

Something Pastors Would Want to Know About Medicare

If you've sat with a grieving family in a hospital waiting room, helped a church elder understand a medical bill, or fielded a tearful phone call from a congregation member who doesn't know what their Medicare covers — you already know that pastoral care and healthcare navigation go hand in hand.

The fact is, Medicare has changed a lot recently, and these changes directly impact the people you're serving every day.

You don't need to become a Medicare expert, but understanding a few major changes can help you be a more effective advocate, stay calmer during a crisis, and serve as a bridge between your congregation and the care they need.



The Health Literacy Gap Is Real – and It Sometimes Falls on You

According to the CDC, low health literacy affects one in three adults over 60 — and that figure rises to one in two for those over 85. Adults aged 65 and older also have lower health literacy scores than any other age group.

1 in 3

Adults Over 60

affected by low health literacy

1 in 2

Adults Over 85

struggle to understand their Medicare coverage

What this means in practice: many of your senior members have a hard time understanding their Medicare coverage, can't advocate for themselves during medical appointments, and are unsure which programs they qualify for. They rely on the people they trust, and for many of them, that's you.



This isn't a burden. It's an opportunity.



Here's the BIG One – Hospice Coverage Is More Nuanced Than Families Realize

Hospice care is one of the most misunderstood Medicare benefits — and that misunderstanding leads to real suffering for families at the worst possible time.

Here's what the current Medicare framework looks like, straight from CMS. Basic eligibility requires:

1

Medicare Part A Enrollment

The patient must be enrolled in Medicare Part A to qualify for hospice benefits.

2

Medical Prognosis of 6 Months or Less

A physician must certify a life expectancy of 6 months or less if the illness runs its normal course.

3

Physician Certification

Both the hospice physician and the attending physician must certify eligibility for the initial period.

4

Election Statement

The patient signs an election statement, agreeing to shift focus to comfort care rather than curative treatment.

What Hospice Covers – and How Benefit Periods Work

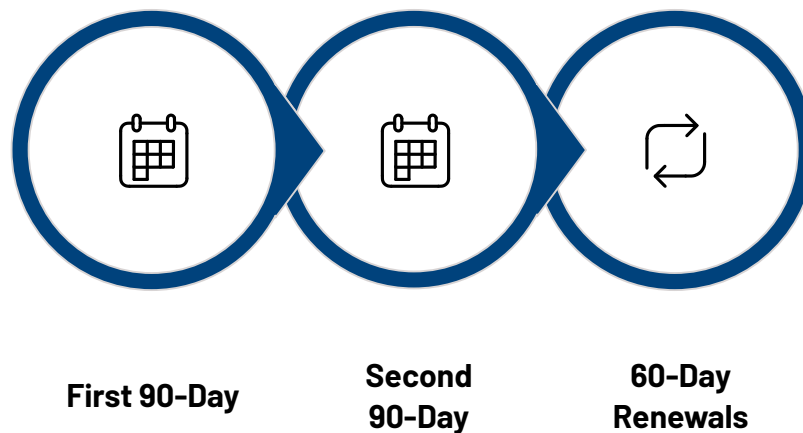
What's Covered

- Nursing care
- Physician services
- Medical equipment
- Pain and symptom management
- Spiritual counseling
- Social work services
- Grief and bereavement support for families
- Short-term inpatient care

How Benefit Periods Work

Benefit periods work like this:

1. **Initial period:** covers up to 90 days
2. **Second period:** another 90-day period follows
3. **Ongoing periods:** an unlimited number of 60-day periods — as long as a hospice physician continues to certify that the patient's condition supports a life expectancy of 6 months or less



Understanding this structure helps families plan ahead and avoid unnecessary panic about coverage continuity.

The Face-to-Face Requirement – A Common Compliance Gap

Starting with the third benefit period and each subsequent period, a hospice physician or nurse practitioner must conduct a face-to-face encounter with the patient before recertification can be completed. This is a strict requirement.

63–82.8%

of hospice claim denials are due to insufficient documentation, according to CMS's 2024 improper payment data — depending on the provider type.

June 3, 2024

Medicare only pays for hospice services when the certifying physician is either enrolled in or has formally opted out of Medicare.

October 1, 2025

CMS changed the attestation rule so that a signed and dated clinical note can meet the documentation requirement — a small but important change for hospice providers.

- ❏ These compliance details matter because documentation gaps — not clinical issues — are the leading cause of coverage disruptions for hospice patients.

Why This Matters to Families You're Serving

Families often panic when they hear words like "recertification" or "benefit period." They fear that their loved one will be discharged from hospice before passing or that a paperwork gap will cause them to lose coverage during a critical time.

You can help them understand that:

→ **Coverage Doesn't Automatically End**

Hospice coverage does not automatically end after the first 90-day period.

→ **Patients Can Leave and Return**

Patients can leave hospice and return to regular Medicare if their condition changes or they choose curative treatment — and they can re-elect hospice care later.

→ **Coverage Continues With Recertification**

Coverage continues as long as the patient's physician recertifies that their condition still meets the eligibility criteria.

MedPAC data shows that in 2022, more than **1.7 million Medicare beneficiaries** used hospice services — with the average hospice patient receiving care for **95.3 days** and median stays of **18 days**, illustrating how widely utilization varies.

That context alone can help bring peace to a family sitting in uncertainty.

You're Already in the Room. You Just Need the Right Tools.

The most important insight here isn't technical. It's relational.

When an elder is missing out on coordinated care

You can be the bridge between your congregation member and the benefits they're entitled to — benefits they may not even know exist.

When a family is overwhelmed by end-of-life decisions

Your presence makes a difference. Your ability to ask the right questions, guide them toward the right resources, and sit with them in their confusion is unmatched.



But you don't have to do it alone.



A Resource Built for Church Leaders – At No Cost

Rodney Powell, familiar as the "**Medicare Video Guy**" and affiliated with Senior Health Services, is perfectly suited for this moment to come alongside you. Why, you ask ?

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#1

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