Sutter VNA & Hospice

A Sutter Health Affiliate

Community Based, Not for Profit

Hospice Benefits Under Medicare and Medi-Cal*

What is the Hospice Medicare and Medi-Cal Benefit?

- The Hospice Benefit is an option under Medicare (Part A) or Medi-Cal for eligible recipients, covering non-curative medical and support services for terminally ill patients. Most insurance plans also provide a hospice benefit similar to Medicare.
- Medicare covers the full cost of standard hospice services and appropriate durable medical equipment such as hospital beds, wheelchairs and walkers. Medicare also pays for 95 percent of prescribed medications related to the patient's hospice diagnosis.
- Medi-Cal also has a hospice benefit for patients who qualify for the Medi-Cal program. It pays for 100 percent of the interdisciplinary team services, durable medical equipment and all medications related to the patient's terminal diagnosis.
- Hospice is primarily a program of care delivered in a person's home (or SNF or RCFE) by a Medicare-approved hospice. Medical and support services for the management of a terminal illness are furnished under a plan of care established by the beneficiary's attending physician and the hospice team.
- Patients must be certified by their physician as being terminally ill with a prognosis of six months or less, if the disease follows its usual course.
- A patient may remain on the Hospice Benefit so long as their physician continues to certify the six-month prognosis.
- Patients who elect the Hospice Benefit waive other Medicare or Medi-Cal benefits except for those services that apply to any condition not related to the terminal illness.
- The services of the patient's attending physician continues to be covered by regular Medicare or Medi-Cal.
- Medicare pays the hospice directly at specified rates depending on the type of care given each day.
- The patient may choose to voluntarily leave the benefit at any time or revoke the benefit if their condition improves and they are no longer terminally ill. A patient may later re-elect the Hospice Benefit.

Benefit Periods

As long as the physician certifies that the patient's prognosis continues to be six months or less from the date of the most recent certification, benefit periods are:

- Initial 90-day period
- Followed by another 90-day period
- Followed by unlimited 60-day periods

The Four Levels of Care and Services Available Under the Hospice Benefit

I. Routine Hospice Care at Home – Routine home care services are services delivered in the patient's place of residence, including:

- Nursing Care (intermittent, with 24-hour on call)
- Medical Social Services
- Physician Services
- Chaplaincy
- Bereavement Counseling
- Home Health Aide Services
- Volunteers for Support and Respite
- Medical Supplies Related to the Terminal Illness
- Physical, Occupational and Speech Therapy
- Medical Equipment Related to the Terminal Illness
- Prescription Drugs Related to the Terminal Illness (The hospice can charge 5 percent of the reasonable cost, up to a maximum of $5, for each prescription for outpatient drugs or biologicals for pain relief and symptom management related to the terminal illness.)

II. General Inpatient Care – A level of care provided in a Medicare-certified inpatient facility that contracts with a hospice. This level of care must be provided in an acute care hospital or skilled nursing facility (SNF). Inpatient care is available to patients who are experiencing acute or severe pain or symptom management problems that cannot be adequately managed at home. Transport to a contracted acute care facility by ambulance is also a covered benefit when arranged by the hospice provider.

III. Continuous Home Care – Care is provided at home on a continuous basis of not less than eight hours in a calendar day for a patient experiencing a medical crisis. Half of this type of care must be rendered by licensed staff.

IV. Inpatient Respite Care – The hospice may periodically arrange for inpatient care for the patient in order to give temporary relief to the caregiver who regularly provides care in the home. Respite care may be provided for up to five days in a skilled nursing facility has a formal contract with the hospice provider. (Respite care is not an option if the patient already resides in a SNF.)

To refer a patient for hospice care, or to arrange for Sutter VNA & Hospice to conduct a hospice evaluation or informational meeting with a patient and/or the patient's family, please call 1-800-557-9777.

**Most insurance plans also provide a hospice benefit similar to Medicare.*

We welcome your patient referrals. Please call (800) 557-9777.

www.suttervnaandhospice.org

The local offices of Sutter VNA & Hospice provide care for patients living in Alameda, Contra Costa, El Dorado, Marin, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Solano, Sonoma, and Yolo Counties