The “H” Word: Preparing Team Members to Provide Supportive Hospice Consultations

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Melinda A. Gaboury, with more than 30 years in home care, has over 20 years of executive speaking and educating experience, including extensive day to day interaction with home care and hospice professionals. She routinely conducts Home Care and Hospice Reimbursement Workshops and speaks at state association meetings throughout the country. Melinda has profound experience in Medicare PDGM training, billing, collections, case-mix calculations, chart reviews and due diligence. UPIC, RA, ADR & TPE appeals with all Medicare MACs have become the forefront of Melinda’s current impact on the industry. She is currently serving as Chair of the NAHC/HHFMA Advisory Board and Work Group and is serving on the board of the Home Care Association of Florida and the Tennessee Association for Home Care. Melinda is also the author of the Home Health OASIS Guide to OASIS-E1 and Home Health Billing Answers, 2025.

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Learning Objectives

- Discuss the hospice philosophy and hospice benefit with potential hospice patients and caregivers.
- Assess hospice patients and caregivers' knowledge of and readiness for hospice with cultural competence and communication barriers/issues.
- Utilize tips and resources to improve hospice consultations before and at the time of admission.
- Utilize tips and resources throughout the hospice election to support patients and caregivers.

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Exhibit 2a. Number of Hospice Days by Level of Care for FYs 2021-2025

Level of Care	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Routine Home Care (RHC)	127,223,206	129,588,340	136,700,275	146,412,038	155,002,954
Continuous Home Care (CHC)	157,121	125,757	131,778	134,602	125,528
Inpatient Respite Care (IRC)	304,554	350,384	405,931	445,951	493,109
General Inpatient Care (GIP)	1,246,994	1,170,715	1,169,182	1,191,315	1,225,023
Total Hospice Days	128,931,875	131,235,196	138,407,166	148,183,906	156,846,614

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Hospice Statistics

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Exhibit 3a. Deaths Inside and Outside of Hospice for FYs 2021-2025

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Total Deaths of All Medicare Beneficiaries	2,807,421	2,700,074	2,542,226	2,543,757	2,575,306
Total Deaths of Medicare Beneficiaries Electing Hospice	1,339,049	1,320,360	1,312,301	1,349,128	1,385,933
Percentage of Death in Hospice	47.7%	48.9%	51.6%	53.1%	53.8%

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

Hospice Statistics

Exhibit 3b. Mortality Rate of Medicare Beneficiaries Electing Hospice for FYs 2021-2025

	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025
Unique Beneficiaries Electing Hospice	1,763,410	1,760,040	1,780,215	1,845,876	1,920,708
Total Deaths of Medicare Beneficiaries Electing Hospice	1,339,049	1,320,360	1,312,301	1,349,128	1,385,933
Mortality Rate (per 100,000 persons)	75,935	75,019	73,716	73,089	72,157

Source: Analyses of Medicare FFS hospice claims (Data for FY 2025 accessed from CCW VRDC on January 15, 2026 and data from FY 2021 – FY 2024 accessed on May 9, 2025)

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What is Hospice Care?

According to the National Alliance for Care at Home hospice is:

"considered to be the model for quality, compassionate care for serious life-limiting illness or injury, hospice care involves a team-oriented approach to end-of-life-care, pain management and emotional and spiritual support expressly tailored to patient and family needs and wishes."

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Pre-Hospice Consultation

What to Expect During a Pre-Hospice Consultation

- **Medical Evaluation:** A review of medical records and a physical assessment of symptoms like pain or breathing difficulties.
- **Education:** Information on Medicare/Medicaid hospice benefits, services (nursing, aide, social worker), and 24/7 support.
- **Care Planning:** A discussion to align care with the patient's goals and preferences.
- **Advanced Care Planning:** Guidance on advanced directives and end-of-life wishes.
- **No Pressure:** These consultations are designed to help you make informed decisions without requiring immediate enrollment.

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Introducing the “H” Word

- Hospice consultations often require a quick response and may offer little time to gather information about the patient/caregiver before the initial meeting. Before performing a hospice consulting, gather as much information as possible to prepare your approach for the specific patient/caregiver needs.
- When possible, speak to the referring provider to gauge the level of discussion that has occurred and to determine if the patient was referred by a provider or the patient/caregiver requested the consultation.
- Coordinate a time and place for your introductory meeting. This may occur in a hospital, provider’s office, hospice office or inpatient unit, facility, or private home as examples. If the consultation, hospice election and the initial RN assessment are planned during the same visit – the consultation/election/initial assessment must occur where hospice services are going to be received.

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Introducing the "H" Word

- Determine the patient's primary diagnosis if possible. Patients with a dementia diagnosis may struggle with understanding the concept or may be distressed by the conversation.
- Discuss the patient's previous experience in the healthcare system. Has the patient been on hospice before? Palliative Care? Recurrent Hospitalizations? Other facilities?
- Allow adequate time to answer questions and discuss any concerns or issues.
- Outline all services available including volunteers.

