The Medicare Hospice Benefit

High-quality, compassionate care at the end of life

Despite your best efforts and your family’s loving support, sometimes a cure is not possible. The Medicare hospice benefit provides access to services that address the physical, emotional and spiritual needs that accompany an advanced illness.

You’re eligible for the Medicare hospice benefit if you meet the following conditions:

• You are eligible for Medicare Part A (hospital insurance)
• Your prognosis is six months or less
• You choose to forgo treatments and side effects in favor of symptom management and quality of life

You may choose to stop hospice services at any time. As long as you meet the eligibility guidelines, you can return to hospice care. Individuals who exceed the life expectancy may receive hospice services beyond six months at no penalty. At certain intervals, a hospice physician must meet with the patient to recertify that the prognosis remains six months or less.

How hospice works

VITAS will assign a specially trained team to help you cope with your advanced illness. Our care team includes:

• A hospice physician with expertise in pain and symptom management
• A nurse to supervise and execute the plan of care
• Hospice aides for personal assistance
• Chaplains to provide pastoral care
• Social workers to address emotional, financial and social stresses

Your personal doctor/specialist is welcome to remain involved in your care plan.

Other hospice services

Medicare Part A covers up to 100% of the cost of hospice care related to a hospice-eligible patient’s terminal illness, with no deductible or copayment. For patients with Medicare Advantage, hospice is covered by original Medicare, including:

• Prescription drugs, over-the-counter medications, medical equipment and supplies related to the patient’s advanced illness
• Physical therapy, occupational therapy, speech therapy and dietary counseling for palliative purposes
• Lab and diagnostic tests necessary to achieve optimum palliative care
• Inpatient care for pain and other serious symptoms that cannot be managed at home
• Bereavement services for the family for up to 13 months after a death
The hospice medical team determines which care is directly related to the hospice diagnosis, while Medicare continues to cover any health problems not related to the hospice diagnosis.

Before receiving or scheduling new medical services or procedures, hospice patients or their families should contact their hospice team to ensure the new services are covered.

Patients with a private or employer-provided health plan should check with their insurance provider for details about hospice eligibility, coverage and out-of-pocket expenses. Medicaid provides hospice coverage, but it varies by state.

Comparing hospice providers
All hospice organizations are reimbursed in the same way, so they do not compete on cost. It is the quality of service that differentiates one hospice from another.

Here’s what VITAS offers:
• Routine hospice care in the home, wherever the patient calls home
• Continuous care in the home for up to 24 hours a day when medically necessary
• Inpatient hospice care when symptoms and pain cannot be managed in the home
• Respite care up for a patient in an inpatient facility up to 5 days to give family/caregivers a break
• Full-time physicians dedicated to caring for hospice patients and families
• Direct access to clinical staff 24 hours a day, seven days a week—including holidays
• 24/7 response to hospice referrals or requests for a hospice evaluation

VITAS hospice care honors your wishes to be pain-free, to remain at home and to focus on quality of life at the end of life. Compassionate hospice solutions support your physical, emotional and spiritual well-being.

We’re here for you
When someone becomes seriously ill, it can be difficult to know where to turn. VITAS can help.

For more information, call 800.723.3233 or visit VITAS.com