

QUICK GUIDE

To Help Identify Medicare Coverable Hospice Cases

Hospice Care Can be Covered by Medicare if the following criteria are met:

1. The individual is entitled to Medicare Part A, or enrolled in a Medicare Advantage plan.
2. Both the attending physician (if the individual has one) **and** a hospice agency's medical director or physician member of the hospice interdisciplinary team initially certify that the patient is **terminally ill** (see below).
3. The individual or their authorized representative signs a hospice election form with a Medicare-certified hospice provider they have chosen. [**Important note:** By electing hospice, the patient acknowledges they understand that hospice care does not provide curative treatment, but focuses on providing comfort and symptom management. As such, the patient waives all rights to Medicare payment for items and services *related to the treatment of the terminal condition and related conditions*. They also understand that virtually all of the care they need should be provided by the hospice agency.]

Additional Information and Advocacy Tips

1. The attending physician is always the key to obtaining Medicare coverage. Obtain a statement from the beneficiary's physician stating that the patient is terminally ill, that the services are reasonable and necessary for the comfort and management of the terminal illness.
2. The certification that an individual is **terminally ill** is based on the physician's clinical judgment and must specify that the patient's prognosis is for a **life expectancy of six months or less** if the terminal illness runs its normal course. Clinical information and documentation supporting the prognosis must be filed in the hospice medical record.
3. An individual does not have to have cancer to qualify for the Medicare hospice benefit.
4. An individual does not have to sign a "do not resuscitate" (DNR) order or have an advance directive to be eligible for covered hospice services.
5. An individual does not have to be homebound in order to elect hospice.
6. Eligible patients can elect hospice for two 90-day benefit periods, followed by an unlimited number of 60-day benefit periods. After the initial 90-day benefit period, only a hospice physician must recertify that the patient continues to be terminally ill. Before the third and later benefit periods, a hospice physician or nurse practitioner must have a face-to-face encounter with the patient to determine continued eligibility for coverage.

7. A hospice patient has a right to choose their attending physician. The election statement must identify the attending physician the patient has chosen to provide care to them.
8. The hospice plan of care must be created in collaboration with the attending physician, the patient or representative, and the primary caregiver, and must be reviewed and/or revised as the patient's condition requires, but no less often than every 15 calendar days.
9. An individual may change hospice providers once each benefit period. An individual may revoke their hospice election at any time, and also re-elect hospice care at a later time.
10. An individual has a right to request an election statement addendum from their hospice provider at any time. It lists and explains the conditions, items, services, or drugs that the hospice considers to be *unrelated* to the patient's terminal illness and related conditions and not needed for pain or symptom management. If the patient disagrees with the hospice's determination, they can seek immediate advocacy through the Medicare Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO).

Four Categories of Medicare-Covered Hospice Care:

1. **Routine home care** in the individual's place of residence (e.g., private home, nursing home, assisted living facility, memory care).
2. **Continuous home care** during brief periods of crisis when hospice services are needed on a continuous basis to maintain the person at home. Care must be predominantly nursing care, but can include aide and homemaker services.
3. **Short-term general inpatient care** for pain control or acute or chronic symptom management which cannot be managed in other settings.
4. **Short-term inpatient respite care** when necessary to relieve the family members or other people caring for the individual.

Types of Covered Hospice Services:

1. Physician services.
2. Nursing care.
3. Physical, occupational, and speech-language pathology services for symptom control or to maintain activities of daily living and basic functional skills.
4. Medical social services.
5. Hospice aide, volunteer, and homemaker services.
6. Medical appliances and supplies, including drugs and biologicals.
7. Spiritual, dietary, and bereavement counseling services.