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Introducing the "H" Word

Consider where the patient is in their treatment/hospice journey:

- Has the patient heard the "H" word before your meeting?
- Has the patient been receiving treatment for an extended period of time and treatment is no longer an option or does the patient no longer wish to continue treatment?
- Was the patient acutely ill prior to receiving their terminal prognosis?
- Have providers discussed the hospice benefit?
- Do the patient or caregivers have experience with hospice from other family members or friends, a celebrity or known figure – President Jimmy Carter?
- Does the patient have depression or other mental health issues?
- Does the patient have a support system – family, friends?

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Introducing the "H" Word

Consider "where" the patient is in their treatment/hospice journey:

- What is the age of the patient? The discussion should be tailored to the individual and presented age appropriately. Adults vs. children, parents with young children, elderly.
- Is this consultation a preliminary introduction or is the patient/family ready to move forward with the hospice election?
- Is the patient/caregiver interviewing other hospices?
- What is the age of the patient? Discussion should be age appropriate.
- Does the patient have children at home, single parent, lost a spouse, child or parent?
- Consider bereavement risk during consultation.

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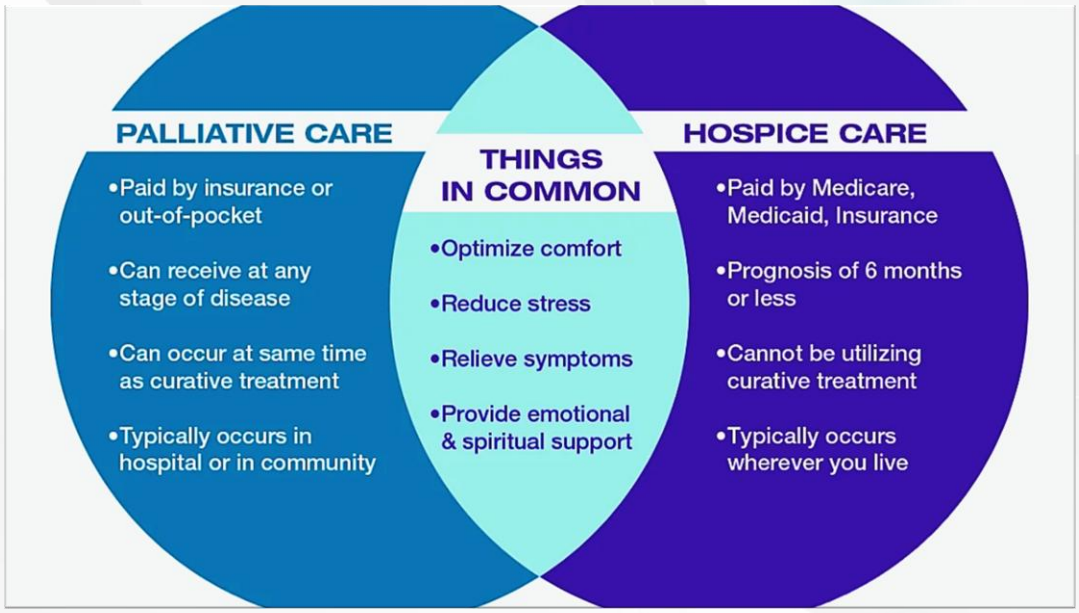

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Palliative Care

When: Any stage of a serious, chronic, or life-threatening illness (e.g., cancer, CHF, COPD).

Goal: Manage symptoms, reduce pain, and alleviate stress to improve quality of life while undergoing active treatment

Treatment: Can be provided alongside curative treatments.

Setting: Hospital, clinic, or home.

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Introducing the "H" Word

BE PREPARED:

- Ensure all team members who perform hospice consultations have admission documents readily available (admission packet, election/addendum statements) and are prepared to discuss each item, complete forms and obtain signatures.
- Perform practice scenarios of hospice consultations between team members sharing challenges, questions that have been previously presented.

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The Conversation Project

- When conducting a hospice consultation with a patient/caregiver who is in the early stages of learning about hospice, the Conversation Starter Guide and other resources may be useful tools to provide to patients/caregivers. Some of the questions in the Conversation Starter Guide include:
- If you were seriously ill or near the end of your life, how much medical treatment would you feel was right for you?
  - I would want to try every available treatment to extend my life, even if it's uncomfortable.
  - I would not want to try treatments that impact my quality of life in order to extend my life.
- Where do you prefer to be toward the end of life?
  - I strongly prefer to spend my last days in a health care facility (hospital, ALF or NF).
  - I strongly prefer to spend my last days at home.

https://theconversationproject.org/

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The Conversation Project

The Conversation Starter Guide questions:

- If I am diagnosed with a serious illness that could shorten my life, I would prefer to..
  - Not know how quickly it is progressing or my doctor's best estimation for how long I will live OR
  - Understand how quickly it is progressing and my doctor's best estimation for how long I have to live.
- What are your concerns about medical treatments?
  - I worry that I won't get enough care
  - I worry that I'll get too much care

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Communication/Cultural Considerations

- Ask about patient/caregiver cultural values, beliefs, traditions. Example: Are there specific practices or beliefs we should consider during your care?
- Ensure staff are trained in cultural competence.
- Utilize interpreters, cultural liaisons to bridge gaps in communication and understanding.
- Include cultural preferences in care plans considering dietary restrictions, traditional healing practices, family involvement.
- Consider other communication issues/barriers – hearing impairment, development disabilities.
- Follow the Leader – utilize terms that patients/caregivers use such as – dying vs. passing away; comfort or supportive care vs. hospice care.

