

Your Medicare rights

People with Medicare have certain guaranteed rights. To get a full list of your rights, visit [Medicare.gov/basics/your-medicare-rights](https://www.Medicare.gov/basics/your-medicare-rights).

If your hospice program or doctor believes you're no longer eligible for hospice care because your condition has improved but 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 your 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 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 an appeal with Medicare. If Medicare denies your claim, you can file an appeal.

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

For more information on quality of care complaints, visit [qioprogram.org/file-complaint](https://www.qioprogram.org/file-complaint).

For more information

You can view or print Medicare publications, find helpful phone numbers and websites, and compare hospice providers in your area 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.

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 [shiphelp.org](https://www.shiphelp.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 703-837-1500
- **National Association for Home Care & Hospice (NAHC)**
Visit [nahc.org](https://www.nahc.org), or call 202-547-7424
- **Family Caregiver Alliance (FCA)**
Visit www.caregiver.org, or call 415-434-3388
- **Hospice Foundation of America (HFA)**
Visit [hospicefoundation.org](https://www.hospicefoundation.org), or call 1-202-457-5811

“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 [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.Medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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 some important facts about hospice:

- The focus is on comfort, not on curing an illness.
- Services may include physical care, counseling, prescription drugs, equipment, and supplies for the terminal illness and related conditions.
- A specially trained team of professionals and caregivers provide care for your physical, emotional, social, and spiritual needs.
- Care is generally provided in the home.
- Family caregivers can get support.
- Hospice isn't only for people with cancer.

Important: You must choose a Medicare-approved hospice provider who 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 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. If you choose hospice care you have the right to change your mind and receive treatments for your terminal illness.

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 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 your hospice benefit may cover care 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 managing symptoms)
- 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 you need to manage your pain and other symptoms that are part of your terminal illness and related conditions, as your hospice team recommends.

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 managing symptoms. In the rare case the hospice benefit doesn't cover your drug, your hospice provider should contact your Medicare drug plan (if you have one) to check if it covers your drug.
- 5% of the Medicare-approved amount for inpatient respite care.

Original Medicare will cover 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 or other Medicare health plan.

After your hospice benefit starts, you can still get covered services for conditions that aren't 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 continue to 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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