

A Comparison of the Medicare Home Health Benefit and Hospice Benefit

Service	Home Health Benefit	Hospice Benefit
Nurse	Covered for skilled care, if part time or intermittent	Covered for skilled and supportive care
Physician	Not covered under home care but 80% of approved charge covered under part B	Attending physician 80% covered under Part B: consulting physician 100% covered under Hospice Benefit: hospice Medical Director consultations covered 100%
Social Work & Counseling Services	Covered for Patient	Covered for patient and family (persons who play a significant role, including individuals who may or may not be legally related to the patient)
Pastoral Counseling Services	Not Covered	Covered
Home Health Aide	Covered, if part time or intermittent	Covered as specified in the Hospice Plan of Care
Volunteers	Not included	Included
Physical, occupational, speech language pathology, respiratory therapy	Covered, with some limitations on occupational therapy	Covered, as specified in the Hospice Plan of Care
Dietician	Not covered	Covered, as specified in the Hospice Plan of Care
Inpatient Care	Not covered	Covered, as specified in the Hospice Plan of Care

Respite Care	Not covered	Covered, as specified in the Hospice Plan of Care
Continuous Care	May be covered where the need is finite and predictable	Covered, as specified in a Hospice Plan of Care, during a period of medical crisis
Services to Nursing Facility Residents	Not Covered	Covered if patient is hospice-eligible and facility and hospice have a written agreement
24 hour on-call Services	Not required but frequently included	Covered
Bereavement Counseling	Not included	Included
Medications related to Primary Illness	Not covered	Covered
Durable Medical Equipment (DME)	80% approved amount covered under Part B	100% covered, as specified in a Hospice Plan of Care
Service Periods and Certification Requirements	Unlimited services if qualifying criteria are met. Recertification every 60 days	The Medicare Hospice benefit is divided into benefit periods: <ul style="list-style-type: none"> - Initial 90 day period - Subsequent 90 day period - Subsequent 60 day periods of indefinite duration The beneficiary must be recertified as terminally ill at the beginning of each benefit period
Home bound Status	Required	Not required

Medicare Home Health Benefit Requirements

Patient needs skilled care

Patient is homebound

Care is authorized by a physician

Home health agency is Medicare certified

Medicare Hospice Benefit Requirements

Terminal illness with a prognosis of 6 months or less, certified by a physician

Patient elects the hospice benefit

Hospice program is Medicare Certified