



## HOW WILL WE PAY FOR COMMUNITY HOSPICE & PALLIATIVE CARE?

When facing the many challenges of advanced illness, we think you and your family should be able to focus on comfort and quality of life without worrying about how to pay for end-of-life care.

Comprehensive services from Community Hospice & Palliative Care are covered under the Medicare Hospice Benefit, Medicaid Hospice Benefit and most private health insurance plans. In fact, for the majority of our patients, the cost of care is fully covered by Medicare, with no out-of-pocket expenses for the patient or family.

### Who is eligible for care under the Medicare Hospice Benefit?

- \_ You are eligible for Medicare Part A
- \_ Your doctor and a Community Hospice & Palliative Care physician certify that you have a terminal diagnosis with a life expectancy of six months or less if the illness runs its normal course
- \_ You choose to receive hospice care, which is focused on the management of pain and discomforting symptoms rather than aggressive treatments that attempt to cure the disease

### What services are included?

If you are living in a private residence with a family member or friend serving as your primary caregiver, the Medicare Hospice Benefit covers the following Community Hospice & Palliative Care services as they relate to your terminal diagnosis:

- \_ Physician services for the medical oversight of your care
- \_ Regular visits by registered nurses and licensed practical nurses to monitor your condition and provide appropriate care to keep you comfortable
- \_ Medications for pain relief and symptom control
- \_ Medical equipment and supplies (wheelchairs, walkers, special beds, bandages, etc)
- \_ Certified nursing assistants to help with personal care (bathing, dressing, light housekeeping)
- \_ Physical, occupational and speech therapy, as well as dietary counseling
- \_ Emotional and spiritual support from social service specialists and spiritual counselors
- \_ Ambulance transport
- \_ Bereavement support for loved ones for 13 months or more following the patient's death

**Does Medicare cover “continuous care”?** Yes. If needed, ongoing care can be provided on a short-term basis to stabilize a change in your condition while keeping you in your home.

**Does Medicare cover inpatient care?** Yes. If inpatient care is necessary to stabilize your condition during an acute problem

or change of condition in the home, your Community Hospice care team will arrange for a short-term stay in one of our four homelike inpatient centers or an area hospital.

### How do you help loved ones serving as the primary caregiver?

Family or friends caring for you in the home may need a short break, or “respite,” at some point. With Community Hospice Respite Care, you will be fully cared for in a nursing home for up to five days and then safely returned back to your home.

**Will Medicare pay for hospice in a place other than a private residence?** Yes. Community Hospice cares for patients living fulltime in nursing homes and other long term care and assisted living facilities. For these individuals, the Medicare Hospice Benefit covers the same services outlined above; however, the patient may be responsible for the cost of room and board.

**Is a patient’s regular Medicare coverage forfeited if hospice is chosen?** No. When you elect Community Hospice care under the Medicare Hospice Benefit, you retain full Medicare coverage for all healthcare needs not related to your hospice diagnosis. You must continue to pay any applicable deductible and coinsurance amounts for your standard Medicare plan. Similarly, if you are enrolled in Medicare prescription drug coverage, drugs unrelated to your terminal illness are covered by your standard Medicare coverage.

### How long can a patient receive hospice services?

Community Hospice care is covered under the Medicare Hospice Benefit as long as the patient is certified as having a six-month life expectancy by your doctor and a Community Hospice physician. The hospice team reviews this with the doctor every 60 to 90 days. When a patient lives longer than six months, they continue to receive Community Hospice care, as long as physicians recertify their eligibility.

### Why would someone stop receiving hospice care?

On occasion, the health of an individual receiving our care improves or the person’s disease goes into remission. Regardless, you have the right to stop receiving hospice care at any time, for any reason. You can then return to Community Hospice care at any time, as long as eligibility criteria are met.

### What can I do to better understand my own coverage options?

Please feel free to call us at the numbers listed below to discuss your situation and your coverage options. As a nonprofit organization committed to improving the end-of-life experience for everyone in our community, our goal is to ensure that no one is denied quality hospice care due to an inability to pay.

We are here to help you **live better** with advanced illness.