



Medicare Hospice Benefits

This [official government](#) booklet includes information about Medicare hospice benefits:

- ★ Who's eligible for hospice care
- ★ What services are included in hospice care
- ★ How to find a hospice provider
- ★ Where you can find more information



Welcome

Choosing to start hospice care is a difficult decision. The information in this booklet and support from a doctor and trained hospice care team can help you choose the most appropriate health care options for someone who's terminally ill. Whenever possible, include the person who may need hospice care in all health care decisions.



The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

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Hospice care

Hospice is a program of care and support for people who are terminally ill (with a life expectancy of 6 months or less, if the illness runs its normal course) and their families. Here are some important facts about hospice:

- Hospice helps people who are terminally ill live comfortably.
- Hospice isn't only for people with cancer.
- The focus is on comfort (palliative care), not on curing an illness.
- A specially trained team of professionals and caregivers provide care for the “whole person,” including physical, emotional, social, and spiritual needs.
- Services typically include physical care, counseling, drugs, equipment, and supplies for the terminal illness and related conditions.
- Care is generally given in the home.
- Family caregivers can get support.

Palliative care

Palliative care is the part of hospice care that focuses on helping people who are terminally ill and their families maintain their quality of life. If you're terminally ill, palliative care can address your physical, intellectual, emotional, social, and spiritual needs. Palliative care supports your independence, access to information, and ability to make choices about your health care.

Care for a condition other than your terminal illness

Your hospice benefit covers care for your terminal illness and related conditions. Once you start getting hospice care, your hospice benefit should cover everything you need related to your terminal illness, even if you remain in a [Medicare Advantage Plan](#) (like an HMO or PPO) or other [Medicare health plan](#).

After your hospice benefit starts, you can still get covered services for conditions not related to your terminal illness. [Original Medicare](#) will pay for covered services for any health problems that aren't part of your terminal illness and related conditions. However, you must pay the [deductible](#) and [coinsurance](#) amounts for all Medicare-covered services you get to treat health problems that aren't part of your terminal illness and related conditions.

Important: If you were in a Medicare Advantage Plan before starting hospice care, and decide to stay in that plan, you can get covered services for any health problems that aren't part of your terminal illness and related conditions. You can choose to get services not related to your terminal illness from either your plan or Original Medicare. For more information on hospice care if you're in a Medicare Advantage Plan or other Medicare health plan see page 10.

How your hospice benefit works

If you qualify for hospice care, you and your family will work with your hospice provider to set up a plan of care that meets your needs. For more specific information on a hospice plan of care, call your state hospice organization. Visit [Medicare.gov/contacts](https://www.medicare.gov/contacts), or call 1-800-MEDICARE (1-800-633-4227) to find the number for your state hospice organization. TTY users can call 1-877-486-2048.



You and your family members are the most important part of a team that may also include:

- Doctors
- Nurses or nurse practitioners
- Counselors
- Social workers
- Pharmacists
- Physical and occupational therapists
- Speech-language pathologists
- Hospice aides
- Homemakers
- Volunteers

In addition, a hospice nurse and doctor are on-call 24 hours a day, 7 days a week, to give you and your family support and care when you need it.

A hospice doctor is part of your medical team. You can also choose to include your regular doctor, a nurse practitioner, or a physician's assistant on your medical team as the attending medical professional who supervises your care.

The hospice benefit allows you and your family to stay together in the comfort of your home, unless you need care in an inpatient facility. If your hospice provider decides you need inpatient hospice care, your hospice provider will make the arrangements for your stay.

Who's eligible for the hospice benefit

If you have [Medicare Part A](#) (Hospital Insurance) **AND** meet all of these conditions, you can get hospice care:

- Your hospice doctor and your regular doctor (if you have one) certify that you're terminally ill (you're expected to live 6 months or less).
- You accept palliative care (for comfort) instead of care to cure your illness.
- You sign a statement choosing hospice care instead of other Medicare-covered treatments for your terminal illness and related conditions.

Note: Only your hospice doctor and your regular doctor (if you have one) can certify that you're terminally ill and have 6 months or less to live.

Finding a hospice provider

To find a hospice provider, talk to your doctor, or call your state hospice organization. Visit [Medicare.gov/contacts](https://www.medicare.gov/contacts), or call 1-800-MEDICARE (1-800-633-4227) to find the number for your state hospice organization. TTY users can call 1-877-486-2048.

You can also visit [Medicare.gov/hospicecompare](https://www.medicare.gov/hospicecompare) to find hospices that serve your area and compare them based on the quality of care they provide.

Medicare only covers your hospice care if the hospice provider is Medicare approved. Check with your doctor, the hospice provider, your state hospice organization, or your state health department to see if the hospice provider you're looking at is Medicare approved.

