

Medicare Hospice Benefit vs. Medicare Home Health Benefit

There are several dissimilarities in the services that are provided and covered by the Medicare Hospice Benefit and the Medicare Home Health Benefit. While both benefits provide services to the patient's home, the Medicare Hospice Benefit is limited to individuals with a terminal illness.

The Hospice Benefit is more cost effective for terminally ill patients and their loved ones than the Home Health Benefit. The Hospice Benefit has pain and symptom management protocols optimal for terminally ill patients, as well as supportive services for both the patients and their loved ones.

A Comparison of Medicare Home Health Benefit and Hospice Benefit		
Services	Medicare Home Health Benefit¹	Medicare Hospice Benefit²
Physician	Not covered, but 80% of approved charges are covered under Part B	Attending physician 80% covered under part B; hospice physician 100% covered
Skilled Nursing	Covered for skilled care, if part-time or intermittent, or daily for 21 days or less.	Covered for skilled and supportive care
Medications	Not included	Covered, related to terminal illness
Durable Medical Equipment	80% of approved amount covered	100% covered
Medical Supplies	Medical supplies covered	Medical and personal supplies covered
24-Hour On-Call Nurse	Not required	Included
Medical Social Work	Covered for patient	Covered for patient and caregivers
Homemaker/Home Health Aide	Covered if part-time or intermittent, must provide "hands on personal care." 28-35 /wk w/SN & HHA	Covered, no hourly restriction
Volunteers	Not included	Included for patients and loved ones
Chaplain Services	Not covered	Covered
Bereavement Care	Not included	Included
Dietician	Not covered for individual patients	Covered
Physical, Speech and Occupational Therapy	Covered, limitations on occupational therapy	Covered
Services to Nursing Facility Residents	Not covered	Covered, not including Room & Board
Inpatient Care	Not covered	Covered
Respite Care	Not covered	Covered for up to 5 consecutive days, possible coinsurance
Skilled Continuous Care	Not covered	Covered, during periods of medical crisis

¹There are additional services that can be provided in the home, but are not included in the home health benefit. Medicare will pay for reasonable and necessary home health visits if all the following requirements are met: 1. Patient needs skilled care; 2. Patient is homebound; 3. Care is authorized by physician; and 4. Home Health agency is Medicare-certified. (42 CFR §409.42)

²Medicare will pay for hospice care if all the following requirements are met: 1. Prognosis that life expectancy is 6 months or less. (42 CFR §418.20) 2. Terminal illness is certified by physician; 3. Patient elects hospice benefit; 4. Care is specified in the hospice plan of care; and 5. Hospice program is Medicare-certified. (42 CFR §418.21, 418.22, 418.24).



	Hospice Benefit	Home Health Benefit
Visiting Nurse	Covered, pt. does not need to be homebound	Only if pt. is homebound and has teachable caregiver in home
Visiting Nursing Assistant	Covered	Covered if pt. qualifies
Psychosocial Services	Covered	Covered if pt. qualifies
Spiritual Care	Covered	Not Available
Medications related to hospice diagnosis	Covered	Not Available
Volunteers	Covered	Not Available
Medical Equipment	Covered 100%, no copay or deductibel	Covered 80% under Medicare Part B (must qualify)
Respite Care	Covered	Not Available
24/7 After Hours Support & Visits	Covered	After hours availablilty varies significantly between agencies. Emergencies are often handled by the hospital ER
Inpatient Care	Covered for acute symptom management	Not Available
Continuous Care	Covered for acute symptom management	Only available where need is finite and predicable
	Covered	Some supplies covered; pt. must qualify

Medical and Disposable Supplies		
Dietician Services	Covered based on pt. need	Pt. must qualify
Physical, Speech & Occupational Therapies	Covered based on pt. need	Covered with restrictions on occupational therapy
Oxygen	Covered 100%; no copay or deductible	Covered under Medicare Part B; copay & deductibles apply; pt. must qualify
Services Provided in Skilled Nursing Facility	Available if resident is not accessing their skilled nursing home Part A benefit	Not Available
Physician Services	Hospice physician 100% covered; Attending physician 80% of approved charges covered under Medicare Part B	Physician 80% of approved charges covered under Part B
Bereavement Services	Available prior to and up to 13 months after a patient's death	Not Available

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Home Health vs. Hospice Care

Although both home health and hospice care both share the same goal of providing the best care for the needs of the patient, the difference lies in the focus of that care.

