



# A COMPARISON OF MEDICARE HOME HEALTH AND HOSPICE BENEFITS

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