If you belong to a [Medicare Advantage Plan](#) (like an HMO or PPO) and want to start hospice care, ask your plan to help you find a hospice provider in your area. Your plan must help you locate a Medicare-approved hospice provider in your area.

What Medicare covers

You can get a one-time only hospice consultation with a hospice medical director or hospice doctor to discuss your care options and management of your pain and symptoms. You can get this one-time consultation even if you decide not to get hospice care.

Once your hospice benefit starts, [Original Medicare](#) will cover everything you need related to your terminal illness, but the care you get must be from a Medicare-approved hospice provider.

Hospice care is usually given in your home, but it also may be covered in a hospice inpatient facility. Depending on your terminal illness and related conditions, the plan of care your hospice team creates can include any or all of these services:

- Doctor services
- Nursing care
- Medical equipment (like wheelchairs or walkers)
- Medical supplies (like bandages and catheters)
- Prescription drugs
- Hospice 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](#)
- Any other Medicare-covered services needed to manage your terminal illness and related conditions, as recommended by your hospice team

Respite care

If your usual caregiver (like a family member) needs rest, you can get inpatient respite care in a Medicare-approved facility (like a hospice inpatient facility, hospital, or nursing home). Your hospice provider will arrange this for you. You can stay up to 5 days each time you get respite care. You can get respite care more than once, but only on an occasional basis.

What your hospice benefit won't cover

When you start hospice care, you've decided that you no longer want care to cure your terminal illness and related conditions, and/or your doctor has determined that efforts to cure your illness aren't working. Medicare won't cover any of these once your hospice benefit starts:

- **Treatment intended to cure your terminal illness and/or related conditions.** Talk with your doctor if you're thinking about getting treatment to cure your illness. You always have the right to stop hospice care at any time.
- **Prescription drugs** (except for symptom control or pain relief).
- **Care from any provider that wasn't set up by the hospice medical team.** You must get hospice care from the hospice provider you chose. All care that you get for your terminal illness and related conditions must be given by or arranged by the hospice team. You can't get the same type of hospice care from a different hospice, unless you change your hospice provider. However, you can still see your regular doctor or nurse practitioner if you've chosen him or her to be the attending medical professional who helps supervise your hospice care.
- **Room and board.** Medicare doesn't cover room and board. However, if the hospice team determines that you need short-term inpatient or [respite care](#) services that they arrange, Medicare will cover your stay in the facility. You may have to pay a small [copayment](#) for the respite stay.
- **Care you get as a hospital outpatient (like in an emergency room), care you get as a hospital inpatient, or ambulance transportation,** unless it's either arranged by your hospice team or is unrelated to your terminal illness and related conditions.

Note: Contact your hospice team **before** you get any of these services, or you might have to pay the entire cost.

Hospice care if you're in a Medicare Advantage Plan or other Medicare health plan

Once you start getting hospice care, [Original Medicare](#) will cover everything you need related to your terminal illness, even if you choose to remain in a [Medicare Advantage Plan](#) or other [Medicare health plan](#).

If you were in a Medicare Advantage Plan before starting hospice care, you can stay in that plan, as long as you pay your plan's [premiums](#). You can choose to get covered services for any health problems not related to your terminal illness from either your plan or Original Medicare.

What you pay will depend on the plan and whether you follow the plan's rules, like seeing in-network providers. If your plan covers extra services that aren't covered by Original Medicare (like dental and vision benefits), your plan will continue to cover these extra services as long as you continue to pay your plan's premiums and other costs.

For more information about Original Medicare, Medicare Advantage Plans, and other Medicare health plans, visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Information about Medicare Supplement Insurance (Medigap) policies

If you have a [Medigap policy](#), it will cover your hospice costs for drugs and [respite care](#). Your Medigap policy also will help cover health care costs for problems that aren't part of your terminal illness and related conditions. Call your Medigap policy for more information.

To get more information about Medigap policies, visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE.

What you pay for hospice care

Medicare pays the hospice provider for your hospice care. There's no [deductible](#). You'll pay:

- **Your monthly [Medicare Part A \(Hospital Insurance\)](#) and [Medicare Part B \(Medical Insurance\)](#) premiums.**
- **A [copayment](#) of up to \$5 per prescription for outpatient prescription drugs for pain and symptom management.** In the rare case your drug isn't covered by the hospice benefit, your hospice provider should contact your Medicare drug plan (if you have one) to see if it's covered by [Medicare prescription drug coverage \(Part D\)](#).
- **5% of the Medicare-approved amount for inpatient [respite care](#).**

For example, if Medicare approves \$100 per day for inpatient respite care, you'll pay \$5 per day and Medicare will pay \$95 per day. The amount you pay for respite care can change each year.