The focus of home health care is to provide cure-oriented treatments to work towards curing and healing the patient. Once it is apparent that cure-oriented treatment will no longer benefit the patient, transition to hospice care will more appropriately address the needs of the family and the patient. Hospice care is focused on providing a comfortable transition through a patient's end-of-life journey.

The Hospice Medical Director and the interdisciplinary team work together and use a wide variety of pain and symptom management methods. Together they complete a comprehensive assessment of the patient's condition which allows them to create an interdisciplinary care plan to enable the patient to live life as fully as possible. This care plan addresses medical, emotional, psychological, and spiritual needs.

Under hospice care, a patient's last days are spent with dignity at home or in a setting where care can be appropriately provided. The Hospice team works with the patient to address problems that may arise and supports the choices of the patient. Support is also provided to the families of the patients after the death of the patients to assist them in the bereavement process.

Medicare: Home Health vs. Hospice

For Home Health, Medicare Covers:

- 80% of approved charges for physician (under Part B only)
- Skilled nursing, if part-time or intermittent, or daily for 21 days or less
- 80% of Durable Medical Equipment
- Medical Supplies
- Medical Social Work
- Part time or intermittent Homemaker/Home Health Aide (28-35 hrs/wk)
- Physical, Speech and Occupational Therapy (limitations on occupational therapy)

For Hospice , Medicare covers all of the above PLUS the following:

- 100% coverage for a hospice physician
- Complete coverage for skilled and supportive care nursing
- Medications covered (relating to terminal illness)
- 100% coverage of Durable Medical Equipment
- 24-hour on-call nurse
- Medical Social Work for patient and caregivers
- Covered Homemaker/Home Health Aide with no hourly restrictions
- Volunteers for patients and loved ones
- Chaplain Services
- Bereavement Care
- No limits on Occupational Therapy
- Services to Nursing Facility Residents (not including Room and Board)
- Inpatient Care
- Respite care for up to 5 consecutive days (possible coinsurance)
- Skilled continuous care (during periods of medical crisis)

To qualify for Medicare Hospice Benefits, a patient must meet ALL of the following requirements:

