

Medicare Coverage of Skilled Nursing Facility Care

Skilled nursing facility (SNF) care is post-hospital nursing or rehabilitation care provided at a SNF. Skilled nursing care includes services such as administration of medications, tube feedings, and wound care. Skilled rehabilitation services include physical therapy, occupational therapy, and speech therapy. Keep in mind that SNFs can be part of nursing homes or hospitals.

Under normal circumstances, Medicare Part A may cover your SNF care if:

- You were formally admitted as an inpatient to a hospital for at least three consecutive days
- You enter a Medicare-certified SNF within 30 days of leaving the hospital and receive care for the same condition that you were treated for during your hospital stay
- And, you need skilled nursing care seven days per week or skilled therapy services at least five days per week

The day you become an inpatient, counts toward your three-day inpatient stay to qualify for Medicare-covered SNF care. However, the day you are discharged from the hospital does not count toward your qualifying days. Also remember that time spent receiving emergency room care or under observation status does not count toward the three-day hospital inpatient requirement for SNF coverage.

At this time, Medicare has suspended the three-day qualifying hospital stay requirement if you experience dislocations or are otherwise affected by the coronavirus public health emergency. According to Medicare, this includes but is not limited to people with Medicare who:

- Need to be transferred to a SNF, for example due to nursing home evacuations
- Need SNF care as a result of the current public health emergency, regardless of whether they were previously in the hospital.

If you meet the SNF requirements, Medicare should cover the SNF care you need to improve your condition, maintain your ability to function, or prevent your health from getting worse

What services does Medicare cover and what are the costs?

During a Medicare-covered SNF stay, Medicare Part A covers:

- A semi-private room and meals
- Skilled nursing care provided by nursing staff
- Therapy, including physical therapy, speech therapy, and occupational therapy
- Medical social services and dietary counseling
- Medications
- Medical equipment and supplies
- Ambulance transportation to the nearest provider of needed services, when other modes of transportation would endanger your health

What is my benefit period?

Under normal circumstances, if you have Original Medicare, your benefit period begins when you are admitted to a hospital as an inpatient, or to a SNF. It ends when you have been out of a SNF or hospital for at least 60 days in a row. Part A covers the full cost of your first 20 days in a SNF in a benefit period. For days 21-100, Part A covers part of the cost and you pay a daily coinsurance. It is important that you or a caregiver track how many days you have spent in the SNF to avoid unexpected costs after Medicare coverage ends. The SNF facility is not required to provide written notice.

If you have a Medicare Advantage Plan, your plan must cover the same services that Medicare does, but may do so with different costs and coverage restrictions.

During COVID-19, Medicare has modified the benefit period requirements.

Typically, Part A covers up to 100 days of SNF care each benefit period. If you cannot end a benefit period and start a new one because of the public health emergency, you can get another 100 days of covered SNF care without beginning a new benefit period.

Who should I contact if I have questions?

Speak to your doctor or hospital discharge planner if you need help finding a Medicare-certified SNF that meets your needs.

If you are in a Medicare Advantage Plan, contact your plan to find out which SNFs are in their network.

You can call 1-800-MEDICARE to learn how many covered days are left in your benefit period. However, keep in mind that Medicare's records are only as up to date as the SNF billing to Medicare for your care.

Contact your State Health Insurance Assistance Program (SHIP) if you have questions about Medicare costs, coverage, or for help appealing a denial or discharge.

Contact your Senior Medicare Patrol (SMP) if you believe you have experienced Medicare fraud, abuse, or errors.

How can I avoid Medicare fraud, errors, and abuse?

Medicare fraud, errors, and abuse involve a wide range of behaviors that result in unnecessary costs to the Medicare program. It is important to recognize potentially fraudulent activities by providers and suppliers.

- **Protect your Medicare number and only give it to your doctors and other providers.**
- **Be careful when others ask for your personal information or offer free services as long as you provide your Medicare number.**
- **Check your Medicare Summary Notices (MSNs) if you have Original Medicare, or your Explanations of Benefits (EOBs) if you have a Medicare Advantage Plan, and billing statements regularly. Carefully look for any suspicious charges or errors.**

Providers are not permitted to routinely waive cost-sharing or offer gifts or financial incentives for you to receive services from them. If you see any suspicious charges or have any reason to believe your provider is inappropriately billing Medicare, call your provider to see if they have made a billing error. If you suspect a health care provider of Medicare fraud, errors, or abuse, contact your Senior Medicare Patrol (SMP). SMP contact information is below.

Local SHIP contact information	Local SMP contact information
SHIP toll-free: 1-800-243-5463	SMP toll-free: 1-800-243-5463
NARCOG: Serving Cullman, Lawrence, and	www.narcog.org
Morgan Counties	Local Contact: 256-355-4515 ext. 236
To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org .	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .
<p>SHIP National Technical Assistance Center: 877-839-2675 www.shiptacenter.org info@shiptacenter.org SMP National Resource Center: 877-808-2468 www.smpresource.org info@smpresource.org © 2020 Medicare Rights Center www.medicareinteractive.org August 2020 Medicare Minute <i>The Medicare Rights Center is the author of portions of the content in these materials but is not responsible for any content not authored by the Medicare Rights Center. This document was supported, in part, by grant numbers 90SATC0001 and 90MPRC0001 from the Administration for Community Living (ACL), Department of Health and Human Services, Washington, D.C. 20201.</i></p>	