Important: Once your hospice benefit starts, [Original Medicare](#) will cover everything you need related to your terminal illness. Original Medicare will also pay for covered services for any health problems that aren't part of your terminal illness and related conditions. See page 5 for more information.

Note: If you need to get inpatient care at a hospital for your terminal illness and/or related conditions, your hospice provider **must** make the arrangements. The cost of your inpatient hospital care is covered by your hospice benefit, but paid to your hospice provider. They have a contract with the hospital and they work out the payment between them. However, if you go to the hospital and your hospice provider didn't make the arrangements, you might be responsible for the entire cost of your hospital care.

How long you can get hospice care

Hospice care is for people with a life expectancy of 6 months or less (if the illness runs its normal course). If you live longer than 6 months, you can still get hospice care, as long as the hospice medical director or other hospice doctor recertifies that you're terminally ill.

Hospice care is given in benefit periods. You can get hospice care for two 90-day benefit periods followed by an unlimited number of 60-day benefit periods. At the start of the first 90-day benefit period, your hospice doctor and your regular doctor (if you have one) must certify that you're terminally ill (with a life expectancy of 6 months or less).

Important: At the start of each benefit period after the first 90-day benefit period, the hospice medical director or other hospice doctor must recertify that you're terminally ill, so you can continue to get hospice care. A benefit period starts the day you begin to get hospice care and it ends when your 90-day or 60-day benefit period ends.

Note: You have the right to change your hospice provider once during each benefit period.

Stopping hospice care

If your health improves or your illness goes into remission, you may no longer need hospice care.

You always have the right to stop hospice care at any time. If you choose to stop hospice care, you'll be asked to sign a form that includes the date your care will end.

You shouldn't be asked to sign any forms about stopping your hospice care at the time you start hospice. Stopping hospice care is a choice only you can make, and you shouldn't sign or date any forms until the actual date that you want your hospice care to stop.

If you were in a [Medicare Advantage Plan](#) (like an HMO or PPO) when you started hospice, you can stay in that plan by continuing to pay your plan's [premiums](#). If you stop your hospice care, you're still a member of your plan and can get Medicare coverage from your plan after you stop hospice care. If you weren't in a Medicare Advantage Plan when you started hospice care, and you decide to stop hospice care, you can continue in [Original Medicare](#). If you're eligible, you can go back to hospice care at any time.

Your Medicare rights

As a person with Medicare, you have certain guaranteed rights, including:

- The right to get care that meets professionally recognized standards. If you believe that the care you're getting is below this standard, and you're dissatisfied with the way your hospice provider has responded to your concern, you have the right to contact a [Beneficiary and Family Centered Care Quality Improvement Organization \(BFCC-QIO\)](#). Visit [Medicare.gov/contacts](#), or call 1-800-MEDICARE (1-800-633-4227) to get the phone number for your BFCC-QIO. TTY users can call 1-877-486-2048.
- The right to ask for a review of your case. If your hospice provider or doctor believes that you're 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 provider should give you a notice that explains your right to an expedited (fast) review by a BFCC-QIO. If you don't get this notice, ask for it. This notice lists your BFCC-QIO's contact information and explains your rights.

To see a full list of your rights and for information about how to file a complaint about the hospice providing your care, visit [Medicare.gov/claims-and-appeals](#), or call 1-800-MEDICARE.

Note: If you pay out-of-pocket for an item or service your doctor ordered, but your hospice provider refuses to give it to you, you can file a claim with Medicare. For more information on filing a claim or an appeal, visit [Medicare.gov/claims-and-appeals](#) or call 1-800-MEDICARE.

For more information

You can get official Medicare publications and find helpful phone numbers and websites by visiting [Medicare.gov](https://www.Medicare.gov) or calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

To learn more about Medicare eligibility, coverage, and costs, visit [Medicare.gov](https://www.Medicare.gov). You can also visit [Medicare.gov/hospicecompare](https://www.Medicare.gov/hospicecompare) to find hospices that serve your area and compare them based on the quality of care they provide.

To find a hospice provider, talk to your doctor or call your state hospice organization. Visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts), or call 1-800-MEDICARE to find the number for your state hospice organization.

For free health insurance counseling and personalized help with insurance questions, call your [State Health Insurance Assistance Program \(SHIP\)](#). To find the contact information for your SHIP, visit [shiptacenter.org](https://www.shiptacenter.org) or call 1-800-MEDICARE.

For more information about hospice, contact these organizations:

- **National Hospice & Palliative Care Organization (NHPCO)**—Visit [nhpco.org](https://www.nhpco.org), or call 703-837-1500.
- **Hospice Association of America**—Visit [hospice.nahc.org](https://www.hospice.nahc.org), or call 202-547-7424.
- **VNAA**—Visit [vnaa.org](https://www.vnaa.org), or call 571-527-1520.
- **Hospice Foundation of America (HFA)**—Visit [hospicefoundation.org](https://www.hospicefoundation.org), or call 1-800-854-3402.

