

TRANSITIONING TO APPROPRIATE MEDICAL CARE AFTER HOSPITALIZATION			
QUESTION	SKILLED CARE/REHABILITATION (Facility)	HOSPICE CARE	HOME HEALTH (Skilled care)
<i>What care is available after hospitalization?</i>	Skilled care is nursing or rehabilitation services (physical, occupational, or speech therapies) often needed after a hospital stay for an injury or illness.	Hospice care focuses on aggressively managing symptoms & promoting comfort rather than curing a disease.	Home health care focuses on medically necessary skilled needs following a hospitalization, accident, long term care stay, &/or worsening of an illness.
<i>Who qualifies for this type of care?</i>	<ul style="list-style-type: none"> <li>Have Medicare Part A or private insurance</li> <li>Have been in a hospital for a specific length of time</li> <li>Require medically necessary services</li> </ul>	<ul style="list-style-type: none"> <li>Anyone can choose to focus on comfort rather than cure</li> <li>Be under the care of a physician who determines that you have a terminal illness with a life expectancy of six months or less</li> </ul>	<ul style="list-style-type: none"> <li>Be under the care of a physician who certifies that you need home health services</li> <li>Be confined to home or require assistive devices or others to leave your home</li> <li>Have a medical need that requires the service of a skilled nurse, physical therapist or speech language pathologist</li> </ul>
<i>Who can provide this care &amp; where can it be provided?</i>	Certified & licensed facilities including nursing facilities & rehabilitation centers	<ul style="list-style-type: none"> <li>Only licensed hospices &amp; veterans’ administration hospitals</li> <li>Can be provided in your home or in a facility where you may reside, such as assisted living or nursing facility.</li> </ul>	<ul style="list-style-type: none"> <li>Only licensed &amp; certified home health agencies.</li> <li>Services are provided in your home, meaning your residence or assisted living facility (not in a nursing facility)</li> </ul>
<i>What services are covered?</i>	<ul style="list-style-type: none"> <li>Semi-private room</li> <li>Meals</li> <li>Nursing care, rehabilitation, &amp; other medically necessary services as certified by a physician.</li> </ul>	<ul style="list-style-type: none"> <li>All services related to the terminal illness, such as hospice staff visits, medications, equipment, &amp; supplies</li> <li>Bereavement services for your family</li> <li>PT, OT &amp; ST if they will improve your comfort</li> </ul>	<ul style="list-style-type: none"> <li>Skilled care by a nurse, a physical therapist, a speech language pathologist or occupational therapy</li> <li>Medical social work services.</li> <li>Personal care assistance</li> </ul>
<i>Do I have the right to choose who provides this care for me?</i>	Yes.	Yes.	Yes.
<i>Who pays for this care?</i>	<ul style="list-style-type: none"> <li>Medicare Part A &amp; most private insurance plans</li> <li>Deductibles &amp; co-pays may apply</li> </ul>	<ul style="list-style-type: none"> <li>Medicare Part A, Medicaid, &amp; most private insurance plans</li> <li>Most hospices will care for patients regardless of the patient’s ability to pay.</li> </ul>	<ul style="list-style-type: none"> <li>Medicare Part A, Medicare Advantage Plans, Medicaid &amp; most private insurance plans</li> <li>Coverage may vary, and co-pays &amp; deductibles may apply</li> </ul>
<i>How long will Medicare pay for this care?</i>	<ul style="list-style-type: none"> <li>Medicare up to 100 days of initial skilled services per calendar year after each episode of need</li> <li>After 100 days of care, Medicare Part B will begin coverage and you will be responsible for paying room &amp; board unless you qualify for Medicaid.</li> </ul>	<ul style="list-style-type: none"> <li>No limit on the number of days you may be in hospice long as you to meet hospice eligibility requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Medicare will pay for home health services at 100% as long as you meet the Medicare criteria listed above</li> <li>Medicare Advantage, Medicaid &amp; private insurance plans vary in their coverage.</li> </ul>
<i>Will I have to pay co-pays for this care?</i>	<ul style="list-style-type: none"> <li>Yes. Medicare pays 100% of the costs for the first 20 days of skilled services</li> <li>Days 21-100, Medicare will pay up to 80%, &amp; you or your secondary insurance will pay the balance</li> <li>After day 100, you or your secondary insurance are responsible for the full cost of your care.</li> </ul>	<ul style="list-style-type: none"> <li>Medicare allows for very small co-pays for medications &amp; hospice respite care. However, most hospices do not bill patients for these co-pays, as the amounts are very small.</li> </ul>	<ul style="list-style-type: none"> <li>No co-payment requirements for Medicare</li> <li>Medicare Advantage plans may have co-payments</li> <li>Medicaid requires a co-payment for each day a visit is made</li> <li>Private insurance companies vary in co-payments based upon individual plans.</li> </ul>
<i>Can I decide to change from one type of care to another?</i>	<ul style="list-style-type: none"> <li>Yes. You have the right to choose to end any skilled services at any time.</li> <li>You may consider other options, such as hospice, home health, &amp; private pay home care services.</li> </ul>	<ul style="list-style-type: none"> <li>You can choose to transfer from comfort/hospice care to skilled care if you meet skilled care eligibility requirements as determined by your physician &amp; insurance plan.</li> <li>You can stop hospice anytime</li> </ul>	<ul style="list-style-type: none"> <li>Yes, you have the right to end your home health care at any time that you desire</li> </ul>
<i>Can I receive more than 1 service at the same time?</i>	Medicare will only pay for one type of service at a time for the same diagnosis.		
<i>What happens if I no longer qualify for this type of care?</i>	<ul style="list-style-type: none"> <li>You must be given a 48-hour notice that these services will be ending</li> <li>You also should be given information about your appeal rights.</li> </ul>	<ul style="list-style-type: none"> <li>About 10-15% of patients who come into hospice improve or stabilize to the point where they no longer meet eligibility requirements and “graduate” from hospice.</li> <li>In most cases, you must receive a 5-day written &amp; verbal notice before you are discharged from hospice.</li> <li>You should be given information about your appeal rights.</li> </ul>	<ul style="list-style-type: none"> <li>Your home health provider should keep you informed of your progress &amp; plans should be made with your input prior to your discharge from the service.</li> <li>You have a right to appeal the discharge decision.</li> </ul>

