



TRICARE[®] Hospice Care

TRICARE offers hospice care for you and your eligible family members

If you or another TRICARE-eligible family member is faced with a terminal illness, hospice care is available from TRICARE. Hospice care emphasizes palliative care (*supportive services such as pain management*), rather than cure-oriented treatment, for patients with life expectancies 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

The hospice benefit covers an initial consultation with a physician in a Medicare-certified hospice program. During the consultation, the patient and his or her family can learn more about a specific program.

Four levels of care are covered by the hospice benefit: routine home care, continuous home care, inpatient respite care, and general inpatient care.

The hospice care team and the patient's doctor will manage the hospice care. 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. The hospice care team evaluates and manages changes in the levels of care. All care is subject to medical review by the regional contractor.

Care may include:

- Counseling services including dietary and bereavement counseling
- Durable medical equipment
- Home health aide services
- Medical supplies including medications

- Medical social services
- Medically necessary short-term inpatient care
- Nursing care
- Physical therapy, occupational therapy, and speech-language pathology services for symptom control or to maintain basic functional skills
- Physician services

Note: Respite care is covered when necessary and is limited to no more than five consecutive days at a time. Hospice care is **not** covered 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 doctor, or a family member can request hospice care. To ensure hospice care eligibility, the patient's information must be up to date in the Defense Enrollment Eligibility Reporting System (DEERS). A referral from the primary care manager (*for enrollees in TRICARE Prime options*), notification to the regional contractor by the hospice program, and certification of the terminal illness are required. Contact your regional contractor for more information on requirements.

Before beginning care, the patient or an appropriate representative must complete and sign a hospice election statement that indicates his or her full understanding of hospice care. By signing this statement, the patient waives his or her right to cure-oriented treatment of the illness and acknowledges that he or she may not receive certain medical services offered through the basic TRICARE program. The hospice program will provide the statement, which must be filed by the hospice program with the regional contractor once it is completed and signed.

*This fact sheet is **not** all-inclusive. For additional information, please visit www.tricare.mil.*

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 after 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 once during each election period.

HOSPICE CARE SETTINGS

Hospice care may be provided in a number of settings, including the patient's home, a Medicare-certified hospice facility, or an authorized inpatient acute care facility. Hospice care may also be provided to patients residing in nursing homes. Care may shift among settings without affecting the benefit or requiring additional authorization. Contact your regional contractor to locate a TRICARE-authorized hospice provider.

COSTS

There is no deductible for hospice care; TRICARE pays for all covered services. The individual hospice provider may charge for items not covered by the benefit, such as outpatient medications.

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.

EXCLUSIONS

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







- Room and board for hospice care received at home
- Room and board for hospice care received in a nursing home
- Room and board related to custodial care
- Cure-oriented treatment of the terminal illness

Note: A hospice patient can choose to receive cure-oriented treatment at any time by revoking his or her hospice care election. The patient must submit a signed, dated statement to the hospice provider and forfeit any remaining days in that election period. If eligible for another election period, the patient may receive hospice care at a later time.

OTHER OPTIONS

You and your family members may be eligible for care options other than hospice (*e.g., skilled nursing, home health care*). For more information about options and requirements, visit www.tricare.mil.

FOR INFORMATION AND ASSISTANCE

<p> TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com</p>	<p> TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com</p>	<p> TRICARE West Region UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcilitarywest.com</p>
<p> TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa¹ +44-20-8762-8384 (<i>overseas</i>) 1-877-678-1207 (<i>stateside</i>) tricarelon@internationalsos.com</p>	<p> TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (<i>overseas</i>) 1-877-451-8659 (<i>stateside</i>) tricarephl@internationalsos.com</p>	<p> TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (<i>overseas</i>) 1-877-678-1208 (<i>stateside</i>) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (<i>overseas</i>) 1-877-678-1209 (<i>stateside</i>) sydricare@internationalsos.com</p>
<p>milConnect Web Site—Update DEERS Information http://milconnect.dmdc.mil</p>	<p>TRICARE Web Site www.tricare.mil</p>	<p>Medicare 1-800-MEDICARE (1-800-633-4227) www.medicare.gov</p>

1. For toll-free contact information, visit www.tricare-overseas.com.

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are 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.

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