

# ■ ■ Medicare Benefit Takeaway Points ■ ■

## To be eligible for Medicare Hospice Benefit a patient must:

- Be eligible for Medicare Part A.
- Have two doctors (usually a primary care doctor and the hospice medical director) certify that a patient has a terminal illness.
- Must sign a consent form stating he/she wishes to receive hospice care for their terminal illness in place of regular Medicare benefits.
- Receive hospice care from a Medicare-approved hospice provider.

## Covered Services:

- Physician care
- Nursing care
- Medical supplies (bandages, catheters, diapers, etc.)
- Medical equipment (oxygen machine, wheelchair, hospital bed, etc.)
- Medications for pain and symptom control
- CNA services
- Social Work services
- Chaplains
- Counseling (bereavement, emotional, dietary)
- Therapists (speech, physical, occupational)
- Short term inpatient care for symptom management
- Short term stays in nursing facilities for respite care

## Cost to patients and families with Medicare Part A:

- Medicare allows hospice programs to charge no more than \$5.00 for each prescription drug for pain relief and symptom management and 5% of the Medicare approved amount for inpatient respite care.

**(HopeWest Does Not Charge These Co-Pays)**

## Length of Coverage:

- (2) 90 day benefit periods.
- Unlimited number of 60 day periods.
- Must be recertified by the physician at the beginning of each 90 and 60 day benefit period.

## What Medicare Hospice benefit does not cover:

- Treatment intended to cure terminal illness.
- Medications unrelated to hospice diagnosis or intended to cure terminal illness
- Care in any setting unless arranged by Hospice or unrelated to the hospice diagnosis.