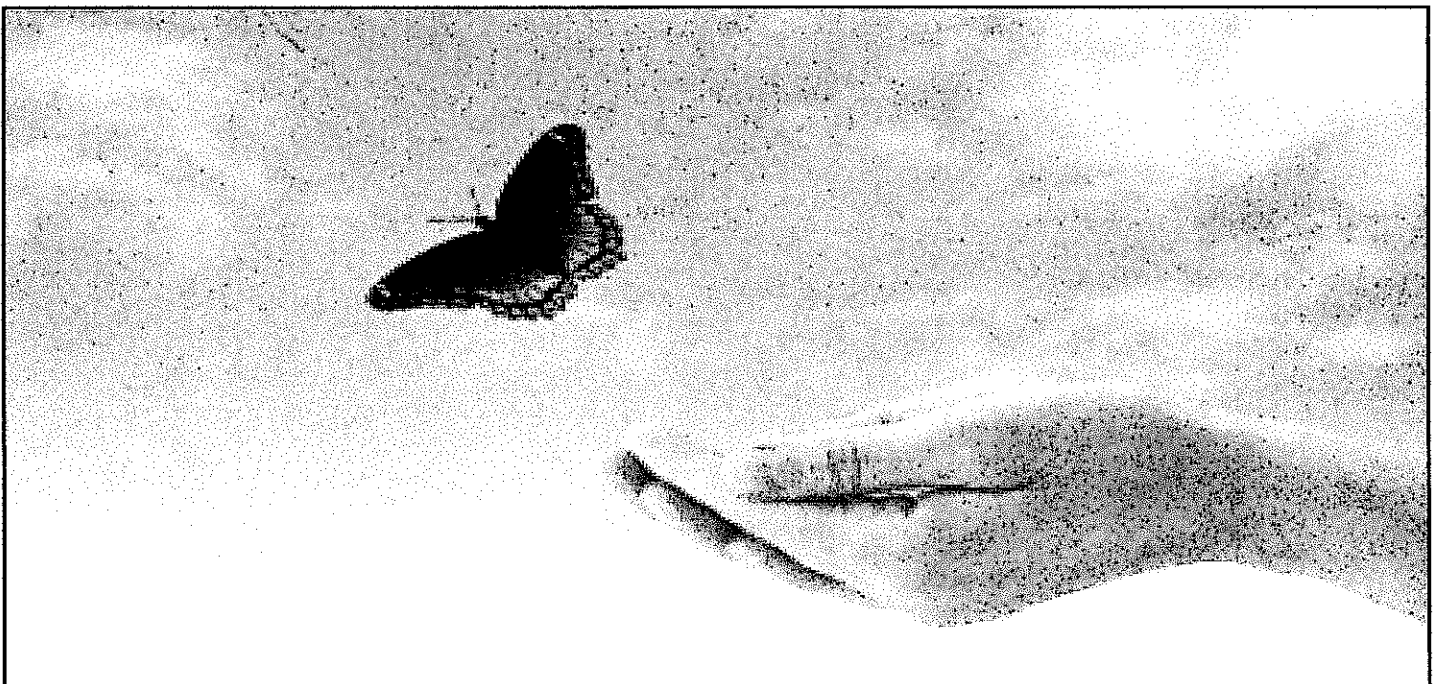
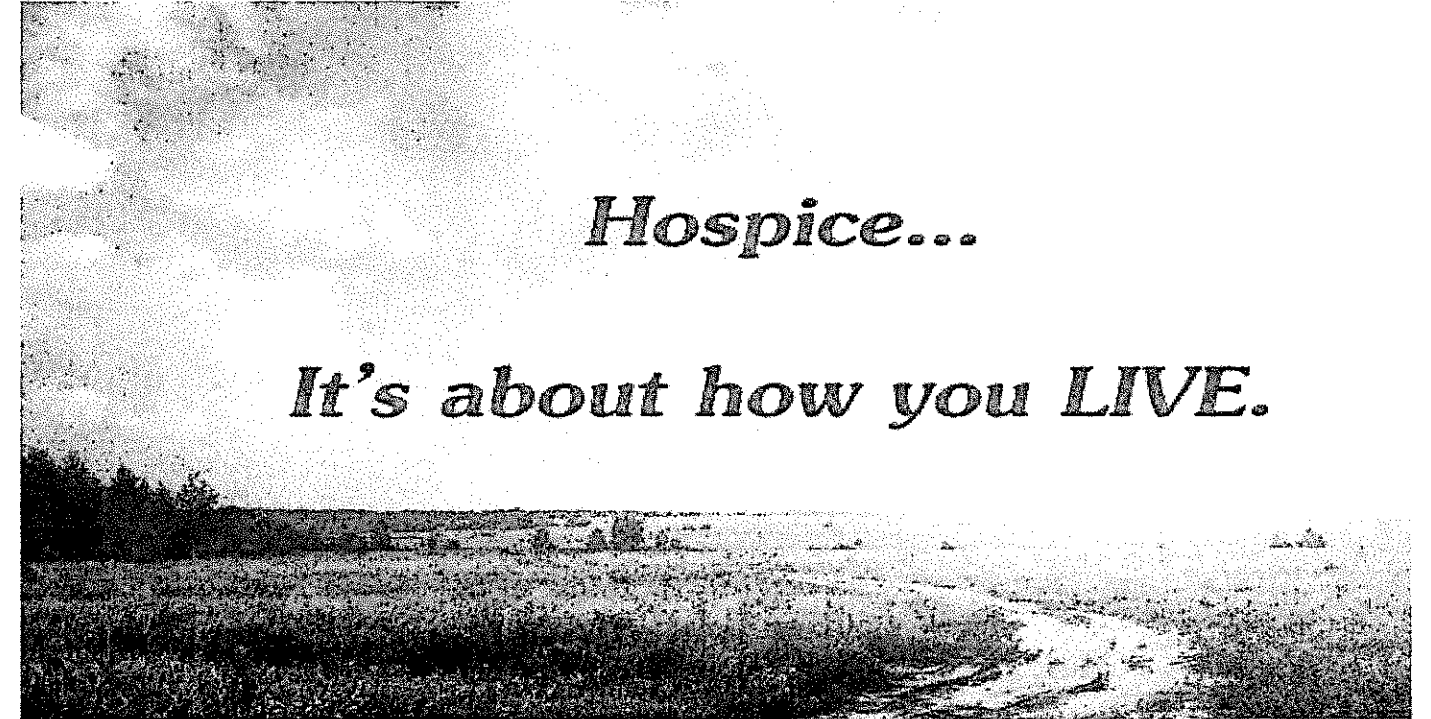
- 1. Prognosis that life expectancy is 6 months or less*
- 2. Terminal illness confirmed by physician*
- 3. Patient elects hospice benefit*
- 4. Care is specified in hospice plan of care*
- 5. Hospice program is Medicare certified*



