones and her doctor decide she no longer needs hospice care.
 - ▶ She returns to Original Medicare.
 - ▶ If Mrs. Jones becomes eligible for hospice in the future, she can return to hospice care.
- ▶ Mrs. Jones would resume hospice care with a new 60-day benefit period. She has an unlimited number of 60-day benefit periods.

Your Medicare rights

People with Medicare have certain guaranteed rights. If your hospice provider or doctor believes that 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 provider should give you a notice that explains your right to an expedited (fast) review by an independent reviewer hired by Medicare, called a **Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)**. If you don't get this notice, ask for it. This notice lists your BFCC-QIO's contact information and explains your rights.

You can also visit [Medicare.gov/contacts](https://www.medicare.gov/contacts), or call 1-800-MEDICARE (1-800-633-4227) to get the phone number for your BFCC-QIO. TTY users should call 1-877-486-2048.

Your Medicare rights (continued)

Note: If you pay out-of-pocket for an item or service your doctor ordered, but your hospice provider refuses to give it to you, you can file a claim with Medicare. If your claim is denied, you can file an appeal.

For more information on appeals, visit [Medicare.gov/claims-and-appeals/file-an-appeal/appeals.html](https://www.medicare.gov/claims-and-appeals/file-an-appeal/appeals.html) or call 1-800-MEDICARE.

For information about how to file a complaint about the hospice that's providing your care, visit [Medicare.gov/claims-and-appeals/file-a-complaint/complaint.html](https://www.medicare.gov/claims-and-appeals/file-a-complaint/complaint.html) or call 1-800-MEDICARE.

For more information

You can get Medicare publications and find helpful phone numbers and websites by visiting [Medicare.gov](https://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,** visit [Medicare.gov](https://www.medicare.gov).
- **To find a hospice provider,** talk to your doctor or call your state hospice organization. Visit [Medicare.gov/contacts](https://www.medicare.gov/contacts), or call 1-800-MEDICARE to find the number for your state.
- **For free health insurance counseling and personalized help with insurance questions,** call your [State Health Insurance Assistance Program \(SHIP\)](#). To find the contact information for your SHIP, visit shiptacenter.org or call 1-800-MEDICARE.

For more information about hospice, contact these organizations:

- **National Hospice & Palliative Care Organization (NHPCO)**—Visit nhpco.org, or call 1-707-837-1500.
- **Hospice Association of America**—Visit nahc.org/haa, or call 1-202-546-4759.

Definitions

Beneficiary and Family Centered Care Quality Improvement

Organization (BFCC-QIO)—A type of QIO (an organization of doctors and other health care experts under contract with Medicare) that uses doctors and other health care experts to review complaints and quality of care for people with Medicare. The BFCC-QIO makes sure there is consistency in the case review process while taking into consideration local factors and local needs, including general quality of care and medical necessity.

Coinsurance—An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment—An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription.

Deductible—The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Medicare Advantage Plan (Part C)—A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and aren't paid for under Original Medicare. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare health plan—Generally, a plan offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan. Medicare health plans include all Medicare Advantage Plans, Medicare Cost Plans, and Demonstration/ Pilot Programs. Programs of All-inclusive Care for the Elderly (PACE) organizations are special types of Medicare health plans that can be offered by public or private entities and provide Part D and other benefits in addition to Part A and Part B benefits.

Medicare Part A (Hospital Insurance)—Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Medicare Part B (Medical Insurance)—Part B covers certain doctors’ services, outpatient care, medical supplies, and preventive services.

Medicare prescription drug coverage (Part D)—Optional benefits for prescription drugs available to all people with Medicare for an additional charge. This coverage is offered by insurance companies and other private companies approved by Medicare.

Medigap policy—Medicare Supplement Insurance sold by private insurance companies to fill “gaps” in Original Medicare coverage.

Original Medicare—Original Medicare is a fee-for-service health plan that has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).

Premium—The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

Respite care—Temporary care provided in a nursing home, hospice inpatient facility, or hospital so that a family member or friend who is the patient’s caregiver can rest or take some time off.

State Health Insurance Assistance Program (SHIP)—A state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

TTY—A TTY (teletypewriter) is a communication device used by people who are deaf, hard-of-hearing, or have severe speech impairment. People who don’t have a TTY can communicate with a TTY user through a message relay center (MRC). An MRC has TTY operators available to send and interpret TTY messages.

Area hospice organizations

This page has been intentionally left blank. The printed version contains phone number information. For the most recent phone number information, please visit shiptacenter.org, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Thank you.

Area hospice organizations (continued)

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This booklet is available in Spanish. To get your copy, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Esta publicación está disponible en Español. Para obtener una copia, llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deben llamar al 1-877-486-2048.