<i>What services are NOT covered by this type of care?</i>	<ul style="list-style-type: none"><li>• Skilled care is NOT long-term care (room &amp; board), custodial care, assisted living, or room &amp; board.</li></ul>	<ul style="list-style-type: none"><li>• Room &amp; board charges in an assisted living or nursing facility</li><li>• 24-hour in home care</li><li>• Services, medications, &amp; supplies not related to the hospice diagnosis</li><li>• Curative care for the hospice-related illness</li></ul>	<ul style="list-style-type: none"><li>• 24 hour in home care</li><li>• Activities of daily living, transportation to appointments, or medication coverage.</li></ul>
<i>Is this care affected if I am in a Medicare Advantage Plan or other Medicare plan, such as Federal Medicare?</i>	<ul style="list-style-type: none"><li>• Your coverage may be different if you are in these type of plans. Contact your insurance carrier for more information.</li></ul>	<ul style="list-style-type: none"><li>• Hospice is covered under Original Medicare</li><li>• If you have a Medicare Advantage Plan, your hospice care will be paid for by Original Medicare &amp; expenses for things not related to your hospice diagnosis will be covered by your Medicare Advantage Plan.</li></ul>	<ul style="list-style-type: none"><li>• Yes. Some plans may have co-pays.</li></ul>

***What is the difference between Medicare & Medicaid?***  
Medicare is a federal health insurance program for people primarily age 65 & over, younger disabled persons with disabilities, & dialysis patients regardless of income. Medicare does not include basic room & board care for persons living in facilities. Medicaid is a federal & state assistance program for low-income people of any age. Medicaid benefits may vary by state but basically include health & social services benefits as well as room & board for persons in nursing facilities.

***What if I need additional care?***  
If you're receiving any of the above types of medical care, you may also need assistance with **non-medical services**. Sometimes the most beneficial & cost-effective plan is a combination of medical & non-medical services.

<i>What non-medical services can be provided?</i>	Include but are not limited to personal care (bathing, grooming, dressing, feeding), companionship, bedside sitting, meal planning & preparation, medication reminders, housekeeping, & transportation.
<i>When may services be needed?</i>	During illness or injury, after surgery or whenever someone needs additional care. Services may be increased or decreased at any time.
<i>How many hours can be provided?</i>	Care hours are flexible & can be provided for a few hours a week up to 24 hours a day, 7 days a week.
<i>How is non-medical care paid for?</i>	Most care is paid for privately or by cost-sharing among family members. Some long-term-care insurance policies will cover this type of care.
<i>What is the cost?</i>	The cost varies depending upon the type of service needed & may be substantially lower than other types of care.

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# Transition Care After Hospitalization

*What service is best for you?*