

Caregiver & Beneficiary

Fraud Prevention Checklist

Qualifying for Hospice Services

Step 1: What is Hospice Care?

Hospice is a program of care and support for people who are terminally ill. The focus of hospice is on comfort and quality of life (palliative care) rather than on curing illnesses. It includes pain control, symptom management, and counseling for beneficiaries and their families in an effort to make the last days of a beneficiary's life as comfortable as possible. The following information is being provided to assist patients (and their families) in evaluating the appropriate hospice care - and to prevent fraud, waste, and abuse:

Step 2: Do I Qualify for Medicare-covered Hospice Services?

- ⚠ Do you have Medicare Part A (Hospital Insurance) or are in a Medicare Advantage plan?
- ⚠ Has your doctor determined that you are terminally ill and have six months or less to live if the illness runs its normal course?
- ⚠ Are you ready to focus on comfort and quality of life (palliative care) rather than on curing your illness?
 - You sign an election statement when you choose hospice care (palliative care) over other Medicare-covered treatments (curative care) for terminal illness. You can revoke the election if needed.

Step 3: What Types of Hospice Services do I Need?

All Medicare-certified hospice agencies are expected to make certain services available. Depending on your illness or condition, the hospice team creates a plan of care that can include some or all of these services:

Available Hospice Services

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| <ul style="list-style-type: none">• Nursing care• Social worker services• Doctor/Physician assistant services• Dietary counseling• Speech-language pathology services (like to help with swallowing) | <ul style="list-style-type: none">• Hospice aide and homemaker services• Medical equipment and supplies• Prescription drugs for symptom control or pain relief• Physical and occupational therapy• Grief and loss counseling |
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Step 4: What Level of Care Should I Receive?

Medicare's hospice benefit focuses on providing services in the comfort of the patient's home, unless care is needed at an inpatient facility. Depending on the services needed and the unique situation, hospices can provide services at different "levels." All Medicare-certified hospices are required to make the four levels of hospice care available depending on patient and caregiver needs.

Routine home care	Continuous home care	General inpatient care	Respite care
<ul style="list-style-type: none"> • Most common level of care. Patient is generally stable and the patient's symptoms, like pain or nausea and vomiting, are adequately controlled. • Usually provided in the home. 	<ul style="list-style-type: none"> • Crisis-like level of care for short-term management of out-of-control pain and/or symptoms. • Usually provided in the home. 	<ul style="list-style-type: none"> • Crisis-like level of care for short-term management of out-of-control pain and/or symptoms. • Usually provided in an inpatient setting at a hospital or skilled nursing facility. 	<ul style="list-style-type: none"> • Provides temporary relief for a caregiver. Others take care of the loved one. This is tied to caregiver needs and not patient symptoms. • Usually provided in an inpatient facility for up to five days.

Step 5: How Can I Compare Options?

(If hospice care is needed, compare different hospices to make the most informed choice)

The quality of patient care that hospices provide to patients and families can vary. Hospice Compare (www.Medicare.gov/hospicecompare) reports information on hospices across the nation and allows patients, family members, and health care providers to get a snapshot of the quality of care each hospice provides. You can compare hospices based on a national survey that rates family members' experiences with hospice care or on important indicators of quality, like the percentage of patients checked for pain or who are asked about their preferences for life-sustaining treatment.

Questions to Ask	Option 1	Option 2	Option 3
Does the hospice accept my insurance (Medicare, Medicaid, other)?			
Are there any services I'm receiving now that the hospice can't provide?			
How long has the hospice been serving patients in my community?			
Is the hospice a not-for-profit or for-profit organization?			
In addition to my residence, where does the hospice provide its services?			
How is respite care provided when my caregiver(s) need a break?			
Will the hospice provide a hospital bed and other medical equipment I might need?			
Is the hospice accredited by a national health care accrediting organization such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?			
Are the hospice physician(s), registered nurses, social workers, and chaplains certified in palliative care?			

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Anti-fraud Checklist

Receiving Hospice Services

Do I Qualify for Hospice Services?

- ⚠ Did your doctor determine that you are terminally ill?
- ⚠ Did your doctor determine that you have less than six months to live?
- ⚠ Did you choose to stop curative care services and instead change to palliative care, which helps with comfort measures only?

What Type of Hospice Care can I Receive?

Be vigilant about reviewing bills and statements such as Medicare Summary Notices (MSN), and be informed about the levels and types of services that are being billed.

Routine Care (Billing codes to identify on the MSN: Q5001-Q5010 with code 0651)

Routine care is when the hospice is paid by Medicare for the routine home care rate each day the patient is under the care of hospice.

- ⚠ Routine care does not include receiving gifts like groceries.
- ⚠ Routine care does not include someone coming to clean your house.
- ⚠ Routine care is still hospice care. It means you have elected to stop trying to cure an illness and instead are choosing to receive comfort measures only.

Continuous Care (Billing codes to identify on the MSN: Q5001-Q5003, Q5009-Q5010 with code 0652)

Continuous home care is to be provided only during periods of crisis to keep the beneficiary at home. A period of crisis is a period of time when the beneficiary requires a higher level of care for at least eight hours in a 24-hour period (midnight to midnight) to achieve pain management or the management of acute medical symptoms.

- ⚠ The care does not have to be “continuous” to qualify but must total eight hours or more of care within the 24-hour period.
- ⚠ The care can be provided by an RN, LPN, and home health aide. However, more than 50 percent of the total care provided must be provided by a nurse.

Questions

State Health Insurance Assistance Program (SHIP)
www.shiptacenter.org
 877-839-2675

Report Suspected Fraud

Senior Medicare Patrol (SMP)
www.smpresource.org
 877-808-2468

Available Resources

CMS Hospice Comparison Tool:
www.medicare.gov/hospicecompare