Definitions

Beneficiary and Family Centered Care Quality Improvement

Organization (BFCC-QIO)—A type of QIO (an organization of doctors and other health care experts under contract with Medicare) that uses doctors and other health care experts to review complaints and quality of care for people with Medicare. The BFCC-QIO makes sure there is consistency in the case review process while taking into consideration local factors and local needs, including general quality of care and medical necessity.

Coinsurance—An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Copayment—An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription drug.

Deductible—The amount you must pay for health care or prescriptions before Original Medicare, your prescription drug plan, or your other insurance begins to pay.

Medicare Advantage Plan (Part C)—A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your Part A and Part B benefits. Medicare Advantage Plans include:

- Health Maintenance Organizations
- Preferred Provider Organizations
- Private Fee-for-Service Plans
- Special Needs Plans
- Medicare Medical Savings Account Plans

If you're enrolled in a Medicare Advantage Plan:

- Most Medicare services are covered through the plan
- Medicare services aren't paid for by Original Medicare

Most Medicare Advantage Plans offer prescription drug coverage.

Medicare health plan—Generally, a plan offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan. Medicare health plans include all Medicare Advantage Plans, Medicare Cost Plans, and Demonstration/ Pilot Programs. Programs of All-inclusive Care for the Elderly (PACE) organizations are special types of Medicare health plans that can be offered by public or private entities and provide Part D and other benefits in addition to Part A and Part B benefits.

Medicare Part A (Hospital Insurance)—Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Medicare Part B (Medical Insurance)—Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.

Medicare prescription drug coverage (Part D)—Optional benefits for prescription drugs available to all people with Medicare for an additional charge. This coverage is offered by insurance companies and other private companies approved by Medicare.

Medigap policy—Medicare Supplement Insurance sold by private insurance companies to fill “gaps” in Original Medicare coverage.

Original Medicare—Original Medicare is a fee-for-service health plan that has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).

Premium—The periodic payment to Medicare, an insurance company, or a health care plan for health or prescription drug coverage.

Respite care—Temporary care provided in a nursing home, hospice inpatient facility, or hospital so that a family member or friend who is the patient's caregiver can rest or take some time off.

State Health Insurance Assistance Program (SHIP)—A state program that gets money from the federal government to give free local health insurance counseling to people with Medicare.

Notice of Accessible Communications

To help ensure people with disabilities have an equal opportunity to participate in our services, activities, programs, and other benefits, we provide communications in accessible formats. The Centers for Medicare & Medicaid Services (CMS) provides auxiliary aids and services to help us better communicate with people with disabilities. Auxiliary aids include materials in Braille, audio/data CD or other accessible formats.

Note: You can get the “Medicare & You” handbook electronically in standard print, large print, or as an eBook.

For general Medicare inquiries and Medicare publications, call us at 1-800-MEDICARE (1-800-633-4227). TTY: 1-877-486-2048.

For all other CMS publications and documents in accessible formats, you can contact our Customer Accessibility Resource Staff:

Call 1-844-ALT-FORM (1-844-258-3676). TTY: 1-844-716-3676.

- Send a fax to 1-844-530-3676.
- Send an email to altformatrequest@cms.hhs.gov.
- Send a letter to:

Centers for Medicare & Medicaid Services
Offices of Hearings and Inquiries (OHI)
7500 Security Boulevard, Mail Stop S1-13-25
Baltimore, MD 21244-1850
Attn: Customer Accessibility Resource Staff

You can also contact the Customer Accessibility Resource staff:

- To inquire about a request for accessible formats.
- To submit concerns and issues about accessible communications, including the quality and timeliness of your request.

Note: Your request for a CMS publication or document should include:

- Your name, phone number, and the mailing address where we should send the publications or documents.
- The publication title and CMS Product No., if known.
- The format you need, like Braille, large print, or data/audio CD.

Note: If you're enrolled in a Medicare Advantage or Medicare Prescription Drug Plan, you can contact your plan to request their documents in an accessible format.

Nondiscrimination Notice

CMS doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

How to file a complaint

If you believe you've been subjected to discrimination in a CMS program or activity, there are 3 ways to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

1. Online at hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html.
2. By phone: Call 1-800-368-1019. TDD user can call 1-800-537-7697.
3. In writing: Send information about your complaint to:

Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244-1850

Official Business
Penalty for Private Use, \$300

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This booklet is available in Spanish. To get your copy, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Esta publicación está disponible en Español. Para obtener una copia, llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY pueden llamar al 1-877-486-2048.