

Questions to Ask When Choosing a Hospice Provider



Center for
Medicare Advocacy

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Individuals facing terminal illness may choose hospice care and the Medicare hospice benefit to keep them comfortable, rather than to treat the underlying terminal illness.

Making the decision to elect hospice care and choosing a hospice provider are two of the most important decisions you will make for yourself or a loved one. Finding a hospice that meets your needs may take some time. It is never too early to begin learning about the options available to you. The Center for Medicare Advocacy and the National Association for Home Care & Hospice have jointly developed Questions to Ask When Choosing a Hospice Provider to assist you in this process.

When choosing a hospice to provide care, you may want to interview more than one hospice. While all Medicare and Medicaid certified hospices must abide by the same rules, each hospice may customize some aspects of the services delivered. In addition to discussing the following questions with the hospice, it is recommended that you review the [Medicare Hospice Benefits booklet](#) and view the hospice's quality information on [Medicare's Care Compare](#) website. The healthcare provider ordering your hospice care or other healthcare professional assisting you may also have information to share about his/her experience with a particular hospice(s).

We have developed the questions in this publication to guide discussion between patients and families and hospices about the most frequently asked questions based on patient and family experiences. If the person at the hospice you are talking

to cannot fully answer a particular question, ask if there is someone else at the hospice who might be able to address it.

Upon electing the Medicare hospice benefit, the hospice will conduct a comprehensive assessment of the patient's and family's needs related to hospice care. This assessment can be completed during one visit or over the course of several days but must be completed within five days after the patient elects hospice care. Care is provided while the assessment is being completed, but the plan for care may change during these first days and throughout the course of care as the patient's and family's needs change. It is important to note that some of the questions in this publication cannot fully be answered by the hospice until after this assessment is complete.

Some of the questions should be asked prior to an individual electing hospice care. Therefore, the questions are separated into two categories – [Hospice Screening Questions](#), which are intended to help patients and families identify which hospice they would like to elect hospice care from and should be asked prior to electing hospice care, and [Hospice Care Questions](#), which are designed to be asked after the election of hospice care and the completion of a comprehensive assessment. Waiting until after election and the assessment will allow the hospice to answer the questions as they relate to an individual's specific situation.

Medicare Hospice Services

All services, items and medications covered and paid for under the Medicare Hospice Benefit must be related to the terminal illness and related conditions and be reasonable and necessary for pain and symptom management, and not for curative purposes. For instance, seasonal allergy medications and cholesterol medications may not be related to an individual's cancer diagnosis for which hospice care is received. Therefore, these medications may not be paid for under the Medicare hospice benefit. Any services, items and medications not related to the terminal illness and related conditions are paid for outside of the Medicare Hospice Benefit if normally paid for by Medicare.

All care provided by the hospice is overseen by the hospice's Medical Director in collaboration with the individual the patient designates as his/her attending physician/nurse practitioner (NP)/physician assistant (PA). The Medical Director also recertifies patients for hospice care.

Medicare-certified hospices are required to offer the following services as appropriate, and as explained in the Medicare Hospice Benefits booklet:

Medicare Hospice Services

- Physician services
- Nursing care
- Hospice aide and homemaker services
- Physical and occupational therapy
- Speech-language pathology services
- Social worker services
- Dietary counseling
- Spiritual counseling
- Volunteer support
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management that cannot be adequately managed at a less intensive level of care or in your place of residence)
- Short-term continuous care (in certain circumstances when your needs require at least 8 hours of necessary care per day for palliation and management of acute medical symptoms)
- Short-term respite care (when your caregiver needs rest, you can receive inpatient respite care) for up to five days
- Any other Medicare-covered services or items needed to manage your terminal illness and related conditions, as recommended by your hospice team
 - Medical equipment (like wheelchairs, walkers, and hospital beds)
 - Medical supplies (like wound care dressing and catheters)



Prescription drugs – some hospices may use a “formulary”, which is a list of the routinely coverable drugs. This does not mean that hospices do not cover or pay for drugs that are not part of the formulary, but anything not on the formulary may need to go through an approval process. Some drugs may not be approved which may result in patient financial liability for these drugs.

SCREENING QUESTIONS: To be asked BEFORE electing hospice care

1. Is the hospice able to provide all the services listed above?
2. Does the hospice offer any additional services beyond those required?
3. When the hospice orders medical equipment, medical supplies or prescription drugs, where can they be picked up? If these items can be delivered directly, how long does it generally take for them to be delivered?
4. What types of help are the hospice's volunteers able to provide?
5. What kind of out-of-pocket expenses should be expected for hospice-covered services?

HOSPICE CARE DELIVERY QUESTIONS: To be asked AFTER electing hospice care

1. What services would be delivered in the typical week (specific to the patient's situation) and how are these coordinated? If my condition changes, how will services change?
2. How often will a hospice team member visit and how long will most visits last?
3. Are telehealth ("virtual visits") made in addition to in person visits?
4. How does the hospice handle circumstances where visits do not occur as scheduled?
5. How often would personal care/aide/homemaker services be provided in my case and what types of services would I receive (i.e., assistance with bathing/showering, dressing, meals, light cleaning and laundering essential to the comfort and cleanliness of the patient, etc.)? How long does a typical visit last?
6. What help do the hospice's volunteers provide and how can a request for volunteer support be made?
7. What kind of spiritual counseling and emotional support is offered to me and my family?

