

KNOW YOUR RIGHTS

You have certain guaranteed rights. If your hospice program or doctor believes that you are no longer eligible for hospice care because your condition has improved, and you don't agree, you have the right to ask for a review of your case. Your hospice should give you a notice that explains your right to an expedited (fast) review by an independent reviewer hired by Medicare, called a Quality Improvement Organization (QIO). If you ask for this fast appeal, an independent reviewer will decide if your services should continue.

You have the right to be included in decisions about your care, the right to a fair process to appeal decisions about payment of services, and the right to privacy and confidentiality. For more information, read the free booklet "Your Medicare Rights and Protections," visit www.medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have a complaint about the hospice that is providing your care, contact your State Survey Agency. Visit www.medicare.gov and select "Ombudsman," then "Inquiries and Complaints" to find the number of your State Survey Agency. You can also call 1-800-MEDICARE.

CENTERS FOR MEDICARE & MEDICAID SERVICES

WHERE CAN I GET MORE INFORMATION?

You can view or print Medicare publications and find helpful phone numbers and websites by visiting www.medicare.gov or calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- To learn more about Medicare eligibility, coverage, and cost information, read the free booklet "Medicare Hospice Benefits."
- For free health insurance counseling and personalized help with insurance questions, call your State Health Insurance Assistance Program (SHIP).

To find a hospice program, talk to your doctor or state hospice organization.

For more information about hospice, contact the following organizations:

- National Hospice and Palliative Care Organization (NHPCO)— Visit www.nhpco.org, or call 1-800-658-8898.
- Hospice Association of America—Visit www.nahc.org/haa, or call 1-202-546-4759.

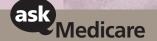
Medicare and Hospice Benefits







Care and support for people who are terminally ill



HOSPICE BENEFITS AND MEDICARE

LET'S GET STARTED.

Hospice care is a program that provides care and support for the terminally ill focusing on comfort, not on curing an illness. Here are some important facts about hospice care:

- Provided by a specially trained team to care for all of the person's needs
- Provides support to family members caring for a terminally ill person
- Generally given in the home
- May include drugs, physical care, counseling, equipment, and supplies for terminal and related condition(s)
- Doesn't shorten or prolong life

You can get Medicare hospice benefits when you meet **all** of the following conditions:

- You are eligible for Medicare Part A (Hospital Insurance).
- Your doctor and the hospice medical director certify that you are terminally ill and have 6 months or less to live if your illness runs its normal course.
- You sign a statement choosing hospice care instead of other Medicare-covered benefits to treat your terminal illness.
- You get care from a Medicare-approved hospice program.

Hospice care is given in 90-day or 60-day periods of care. You can get hospice care for up to two 90-day periods followed by an unlimited number of 60-day periods as long as you continue to meet the conditions above.

WHAT'S COVERED

Medicare covers the following hospice services for your terminal illness and related conditions:

- Doctor services
- Nursing care
- Medical equipment (such as wheelchairs or walkers)
- Medical supplies (such as bandages and catheters)
- Drugs for symptom control or pain relief (you may need to pay a small copayment)
- Home health aide and homemaker services
- Physical and occupational therapy
- Speech-language pathology services
- Social worker services
- Dietary counseling
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management)
- Short-term respite care (you may need to pay a small copayment)
- Any other Medicare-covered services needed to manage your pain and other symptoms, as recommended by your hospice team

You can get inpatient respite care from a hospice if your usual caregiver needs a rest. During this time, you will be cared for in a Medicare-approved facility, such as a hospice inpatient facility, hospital, or nursing home.

WHAT DO I PAY?

Medicare pays the hospice provider for your hospice care. You will have to pay the following:

- No more than \$5 for each prescription drug and other similar products for pain relief and symptom control
- 5% of the Medicare-approved amount for inpatient respite care

All Medicare-covered services you get while in hospice care are covered under Original Medicare, even if you are in a Medicare Advantage Plan (like an HMO or PPO) or other Medicare health plan. However, your plan will continue to cover you for any extra services not covered by Original Medicare. If you choose to stay in your Medicare Advantage Plan while getting hospice care, you must continue to pay your plan's monthly premium.

Important: Original Medicare will still pay for covered services for any health problems that aren't related to your terminal illness. You pay coinsurance and deductibles for these services.

"Medicare and Hospice Benefits: Getting Started" isn't a legal document. More details are available in the "Medicare Hospice Benefits" booklet. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

www.medicare.gov