Choosing a Hospice Provider

Patients and families opting for hospice care often receive a physician’s referral to a specific hospice provider. Depending on when the referral is made, the patient’s condition at the time of referral, and insurance constraints, patients and families may have the ability to consider multiple hospice providers serving their geographic area. In more rural, remote areas, care options may be limited to a single hospice provider.

Most hospices offer the same basic services

Hospices that participate with Medicare (most do) provide the same basic services in accordance with Medicare regulations. These rules outline what a hospice must minimally provide to patients enrolled in hospice under Medicare and have been adopted as an industry standard for hospice. The rules apply to care of all patients under hospice care regardless of insurance coverage.

However, there still may be some differences among providers (such as availability to volunteer services, longevity in the community, or religious affiliation, for example) that may make one hospice more appealing than another. If time allows, families should make a choice based on their needs, preferences, and insurance.

If the patient is enrolled in Medicare, it is essential to receive care from a Medicare-certified provider. Some private insurers and Medicare Advantage plans may require a “preferred provider” with which the insurance company has negotiated rates.

Compare Hospice Providers

Use Hospice Compare, a Centers for Medicare and Medicaid website. This US government website provides a searchable database of Medicare-certified providers and quality and other measurable information based on family feedback and other data.

- Seek professional opinions. Ask clinicians, professional caregivers at nursing homes, geriatric care managers, or end-of-life doulas about their experience with a hospice.

- Talk to friends, family, and neighbors who have used hospice services and get their opinions about the experience with a provider.

- Determine if the hospice is accredited by the Joint Commission or by the Community Health Accreditation Program. Accreditation is not required and not having it does not mean a hospice is substandard, but it indicates that a third party has determined the hospice meets or exceeds an established standard of care.

- Search your state hospice association’s website. Some state hospice associations provide website directories of their association members and information about those hospice providers.
If requested, potential hospice providers will usually send a representative to meet with the patient and the family/loved one/main caregiver to discuss eligibility for hospice care, the services provided, and answer any questions. During COVID-19, some hospice providers have been scheduling these meetings either virtually or by telephone.

When scheduling this appointment, verify that there is no charge for the visit and no obligation to choose that provider. If possible, prepare questions before the meeting.

Questions to Ask

Whether one hospice, or several, is available to provide care, it is important to speak to the hospice provider before service begins. Their answers to the questions below, along with the general impression that you have of the hospice representative, can help the family and patient understand hospice care and inform a choice.

When interviewing a hospice, have a friend or family member present to act as an advocate if possible and take notes.

- What is expected of the family caregiver?
- Will the hospice provide training to family caregivers?
- How often will a hospice team member visit and how long will most visits last?
- When the hospice orders medication, where can it be picked up, or is it delivered by the hospice?
- What is the typical response time if it is necessary to reach someone at the hospice after normal business hours, or on weekends and holidays?
- Will the hospice send a registered nurse, nurse practitioner, or physician to the home if the patient’s symptoms are not being managed? How long will it take the nurse/doctor to arrive?
- How quickly will a plan of care be developed by the hospice, and will it be shared with family/caregivers?
- What does the hospice do when someone's symptoms cannot be adequately managed at home?
- If there is a need for inpatient care, how will that be addressed by the hospice, and where will that be provided?
- Are there any services, medications or equipment that the hospice doesn’t provide? (Hospice providers are required to provide this information, as well as the reason medications, services, or equipment will not be covered by the hospice.)
• What kind of out-of-pocket expenses should the family anticipate?

• Can the hospice provide respite care to give family caregivers a break, and how does the hospice arrange that? Where will the patient go during respite care (hospice house, local nursing home)?

• What help do your hospice volunteers provide and how can that request for help be made?

• Does the hospice have any quality data it can share?

• If a hospice team member is not present at death, will the hospice provide guidance and support to the family?

• What kind of bereavement support is offered by the hospice?

• If unhappy with some aspect of care the hospice is providing, who at the hospice should be contacted and how?

Additional topics that may be important to raise when considering a prospective provider:

• If there are concerns about a hospice caring for someone in the LGBTQ+ community, ask if the hospice has provided education and training to those who will be caring for the individual and if it has a non-discrimination policy.

• If the person receiving care or their family is non-English speaking, establish that the hospice provider will make accommodations for effective communication by providing interpreters or staff who can speak the language whenever possible.

• If the person has an intellectual or developmental disability, inquire about whether the hospice team is trained and prepared to provide optimal care for this person.

• If there are special needs of others in the household where care will be provided, it is important to share those with the hospice team and make them aware of those needs and how they may affect the household and patient care.