



Understanding Hospice eligibility and what is covered by the Medicare benefit

Although hospice is available to any terminally-ill patient, 90 percent of hospice patients are Medicare beneficiaries. The hospice benefit covers services necessary to comfortably manage a terminal illness and related diagnoses. Diagnoses unrelated to the terminal condition will be covered by the patient's regular Medicare program.

How does the Medicare Hospice Benefit work?

- An initial assessment by the hospice nurse and/or physician determines eligibility
- A patient specific Hospice Plan of Care is developed in collaboration with the VNA Community Healthcare & Hospice team, the patient's doctor, the patient and caregivers
- Services are provided wherever the patient calls home, including Skilled Nursing Facilities, Assisted Living Facilities and, primarily, private residences
- Patient care is provided by the family/caregivers with support of the hospice team through intermittent visits
- A hospice nurse is available 24 hours a day, 7 days a week

What services are included?

- Hospice physician services, nursing, home health aides, social workers, spiritual counseling, therapies such as pet and art therapy, and dietary counseling
- Medications for comfort and symptom management
- Durable medical equipment and medical supplies
- Short term inpatient care for pain or symptom crisis management
- Short term inpatient respite for up to 5 days to provide temporary relief for a caregiver

Who is eligible?

- Those with any diagnoses, including cancer, cardiac, pulmonary, dementia, renal or liver conditions

- Those with Active Medicare Part A
- Those for whom a physician or nurse practitioner and Hospice Medical Director certifies a 6-month prognosis or less
- Patients who elect comfort care instead of curative care
- Patients must have a 24-hour responsible person to provide care or arrange for care when necessary

What is not covered under the benefit?

Curative or aggressive therapies, hospitalizations, Emergency Department visits, ambulance transport, laboratory and other diagnostic testing are not covered under the hospice benefit unless specifically authorized by the hospice team. The benefit does not include 24-hour caregivers in the home.

How long can a patient receive hospice care?

Hospice care is given in benefit periods. It begins with two 90-day benefit periods followed by an unlimited number of 60-day benefit periods. At the start of each period, the Hospice Medical Director will recertify the patient as long as criteria continues to support the terminal condition. Hospice services do not stop after six months – they will continue as long as the patient is recertified. Patients have the right to discontinue hospice services at any time.