





LOCAL HELP FOR PEOPLE WITH MEDICARE

Medicare Minute Script – November 2015 Understanding Medicare's Hospice Benefit

Medicare's hospice benefit covers comprehensive care you receive if you are terminally ill. Understanding the scope and limitations of Medicare's hospice benefit can help you better advocate for yourself and loved ones during this difficult time.

Step 1: Understand Medicare's coverage of the hospice benefit.

Medicare will provide coverage for your hospice care if you have Part A and meet all of the following:

- A hospice doctor and your primary care physician (if you have one) certify that you are terminally ill. That means you are expected to live six months or less, if your illness runs its normal course. Medicare will still pay for hospice care beyond 6 months if your illness does not run a normal course.
- You accept palliative care pain and symptom relief -- instead of care to cure your terminal illness
- You sign a statement choosing hospice care instead of other Medicare-covered treatments for your terminal illness and related conditions
- You receive care from a Medicare-certified hospice agency

When you elect the hospice benefit, Original Medicare pays for all care related to your terminal condition, even if you have a Medicare Advantage Plan.

Step 2: Understand the services that are covered under your plan of care.

Hospice care is usually provided where you live, unless your hospice medical team determine you need short term inpatient stays for managing pain and symptoms. Once you begin hospice care, you will develop a plan of care with the hospice director and your physician. The plan of care defines the specific services you will receive in hospice. Discuss with your doctor and the hospice provider whether the following services are appropriate for you:

- Skilled nursing services
- Skilled therapy services
- Aide and homemaker services
- Durable medical equipment (DME)
- Medical social services

- Pastoral care
- Nutrition and dietary counseling
- Prescription drugs
- Pain management services
- Respite care

Unlike most other Medicare-covered services, you pay almost nothing for hospice care. The only costs you can incur related to your terminal illness are a \$5 copayment for outpatient prescriptions for pain and symptom management and, if you need inpatient respite care, 5% of Medicare's approved amount for respite.

Your State Health Insurance Assistance Program (SHIP) can provide more details about this and other unique aspects of Medicare's hospice benefit.







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Step 3: Understand how to look out for hospice fraud.

The fact that beneficiaries who need hospice care are particularly vulnerable, in addition to the often higher provider reimbursement rates, can make Medicare's hospice benefit a target for fraud. Some fraudulent providers have been known to offer gifts to beneficiaries to entice them to agree to a hospice level of care. Others have falsely certified that a patient is terminally ill. Another way that some individuals commit fraud is to bill for services you never received. Check your Medicare Summary Notices (MSNs) to ensure the services listed were necessary, were part of your plan of care, and were received. Also, never accept gifts in return for services! Report anything suspicious to your Senior Medicare Patrol (SMP).

Take Action:

- 1) Discuss hospice care with your family and your providers to determine if it is a good option for you.
- 2) Understand the services that are covered, and your care plan.
- 3) Contact your State Health Insurance Assistance Program (SHIP) for more information about Medicare's hospice benefit.
- 4) Protect yourself from fraud by refusing gifts in return for services and by reviewing your MSNs and other insurance statements or bills for accuracy.
- 5) Report suspicious activity to your local Senior Medicare Patrol (SMP)

Local SMP Contact Information
SMP toll-free:
SMP email:
SMP website:
To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org.

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