



Pallatus Health
TRANSITIONAL REMOTE CARE

The Medicare Hospice Benefit

Quality, compassionate care at the end of life

Despite the patient's best efforts and the family's loving support, sometimes a cure is not possible. The Medicare hospice benefit provides access to services that address the physical, emotional and spiritual needs that accompany a terminal illness.

Patients are eligible for the Medicare hospice benefit if they meet the following conditions:

- Eligible for Medicare Part A (hospital insurance).
- A prognosis of six months or less.
- Wish to receive palliative care, not treatments aimed at a cure.

Patients may choose to stop hospice services at any time. As long as they meet the eligibility criteria, they can return to hospice care. Individuals who exceed the life expectancy may receive hospice services beyond six months at no penalty. At certain intervals, a hospice physician must meet with the patient to recertify that the prognosis remains six months or less.



How hospice works

Pallatus will assign a specially trained team to help you cope with illness. The team includes:

- A hospice physician with expertise in pain and symptom management
- A nurse to supervise and execute the plan of care
- Hospice aides for personal assistance
- Chaplains to provide pastoral care
- Social workers to address emotional, financial and social stresses

A patient's personal doctor can continue to direct care.

For more information call or visit:

818-619-3373 | pallatus.com |   



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Other hospice services

The Medicare hospice benefit covers 100 percent of Pallatus services. Pallatus charges no co-payments. All products and services in the hospice plan of care are paid for by Pallatus, including:

- Prescription drugs, over-the-counter medications, medical equipment and supplies related to the patient's terminal illness
- Physical therapy, occupational therapy, speech therapy and dietary counseling for palliative purposes
- Lab and diagnostic tests necessary to achieve optimal palliative care
- Inpatient care for pain and other symptoms that cannot be managed at home
- Bereavement services for the family for at least one year after the patient's death

Medicare continues to cover any health problems not directly related to the terminal illness. The hospice medical team determines what care is directly related to the terminal illness. Hospice patients or their families should contact their hospice team before receiving or scheduling new medical services or procedures, to ensure the service is covered.

Comparing hospice providers

All hospice organizations are reimbursed in the same way, so they do not compete on cost. It is the quality of service that differentiates one hospice from another.

Here's what Pallatus offers:

- Care in the home, wherever the patient calls home
- Continuous care in the home for up to 24 hours a day when medically necessary
- Inpatient hospice care when symptoms can't be managed in the home
- Full-time physicians dedicated to caring for hospice patients and families
- Direct access to clinical staff up to 24 hours a day, seven days a week—even on holidays
- 24/7 response to hospice referrals or requests for a hospice evaluation



Clinicians

www.pallatus.com/referrals

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Here's what Pallatus offers:

- Provides immediate access to hospice clinical guidelines
- Offers one-touch referral capability
- No referral paperwork
- Puts you in immediate contact with a Pallatus admissions professional if you prefer
- We have nurses available for admissions 24H
- Our highly trained staff will start the advanced care discussion with families directly
- We take over the whole process including help with patient placement and transportation
- Proactive feedback to your team to keep you up to date
- Less than 2.37% re-admission rate

We're here for you

When someone becomes seriously ill, it can be difficult to know where to turn. Pallatus can help.



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