



A COMPARISON OF MEDICARE HOME HEALTH BENEFITS AND HOSPICE BENEFITS

SERVICE	HOME HEALTH BENEFIT	HOSPICE BENEFIT ¹
Skilled Nursing	Covered for skilled care, if part-time or intermittent, or daily for 21 days or less	Covered for skilled and supportive care
Physician Visits / Services	Not covered under home care, but 80% of approved charge covered under Part B	Attending non-hospice affiliated physician 80% covered under Part B; consulting hospice consulting hospice physician 100% covered
Medical Social Work	Covered for patient	Covered for patient and caregivers
Chaplain Services	Not covered	Covered
Home Health Aides / Homemaker Services	Covered if part-time or intermittent, must provide "hands on personal care"	Covered, no hourly restriction
Volunteer Support for Patient & Caregivers	Not included	Included
Medications Related to Primary Illness	Not included	Covered
Durable Medical	80% of approved amount	100% covered
Respite Care	Not covered	Covered
24-Hour On-Call Nurse	Not required	Included
Bereavement Care	Not covered under home care, but covered under hospital benefit	Covered, during periods of medical crisis
Medical Supplies	Medical supplies covered	Medical and personal supplies covered
Dietitian	Not covered for individual patients	Covered
Physical Therapy Occupational Therapy Speech Pathology	Covered (some limitations on occupational therapy)	Covered
Services to Nursing Facility Residents	Not covered	Covered with the exception of room/board
Skilled Continuous Care	Not covered	Covered, during periods of medical crisis

Medicare will pay for hospice care if all the following requirements are met: 1. Prognosis that life expectancy is 6 months or less. (42 CFR §418.3) 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)

KINDFUL HOSPICE™ TRANSFORMING *the* CARE of SERIOUS ILLNESS