

# The Medicare Hospice Benefit

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More than 90% of hospices in the United States are certified by Medicare. Medicare defines a set of hospice care services, which many hospices surpass through voluntary, community-based efforts.

The Medicare Hospice Benefit, initiated in 1983, is covered under Medicare Part A (hospital insurances). Medicare beneficiaries who choose hospice care receive a full scope of non-curative medical and support services for their terminal illness. Hospice care also supports the family and loved ones of the patient through a variety of services, enhancing the value of the Medicare Hospice Benefit.

## The Medicare Hospice Benefit Provides:

- Physician services
- Nursing care
- Medical equipment and supplies
- Medications for symptom management and pain relief
- Short-term inpatient and respite care
- Home health aide services
- Counseling
- Social work services
- Spiritual care
- Volunteer participation
- Bereavement services
- Physical therapy, occupational therapy and speech/language pathology services.

## Who Is Eligible?

Medicare has three eligibility criteria:

- The patient's doctor and the hospice medical director use their best clinical judgment to certify that the patient is terminally ill with a life expectancy of six months or less, if the disease runs its normal course;
- The patient chooses to receive hospice care rather than curative treatments for their illness; and
- The patient is enrolled in a Medicare-certified hospice program.

## Payment for Hospice:

- Medicare pays the hospice program a per diem rate that is intended to cover virtually all expenses related to addressing the patient's terminal illness.

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7740 N. Oracle Road • Tucson, AZ 85704

(520) 544-9890 • Fax (520) 544-9894 • [www.casahospice.com](http://www.casahospice.com)

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