

80.4 - Hospice Care Costs

(Rev. 4, 10-01-01)

If a Medicare enrollee of a cost-based HMO/CMP makes an election to receive hospice care services under [§1812\(d\)](#) of the Act, payment for these hospice care services is made to the Medicare participating hospice that furnishes the services, in accordance with [42 CFR Part 418](#) and the “Hospice Manual.” While the HMO/CMP enrollee's hospice election is in effect, the cost-based HMO/CMP may only be paid for the following covered Medicare services furnished to such enrollee:

- Services of the enrollee's attending physician, if the physician is an employee or contractor of the HMO/CMP and is not employed by or under contract to the enrollee's hospice; and
- Services not related to the treatment of the terminal condition for which hospice care was elected or a condition related to the terminal condition.

A Medicare beneficiary's hospice election may continue as long as the individual continues to desire to receive hospice services while terminally ill. Upon revocation of the election, the individual resumes normal Medicare coverage and any services provided by the cost-based HMO/CMP will be reimbursed in the usual manner.

