

Medicare's hospice benefit for beneficiaries with Alzheimer's disease

What is hospice care?

Hospice care is a special way of caring for individuals in the last stages of terminal illness and their families. Hospice includes palliative care, which focuses on improving quality of life, as well as physical care and counseling. The primary purpose of hospice care is to manage the pain and other symptoms of the terminal illness, rather than provide treatment.

How does someone with Alzheimer's or another dementia become eligible to receive hospice under Medicare?

Medicare covers hospice care if:

- The person has Medicare Part A.
- The person's physician and a hospice medical director certify that he or she is terminally ill (e.g., life expectancy is six months or less, if the illness runs its normal course).
- The person (or the person's surrogate) chooses or elects to receive hospice care and waives the right for Medicare to pay for any other services to treat the terminal illness. Medicare pays for hospice services and any related physician expenses. In addition, Medicare continues to cover care for any services not related to the terminal illness.

Are there guidelines to determine if someone with Alzheimer's disease is terminally ill?

The National Hospice and Palliative Care Organization has published guidelines to help identify which patients with dementia are likely to have a prognosis of six months or less if the disease runs its normal course. Remember, these are only guidelines to assist doctors in determining whether a patient may be appropriate for hospice care. Some Medicare contractors responsible for paying hospice claims have specific rules around hospice coverage for dementia patients.

Which services can a person with Alzheimer's or another dementia receive from hospice under Medicare?

Under the hospice benefit, and depending on the terminal illness and related conditions, Medicare pays for the following services:

- Doctor services.
- Nursing care.
- Medical equipment (such as wheelchairs or walkers).
- Medical supplies (such as bandages and catheters).

- Physical and occupational therapy.
- Speech-language pathology services.
- Medical social services.
- Dietary counseling.
- Hospice aide (also known as home health aide) and homemaker services.
- Grief and loss counseling services for the person and his or her family.
- Short-term inpatient care (for pain and symptom management).
- Short-term respite care.
- Prescription drugs for symptom control or pain relief.
- Any other Medicare-covered services needed to manage pain and other symptoms related to the terminal illness and related conditions, as recommended by the person's hospice team.

Where can the person receive these services?

The person can receive hospice care at home or in a hospital, nursing facility or an assisted living residence.

What will hospice care cost?

- \$0 for hospice services (there are no deductibles and limited coinsurance payments).
- You may need to pay a copayment of no more than \$5 for each prescription drug and other products for pain relief and symptom control.
- You may need to pay 5% of the Medicare-approved amount for inpatient respite care.
- If the person is a resident of a nursing facility, Medicare only pays for hospice services, not for room and board.

How long can the person receive hospice services?

The person may elect to receive hospice care for two 90-day benefit periods, followed by an unlimited number of 60-day benefit periods. Each new period requires the hospice physician to recertify that the person remains qualified for hospice services. If at any time the person wishes to stop receiving hospice care, he or she may immediately begin to receive other Medicare benefits.

Resources

Centers for Medicare & Medicaid Services (CMS)
[cms.hhs.gov](https://www.cms.hhs.gov)

Medicare
[medicare.gov](https://www.medicare.gov)
800.633.4227

National Hospice and Palliative Care Organization
nhpco.org
703.837.1500

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