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Hospice...

It's about how you LIVE.



Hospice care

Hospice is a program of care and support for people who are terminally ill. 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, not on curing an illness.
- * A specially trained team of professionals and caregivers provide care for the "whole person," including his or her physical, emotional, social, and spiritual needs.
- * Services may include physical care, counseling, drugs, equipment, and supplies for the terminal illness and related condition(s).
- * Care is generally provided in the home. But can also be rendered in a different home setting. (Nursing home, Board and Care, Assisted Living)

Medicare hospice benefits

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

- You're eligible for Medicare Part A (Hospital Insurance).
- Your doctor and the hospice medical director certify that you're 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. (Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness.)
- You get care from a Medicare-approved hospice program.

How hospice works

Your doctor and the hospice team will work with you and your family to set up a plan of care that meets your needs. Your plan of care includes hospice services that Medicare covers. If you qualify for hospice care, you'll have a specially trained team and support staff available to help you and your family cope with your illness.

You and your family members are the **most important** part of the team. Other people on the team may include:

- Doctors
- Nurses or nurse practitioners
- Social workers
- Hospice aides
- Chaplain
- Volunteers

In addition, hospice nurses 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. Your regular doctor or a nurse practitioner can also be part of this team as the attending medical professional to supervise your care. However, only your regular doctor (**not a nurse practitioner that you've chosen to serve as your attending medical professional**) and the hospice medical director can certify that you're terminally ill and have 6 months or less to live.

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 the hospice team determines that you need inpatient care, the hospice team will make the arrangements for your stay.

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, pain, and management of your symptoms. You can get this one-time consultation if you decide not to get hospice care.

Medicare will cover the hospice care you get for your terminal illness, but the care you get must be from a Medicare-approved hospice program.

Important: Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness, like care for an injury.