OTHER QUESTIONS YOU MAY HAVE

Information about the Hospice Company, Staff, and Mission and Philosophy

In order for the hospice to bill Medicare for the services it provides to you, the hospice must be Medicare-certified. As part of this certification, the hospice agrees to comply with and deliver services according to certain conditions of participation prescribed by Medicare. While all hospices must comply with these conditions, each hospice is able to customize some aspects of its care. For example, some hospices may approach care from a particular spiritual aspect or religion or may only serve individuals who have completed a Do Not Resuscitate order or are not utilizing a ventilator. The following questions may provide additional information about the hospice.



SCREENING QUESTIONS: To be asked BEFORE electing hospice care

1. How long has the hospice been in operation?
2. Is the hospice Medicare and Medicaid certified?
3. If there is state licensure for hospices, is the hospice licensed?
4. Does the hospice have a mission statement to share?
5. Does the hospice have any particular philosophy about the types of individuals it does and does not serve?
6. Does the hospice have quality information to share beyond that available on Care Compare?
7. What is the hospice's policy to assure the rights of patients are known and observed?
8. How does the hospice honor the unique needs of specific populations, (i.e. LGBTQ, Black, Jewish, Asian, Hispanic, Veterans, etc)? Are there staff available who have education and training in caring for individuals and families of specific populations?
9. For patients and families with limited English proficiency, how does the hospice ensure meaningful access to all hospice services including interpreters and translation services for each visit and for any communication outside of visits?
10. For patients/families with particular needs or disabilities is the hospice team trained and do they have the resources necessary to provide optimal care (i.e. pediatric population, non-verbal, hearing or seeing impaired, physical or intellectual disability, etc.)? What is the process for requesting reasonable accommodation for a patient with disabilities?
11. If I decide I do not want to elect hospice care or after election decide I no longer want hospice care, are similar services available from your organization outside of the Medicare hospice election? If so, is there other insurance coverage for these services?

12. Does the hospice provide services in nursing homes and assisted living facilities? Which ones?
13. What is expected of me and my caregiver? What support/training is available for my caregiver (i.e. medication management; treatment of symptoms; etc.)? How will the hospice stay in timely communication with my caregiver?
14. Can I continue to see my physician and other health care providers after electing hospice care?
15. Are any of the hospice staff certified in hospice and palliative care? (Some hospices may require this of their staff or allow their staff to pursue this certification, which is not mandatory, but does signal additional training.)
16. What is the average number of years of experience for the type of staff who will be visiting me?
17. Are references checked and criminal background and/or drug screens conducted on hospice staff?
18. How often is the care provided by hospice team members monitored?
19. If I have questions or concerns with some aspect of care the hospice is providing, who at the hospice should be contacted and how?
20. Who is the hospice's Medical Director?
21. How do you ensure/encourage consistency of the staff that cares for a particular patient?

OTHER QUESTIONS YOU MAY HAVE

Location of Care

Hospice care is intended to be provided in a patient's home, which also can include a nursing home or assisted living facility. In certain situations, patients may need short-term general inpatient care (for pain and symptom management that cannot be provided in another setting). Hospices can provide this level of care in Medicare certified skilled nursing facilities, hospitals or hospice inpatient units. These facilities can also be utilized for respite care, which is care you can receive when your usual caregiver needs rest.



SCREENING QUESTIONS: To be asked BEFORE electing hospice care

1. What nursing homes/assisted living facilities does the hospice contract with?
2. Does the hospice have an inpatient unit? If not, what facilities does the hospice contract with should I need the general inpatient level of care/respite care?

OTHER QUESTIONS YOU MAY HAVE

Services Outside of Business Hours and in Emergencies

Hospices are required to provide nursing services, physician services, and drugs and biologicals on a 24-hour basis, 7 days a week. Other covered services are available on a 24-hour basis when reasonable and necessary to meet the needs of the patient and family. Patients and families should not hesitate to reach out to the hospice with needs outside of the hospice's business hours. Response times vary by hospice and type of need.



SCREENING QUESTIONS: To be asked BEFORE electing hospice care

1. What are the hospice's normal business hours? Are visits made after hours or on weekends and holidays? What is the typical response time if it is necessary to call someone after normal business hours, or on weekends and holidays? What would be the response time for a visit if the issue can't be resolved over the phone?
2. What happens if I need to go to the hospital or the emergency room?

OTHER QUESTIONS YOU MAY HAVE

Payment and Coverage

As stated above, there may be costs associated with some Medicare covered hospice services. Also, there may be items, services and drugs that are determined to be unrelated or not reasonable and necessary. Some unrelated items, services and drugs may be covered separately by Medicare. Otherwise, there may be costs to be paid by the patient.



HOSPICE SPECIFIC QUESTIONS: To be asked AFTER electing hospice care

1. Are there any services, medications, other treatment or equipment that the hospice does not provide or pay for as it relates to my condition?

OTHER QUESTIONS YOU MAY HAVE

NOTES



For any further questions, please contact:



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