

HAND IN HAND HOSPICE COVERED AND NON-COVERED SERVICES

When a patient elects hospice care under Medicare coverage, he or she switches from standard Medicare coverage to the Medicare Hospice Benefit. A patient with an incurable illness is not allowed to be covered by both plans at the same time.

As the main focus and goal of Hospice care is comfort, not all services provided to patients enrolled in Hospice care are covered by the Medicare Hospice Benefit. The benefit will not pay for treatment intended to cure your terminal illness or unrelated illnesses nor will it pay for aggressive care. Due to this special approach to care, there are some traditional services that are not covered under the Hospice Benefit. In an effort for patients and caregivers to better understand Hospice services, the following is a list of examples, but not limited to, of services covered and not covered under the Hospice benefit.

Covered Services (as Authorized in the Plan of Care)	NON-Covered Services
<ul style="list-style-type: none"> • Physician services • Nursing Services • Medical Social Services • Home Health Aide • Spiritual Support • Bereavement Support • Volunteer Support • Specialized therapies • Medical supplies related to Hospice diagnosis • DME (wheelchair, bed, bedside commode, oxygen) • Medications related to the Hospice diagnosis (must be pre-approved by Hospice) • Short-term inpatient care for pain/symptom management • Inpatient Respite Care for caregiver respite • Travel contracts 	<ul style="list-style-type: none"> • Treatment for the terminal illness that is not within the Hospice Plan of Care • Care provided by another Hospice that was not arranged by HIHH • Specialist visits • Nursing Home Room & Board fees • Lab studies, medical testing and/or any treatments not approved by HIHH • Visits to the Emergency Department without prior approval or arrangement by HIHH • Admission to the Hospital without prior approval or arrangements by Hospice • Medications unrelated to the terminal illness • Medications considered medically unnecessary • Artificial Nutrition & Hydration • Incontinent supplies & personal hygiene items • Private paid caregivers (Hospice is not a 24hr care provider)

I acknowledge that I have received a detailed explanation of the services that are Covered and the services that are Not Covered under the Hospice benefit. I understand that HIHH is not financially responsible for services received that were not a part of the Hospice Plan of Care and without the prior approval/authorization of HIHH. I also understand that I can find a more detailed description of the covered and non-covered services located in the patient/caregiver booklet.

Patient Name (printed)

Patient Signature

Date

Power of Attorney/Authorized Representative Signature
(Person identified by patient as being Spouse, DPOA, Guardian/Conservator)

Date

Hospice Representative

Date