

# TRICARE Hospice Care



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*This flyer is **not** intended to be all-inclusive. For additional information, please contact your regional contractor, local military treatment facility, or TRICARE Area Office.*

If you or a loved one is faced with a terminal illness, hospice care is available from TRICARE. Hospice care emphasizes supportive services, rather than cure-oriented treatment, for patients with a life expectancy of six months or less. The benefit allows for personal care and home health aide services, which are otherwise limited under TRICARE's basic program options.

## Hospice Benefit Coverage

Four levels of care are covered by the hospice benefit: routine home care, continuous home care, inpatient respite care, and general hospice inpatient care. **Note:** Respite care is covered when necessary and is limited to no more than five days at a time. General inpatient care is limited to varying short-term stays.

Hospice patients may shift among the levels of care, depending on their needs, the needs of family members caring for them, and the determinations of the medical team managing their care. Care may include:

- Counseling
- Medical equipment, supplies, medications
- Medical social services
- Medically necessary short-term inpatient care
- Nursing care
- Other covered services related to the terminal illness
- Physical and occupational services
- Physician services
- Speech and language pathology

Care is managed by the hospice medical director, hospice care team, and primary care manager (PCM) or primary care provider, always in consultation with the patient and his or her family.

**Note:** Hospice care is **not** available overseas except in U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*).

## Initiating Hospice Care

The patient, his or her PCM or primary care provider, or a family member can initiate care as long as the patient's Defense Enrollment Eligibility Reporting System (DEERS) information is current. A referral from the PCM, prior authorization from your regional contractor, and certification of the terminal illness are required. Contact your regional contractor for more information on requirements.

The benefit covers an initial consultation with the medical director of a Medicare-certified hospice facility, provided consultation requirements are met, so that you can learn more about a specific program. Before beginning care, the patient must complete and sign an election statement that indicates his or her full understanding of hospice care.

By signing this statement, the patient waives his or her right to curative treatment of the illness. The statement is provided by the hospice facility and then filed with your regional contractor once it is completed and signed.



## Hospice Benefit Periods

There are two initial 90-day benefit periods followed by an unlimited number of subsequent 60-day periods. Each period requires prior authorization from your regional contractor.

- The first 90-day period begins the day the patient signs a hospice election statement and the attending physician and hospice medical director sign a physician's certificate of terminal illness.
- The second 90-day period and each subsequent 60-day period require recertification of the terminal illness by the hospice medical director or the hospice care team physician.

A patient may change from one hospice program to another one time during each election period.

## Hospice Care Settings

Hospice care may be provided in a number of settings, e.g., your home, a Medicare-certified hospice facility, or an authorized inpatient acute care facility. Care can shift among settings without affecting the benefit or requiring additional authorization. Contact your regional contractor for assistance in locating a TRICARE-authorized hospice provider.

## Costs

There is no deductible for hospice care. TRICARE pays for all covered services. The individual hospice may charge for items, such as outpatient medications or inpatient respite care, not covered by the benefit. Charges for medical care not related to the terminal illness will be processed under the basic TRICARE benefit. For specific cost information, contact your regional contractor or hospice provider.

## What's Not Covered

The following are **not** covered under the hospice benefit:

- Room and board for hospice care received at home
- Room and board related to custodial care
- Curative treatment of the terminal illness

**Note:** TRICARE program benefits related to treatment of the terminal illness will be reinstated if the patient formally revokes his or her hospice care election by submitting a signed, dated statement to the hospice provider. The remaining days in that election period are then forfeited, but at any time the patient may elect to receive hospice coverage for any other election period for which he or she is eligible.

## Other Options

You and your family may be eligible for care options other than hospice (e.g., *skilled nursing or home health care*) provided that certain requirements are met. For more information on these requirements, visit [www.tricare.mil/mybenefit](http://www.tricare.mil/mybenefit).

You should consider your personal situation carefully and discuss all options with family members and your PCM or primary care provider to determine which type of care best suits you or your loved one.

## For Information and Assistance

If you have additional questions about hospice care, call your regional contractor or visit your regional contractor's Web site. If you live overseas, contact your overseas TRICARE Area Office or visit the TRICARE overseas Web site.

<b>TRICARE North Region</b> Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) <a href="http://www.healthnetfederalservices.com">www.healthnetfederalservices.com</a>	<b>TRICARE South Region</b> Humana Military Healthcare Services, Inc. 1-800-444-5445 <a href="http://www.humana-military.com">www.humana-military.com</a>	<b>TRICARE West Region</b> TriWest Healthcare Alliance Corp. 1-888-TRIWEST (1-888-874-9378) <a href="http://www.triwest.com">www.triwest.com</a>
<b>TRICARE Overseas</b> TRICARE Europe, TRICARE Latin America and Canada, and TRICARE Pacific Stateside: 1-888-777-8343 <a href="http://www.tricare.mil/overseas">www.tricare.mil/overseas</a>	<b>Defense Enrollment Eligibility Reporting System (DEERS)—Update Information</b> Phone: 1-800-538-9552 Fax: 1-831-655-8317 <a href="http://www.tricare.mil/DEERS">www.tricare.mil/DEERS</a>	<b>TRICARE For Life</b> 1-866-773-0404 1-866-773-0405 (TTY/TDD) <a href="http://www.TRICARE4u.com">www.TRICARE4u.com</a>
<b>Medicare</b> 1-800-633-4227 <a href="http://www.medicare.gov">www.medicare.gov</a>	<b>TRICARE Web Site</b> <a href="http://www.tricare.mil">www.tricare.mil</a>	<b>Military Health System Web Site</b> <a href="http://www.health.mil">www.health.mil</a>

### An Important Note about TRICARE Program Information

At the time of printing, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continually made as public law is amended. **Military treatment facility guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

Please provide feedback on this flyer at [www.tricare.mil/evaluations/feedback](http://www.tricare.mil/evaluations/feedback).