

Your Medicare rights

People with Medicare have certain guaranteed rights. To see a full list of your rights, visit [Medicare.gov/claims-and-appeals/medicare-rights/medicare-rights-overview.html](https://www.medicare.gov/claims-and-appeals/medicare-rights/medicare-rights-overview.html).

If your hospice program or doctor believes 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 an independent reviewer contracted by Medicare, called a Beneficiary and Family Centered Care Quality Improvement Organization (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.

You can also visit [Medicare.gov/contacts](https://www.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.

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. If your claim is denied, you can file an appeal.

For more information on claims, appeals and complaints, visit [Medicare.gov/claims-and-appeals](https://www.medicare.gov/claims-and-appeals).

For more information

You can read the official Medicare publication “Medicare Hospice Benefits,” 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 find a hospice provider**, talk to your doctor, visit [Medicare.gov/hospicecompare](https://www.medicare.gov/hospicecompare), or call 1-800-MEDICARE.
- **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 and Palliative Care Organization (NHPCO)**— Visit [nhpco.org](https://www.nhpco.org), or call 1-703-837-1500.
- **Hospice Association of America**—Visit [nahc.org](https://www.nahc.org), or call 1-202-547-7424.
- **VNAA**—Visit [vnaa.org](https://www.vnaa.org), or call 1-888-866-8773.
- **Hospice Foundation of America (HFA)**—Visit [hospicefoundation.org](https://www.hospicefoundation.org), or call 1-800-854-3402.

“Medicare & Hospice Benefits: Getting Started” isn't a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [CMS.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html](https://www.cms.gov/about-cms/agency-information/aboutwebsite/cmsnondiscriminationnotice.html), or call 1-800-MEDICARE for more information.

Medicare & Hospice Benefits



GETTING STARTED



Care & support for people who are terminally ill

Medicare hospice benefits

Hospice is a program of care and support for people who are terminally ill and their families. Here are 7 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, not on curing an illness.
- A specially trained team of professionals and caregivers provide care for the "whole person," including your physical, emotional, social, and spiritual needs.
- Services may include physical care, counseling, prescription drugs, equipment, and supplies for the terminal illness and related conditions.
- Care is generally provided in the home.
- Family caregivers can get support.

Important: You must choose a Medicare-approved hospice provider that accepts Medicare payment.

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

- Your regular doctor (if you have one) and the hospice medical director certify that you're terminally ill (with a life expectancy of 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 benefits to treat your terminal illness and related conditions.

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 each benefit period, the hospice medical director and your doctor must recertify that you're terminally ill, (with a life expectancy of 6 months or less), so you can continue to get hospice care.

You always have the right to stop hospice care for any reason. If you're eligible, you can go back to hospice care at any time.

What's covered?

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
 - If your usual caregiver (like a family member) needs a 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.
- Any other Medicare-covered services needed to manage your pain and other symptoms that are part of your terminal illness and related conditions, as recommended by your hospice team.

What do I pay?

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 under Medicare prescription drug coverage (Part D).
- 5% of the Medicare-approved amount for inpatient respite care.

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.

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.

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