Care Choices is a model that provides a new option for Medicare beneficiaries to receive supportive care services in addition to their curative care services. The model hopes to increase access to those supportive services, improve quality of life and patient and family satisfaction, and inform new payment systems for Medicare and Medicaid programs.

Model Benefits:
- Improving the quality of life of your patients
- Identifying and clarifying goals
- Assisting with symptom management
- Providing access to supportive care services
- Providing care and support in the patient’s home that complements the care you are already giving

Areas We Can Help:
- Help caring for patients with end stage conditions
- Discussion of goals and overall communication
- Care coordination and follow-up
- Connection to local resources
- Provide 24/7 access to a nurse for needs after hours

When should I consider an evaluation?

GENERAL ELIGIBILITY CHECKLIST
MUST MEET ALL OF THE FOLLOWING:

- Diagnosed with advanced cancer, chronic obstructive pulmonary disease, congestive heart failure, or HIV/AIDS
- Meets criteria for hospice eligibility: in your medical opinion has a prognosis of 6 months or less
- Enrolled in traditional Medicare Parts A and B, and must be primary
- Must not have elected the Medicare or Medicaid hospice benefit within the last 30 days
- At least 1 hospital encounter (i.e. ED visit, Observation stay, or Admission) for any reason in last 12 months
- At least 3 office visits with any provider in last 12 months
- Lives in a traditional home

If you have questions regarding Care Choices eligibility OR general hospice eligibility, call Iowa City Hospice at 1-800-897-3052.