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Cultural Competence Considerations

- Identify cultural pain perceptions.
- Review cultural barriers to palliative care.
- Describe cultural pain differences.
- Outline how the interprofessional team can work with the patient and family to provide pain relief in the setting of palliative care.

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Introducing Hospice to Patients/Caregivers

- Hospice is end-of-life care for patients who are no longer seeking curative treatment.
- Hospice care is provided by an interdisciplinary group that includes a hospice physician, RN, spiritual counselor/chaplain and social worker at minimum. Other care may be provided by hospice aides, volunteers, therapists such as physical therapists, massage therapists, music therapists, and pet therapists.
- Hospice provides support for patients and their caregivers with a focus on comfort, dignity and quality of life.

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Graduation

- Hospice patients must have a life expectancy of 6 months or less to be eligible for the Medicare hospice benefit however patient's may live longer than 6 months. At any time during the hospice election a patient may improve or stabilize. If this occurs, the patient may no longer have a "terminal" prognosis and hospice will provide discharge planning and the patient will be discharged or "graduate" from hospice. Patients may re-elect hospice at any time when a terminal prognosis is supported.
- Graduation from hospice should be discussed in detail. It supports the fact that hospice is not a death sentence and is supportive care to palliate and manage symptoms for patient's who meet Medicare eligibility requirements.

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The Hospice Election

- The hospice election statement is a critical document. Errors or omissions on the form may invalidate the hospice election and jeopardize payment of all claims under the election.
- Ensure all team members who obtain signed elections understand all elements of the hospice election, complete the form fully and accurately and present the information in a manner that the patient/caregiver understands.

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What is NOT Covered by Hospice?

- Curative treatment.
- Unrelated conditions
- Care from a different hospice than the elected hospice
- Room and Board
- Outpatient care (ED visits), inpatient hospitalizations or ambulance transportation – Unless arranged/authorized by the hospice.

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Costs of Hospice Care/Copays

If the patient is on Medicare - Hospice is fully covered except for the following:

- Up to a $5 copayment for hospice prescriptions for pain and symptom management. Hospice should contact the patient's plan to determine if non-covered medications will be covered under Part D or if the patient will be required to pay for them.
- 5% co-pay for inpatient respite. The copay cannot exceed the inpatient hospital deductible for the year.
- Inpatient stays for unrelated health problems – patient's may owe their deductible and/or coinsurance.
- Room and Board in a nursing home – if not covered by Medicaid or other secondary payer
- Hospitalization related to the hospice diagnosis – if not arranged by the hospice.

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Resources for Patients/Caregivers

- Hospice Compare - https://www.medicare.gov/care-compare/?providerType=Hospice
- Hospice Foundation of American - https://hospicefoundation.org/how-to-access-hospice-care/
- NIH – Advanced Care Tips for Caregivers and Families: Planning Worksheets https://www.nia.nih.gov/health/advance-care-planning/advance-care-planning-worksheets
  - Thinking about what matters most when making medical decisions
  - Care and Treatment Decisions: What Would You Choose?
  - Health Care Providers to Involve in Advance Care Planning
  - Tips for Talking With Your Doctor About Advance Care Plan
  - Who Should I Choose As My Healthcare Proxy?

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The Conversation Project

The Conversation Project - https://theconversationproject.org/get-started

The Conversation Project site includes additional guides such as :

- Your Guide for Talking with Your Health Care Team
- What Matters to Me Workbook
- For Caregivers of People with Alzheimer's or Other Forms of Dementia
- Your Guide to Being Health Care Proxy
- Your Guide to Choosing a Health Care Proxy
- For Caregivers of a Child with Serious Illness

The guides may be customized to meet your organization's unique needs or situations.

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Additional References

- Medicare Hospice Coverage Details - https://www.medicare.gov/coverage/hospice-care
- National Coalition For Hospice and Palliative Care – Caring with Respect: Supporting Cultural Needs in Palliative Care - https://www.nationalcoalitionhpc.org/caring-with-respect-supporting-cultural-needs-in-palliative-care/
- The Importance of Cultural Competence in Pain and Palliative Care – Updated 5/22/23 - https://www.ncbi.nlm.nih.gov/books/NBK493154/

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Q
A
Healthcare
Provider
Solutions

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Have any questions?
Scan the QR Code to schedule a call!
Thank You for Joining Us Today!
Let us know what we can do to help you!
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