



Medicare & Hospice Benefits

Your Medicare rights

You have certain guaranteed 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 Medicare.gov, or 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's providing your care, contact your State Survey Agency. To get the phone number of your State Survey Agency or learn more about how to file a complaint, visit Medicare.gov, or call 1-800-MEDICARE.

For more information

You can get Medicare publications and find helpful phone numbers and websites by visiting 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.
- **To find a hospice program,** talk to your doctor or call your state hospice organization. Visit 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 Medicare.gov/contacts or call 1-800-MEDICARE.

For more information about hospice, contact these organizations:

- National Hospice and Palliative Care Organization (NHPCO)— Visit nhpco.org, or call 1-(800)-646-6460.
- Hospice Association of America— Visit nahc.org/haa, or call 1-202-546-4759.

“Medicare & 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 & support for people who are terminally ill

Medicare hospice benefits

Hospice is a program of care and support for people who are terminally ill. The focus is on comfort, not on curing an illness. Here are some important facts about hospice:

- Care is provided by a specially trained team of professionals and caregivers.
- Family caregivers can get support.
- Care is generally provided in the home.
- Services may include drugs, physical care, counseling, equipment, and supplies for the terminal illness and related condition(s).

You can get Medicare hospice benefits when you meet **all** of these 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.
- You get care from a Medicare-approved hospice program.

Hospice care is given in 60-day or 90-day periods of care. You can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods, as long as you continue to meet the conditions above. You have the right to change hospice care providers only once during each 90-day or 60-day period of care.

Medicare hospice benefits (continued)

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

What Medicare covers

Medicare covers these hospice services for your terminal illness and related conditions:

- Doctor services
- Nursing care
- Medical equipment (like wheelchairs or walkers)
- Medical supplies (like 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
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management)
- Short-term respite care (you may need to pay a small copayment)
- Any other Medicare-covered services needed to manage your pain and other symptoms, as recommended by your hospice team

What Medicare covers (continued)

Important: Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness, like care for an injury.

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.

What you pay for hospice care

You pay this for hospice care:

- 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. That includes any Medicare-covered services for conditions unrelated to your terminal illness or provided by your attending doctor.

Note: However, if your plan covers extra services not covered by Original Medicare (like dental and vision benefits), your plan will continue to cover these extra services while you're in hospice care.