Medicare covers these hospice services when they're needed to care for your terminal illness and related condition(s):

- Doctor services
- Nursing care
- Medical equipment (like wheelchairs or walkers)
- Medical supplies (like bandages and catheters)
- Drugs for symptom control or pain relief (may need to pay a small copayment)
- Hospice aide and homemaker services
- Social worker services
- Grief and loss counseling for you and your family
- Short-term inpatient care (for pain and symptom management)
- Short-term respite care (may need to pay a small copayment)
- Any other Medicare-covered services needed to manage your pain and other symptoms related to your terminal illness, as recommended by your hospice team

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. You can stay up to 5 days each time you get respite care. You can get respite care more than once, but it can only be provided on an occasional basis.

What Medicare won't cover

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

Treatment intended to cure your terminal illness

Talk with your doctor if you're thinking about getting treatment to cure your illness. As a hospice patient, you always have the right to stop hospice care at any time.

Prescription drugs to cure your illness (rather than for symptom control or pain relief)

Care from any hospice 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 must be given by or arranged by the hospice team. You can't get the same type of hospice care from a different provider, unless you change your hospice provider. However, you can still see your regular doctor 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 if you get hospice care in your home or if you live in a nursing home or a hospice inpatient facility. 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 in an emergency room, inpatient facility care, or ambulance transportation, unless it's either arranged by your hospice team or is unrelated to your terminal illness.

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

What you pay for hospice care

Medicare pays the hospice provider for your hospice care. There's no deductible. You'll pay:

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.

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

How long can you get hospice care

Hospice care is intended for people with 6 months or less to live if the disease 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 and therefore remain appropriate for hospice care.

Important: Hospice care is given in benefit periods. You can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods. At the start of each 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 period ends.

Stopping hospice care

If your health improves or your illness goes into remission, you no longer need hospice care. Also, you always have the right to stop hospice care at any time for any reason. If you stop your hospice care, you'll get the type of Medicare coverage you had before you chose a hospice program (like treatment to cure the terminal illness). If you're eligible, you can go back to hospice care at any time.

Example: Mrs. Jones has terminal cancer and got hospice care for two 90-day benefit periods. Her cancer went into remission. At the start of her 60-day period, Mrs. Jones and her doctor decided that, due to her remission, she wouldn't need to return to hospice care at that time. Mrs. Jones' doctor told her that if she becomes eligible for hospice services in the future, she may be recertified and can return to hospice care. **Your Medicare rights**

As a person with Medicare, you have certain guaranteed rights. If your hospice program 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 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 don't get this notice, ask for one.

Note: If you pay out-of-pocket for an item or service your doctor ordered, but the hospice refuses to give you, you can file a claim with Medicare. If your claim is denied, you can file an appeal.

For more information about your Medicare rights, visit [Medicare.gov/appeals](https://www.medicare.gov/appeals) 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's providing your care, contact your State Survey Agency. To get the phone number of your State Survey Agency or learn more about how to file a complaint, visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE.

Changing your hospice provider

You have the right to change providers only **ONCE** during each benefit period. You can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods.



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General Hospice Eligibility Guidelines:

To be eligible for hospice, a patient with a terminal condition should exhibit one or more of the following:

- Disease progression that is not considered reversible
- Multiple ER visits within the last six months
- Progressive functional decline (eg. from ambulating to bedbound, Independent to mod assist)
- Patient elects to forego curative treatments(eg. Decline to continue Dialysis)
- Progressive impaired nutritional status (Progressive weight loss within the past 3-6 months)



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Hospice Care team schedule of visit

Hospice MD – Once a month and if necessary

Registered Nurse/Case Manager – Every 14 days and if necessary

Licensed Vocational Nurse – Twice a week and if necessary

Home Health Aide – Twice a week and if necessary

Medical Social Worker – Once a month and if necessary

Chaplain – Once a month and if necessary



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Hospice level of care

* **Routine level of care** – Hospice care service will be delivered at home/SNF/ ALF. Patient's symptoms is managed, hospice care team will visit the patient routinely (RN every 14 days, LVN twice a week, CHHA twice a week, MD, MSW and Chaplain 1x/month and if necessary.

