

Paying for Hospice Care

Most hospice patients are eligible for [Medicare](#), which covers all aspects of hospice care and services. There is no deductible for hospice services although there may be a very small co-payment for prescriptions and for respite care. In most states, [Medicaid](#) offers similar coverage.

It is important to note that Original Medicare covers hospice even if you're in a [Medicare Advantage Plan](#).

Many health insurance plans you obtain privately, such as the kind provided by an employer, offer a hospice benefit but the extent to which they cover hospice care and services may differ from Medicare as well as from one another.

Military families have hospice coverage through [Tricare](#).

And hospices will accept private payment, referred to as "self-pay."

Charity care

Sometimes a person who needs hospice has no way to pay for it. Fortunately, all Medicare certified hospices are required to provide some amount of charity care, which gives them a mechanism by which they can provide services to people who are medically eligible but have neither insurance nor the resources to pay for their care.

Extensions, discharge, and revocation

Hospice care is given in benefit periods. You can get hospice care for two 90-day periods followed by an unlimited number of 60-day periods. Although medical eligibility generally relies on the physician's opinion that the patient's life expectancy is 6 months or less, neither the patient nor the physician is penalized if the patient lives longer than 6 months. The patient can be re-certified for as long as he/she continues to be medically eligible.

Sometimes with hospice care, a patient's condition stabilizes or may even improve sufficiently so that they no longer meet medical eligibility for hospice services. At such time, the patient is "discharged" from the hospice program and their Medicare benefits revert to the coverage they had before electing hospice care.

Sometimes hospice patients may choose to pursue curative therapies such as entering a clinical study for a new medication or procedure. In order to do so, the patient must withdraw their selection of hospice care, called "revocation."

Patients who are discharged as well as any who choose to leave hospice care can re-enroll without penalty any time they meet the medical eligibility criteria.

You can always ask

If you have any questions about costs, coverage, out-of-pocket expenses, etc., please ask! Most hospices have someone on staff who can help you understand coverage provided by whatever insurance you have. They also can help arrange for charity care, if available.