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

What is hospice care?
Hospice care is a special way of caring for terminally ill people and their families. Hospice includes physical care, counseling and palliative or comfort care for an individual at the end of life. The primary purpose 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 certifies that he or she is terminally ill (i.e., life expectancy is six months or less, if the illness runs its normal course).
- The person chooses or elects to receive hospice care and waives the right for Medicare to pay for any other services to treat the terminal illness. Instead, Medicare pays for hospice 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 dementia patients 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 that are responsible for paying the hospice claims have specific rules around hospice coverage for dementia patients.

Which services can the person with Alzheimer’s or another dementia receive from hospice under Medicare?
Under the hospice benefit, Medicare pays for the person’s:

- Physician services.
- Nursing services.
- Physical, occupational and speech therapy.
- Medical social services.
- Hospice aide (also known as home health aide) and homemaker services.
- Counseling services for the person and his or her family.
- Short-term inpatient care.
- Respite care.
- Prescription drugs.
- Medical appliances and supplies.
- Bereavement counseling for the family.
Where can the person receive these services?
The person can receive hospice care at home, in a free-standing hospice facility or in a hospital or nursing facility. If the person is a resident of a nursing facility, Medicare only pays for hospice services, not for room and board.

What will hospice care cost?
There are no deductibles and only limited coinsurance payments for the person’s hospice services. The person has to pay 5 percent of the cost of a drug or biological, not to exceed $5. For respite care, there is a coinsurance payment of 5 percent of the Medicare payment for each respite care day.

How long can the person receive hospice services?
The person may elect to receive benefits for two periods of 90 days each and an unlimited number of periods of 60 days each. If at any time the person changes his or her mind, he or she can stop receiving hospice care and immediately begin to receive other Medicare benefits.

Resources

Centers for Medicare and Medicaid Services (CMS)
cms.hhs.gov

Medicare
medicare.gov
800.633.4227

National Hospice and Palliative Care Organization
nhpco.org
703.837.1500

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