* **General In-patient level of care** – This level of care is for patients that has uncontrolled symptoms. Delivery of care is in a skilled nursing facility . Facility should have a 24 hrs registered nurse. Hospice licensed nurses will visit patient on a daily visit till symptoms are manage.

* **Continous Home Care** – Continous home care may be provided only during a period of crisis in a home setting. License nurses will provided a minimum of **8 hrs** of care during a 24 hr day. Period of crisis may consist of symptom management, family support and caregiving issues.

***Respite care** - If the usual caregiver (like a family member) needs a rest, we can provide inpatient respite care in a Medicare-approved facility (like a hospice inpatient facility, hospital, or nursing home). Hospice provider will arrange, patient can stay up to 5 days.



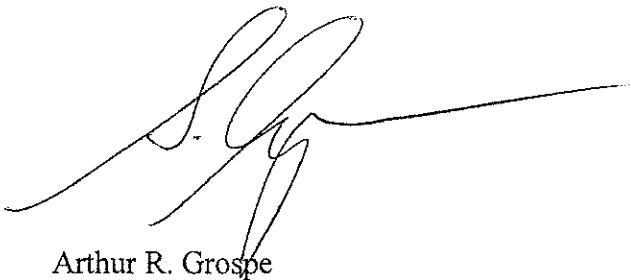
ALL SEASONS HOSPICE

QUALITY PROGRAM:

There are no shortcuts when it comes to quality; we believe that our goals at All Seasons Hospice (“ASHI”) are accomplished only with a real commitment from every one of our team members and we encourage creative problem solving, an open-door policy that encourages interaction and discussion and a focus on improving the patient’s environment and quality of life at the end-of-life, in a respectful, comprehensive, compassionate, supportive, caring, and kind manner – all services provided by our staff begin and end in the spirit of our commitment to these values and beliefs and to fostering comfort and serenity, while minimizing pain. Our highly-skilled and dedicated physician panel and specialists, comprised of pulmonologists, cardiologists, oncologists, internists and infectious disease physicians, have specialized expertise and years of training in the care and treatment of patients who have COPD, HIV, CHF and terminal cancer and will be able to effectively manage the specialized needs of these patients. As many of our physicians provide emergency department support at local acute care hospitals, and are actively involved in our communities and in the care and treatment of patients in home health and skilled nursing facilities, we see every aspect of treatment, from in-hospital care through patient assessment, stabilization and therapeutic intervention, and concur with the Department that there is a real need for further evaluation of the potential improvements in patient and family satisfaction, quality of life at the end-of-life, and net savings to Medicare. Our community liaisons, based on their own assessment of the community while conducting their local outreach and education services, have also secondarily reaffirmed the need for this evaluative Model. We also are confident that we have the ability to carry out this initiative. ASHI provides extraordinary quality services 24 hours per day, 7 days a week, (365 days a year) including counseling, psycho-social assessment, family support, inter-disciplinary group, care coordination, and in-home transition support. We have an established network of skilled providers and exceptional onsite staff.

ASHI believes in that our four level model design to address patient centered care, facility capabilities, community networking and method level approach will increase shared decision-making and care coordination/case management of the patient, family and his/her providers; ensures that the patient's pain and symptoms are managed and offers appropriate levels of counseling; and address other care needs based on a comprehensive assessment and plan of care that follows our policies and procedures. In addition, our compassionate and well-developed nursing, social service and inter-disciplinary team are committed to providing extraordinary quality of patient care. We provide a team of 35 staff members comprised of management personnel, full-time RN's, LVN's, and CNA's as caregivers, CHHA's, social workers, case managers and community liaisons that seek to educate patients, their families, staff and the community on the availability of our hospice services. ASHI's physician panel includes a total of seven community-based physicians, five of which specialize in pulmonology, cardiology, infectious diseases and internal medicine and we have two specialists in the areas of oncology and cardiology who regularly meet with our patients and staff.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Grospe', with a long horizontal line extending to the right.

Arthur R. Grospe

Administrator