

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).