



# Understanding Your Medicare Benefits

Understanding Medicare benefits and coverage can be difficult. At Seaside we strive make it simple and easy to understand so you are able to determine what your Medicare coverage will cover. Please contact us to help you answer any specific questions about Medicare that aren't answered here.

## What is considered “Skilled Care”?

Skilled care is health care given when you need skilled nursing or rehabilitation staff to manage, observe, and evaluate your care. Examples of skilled care are changing sterile dressings and physical therapy. It is given in a SNF (Skilled Nursing Facility). Care that can be given by non-professional staff (see Custodial Care below) is not considered skilled care. People do not usually stay in a SNF until they are completely recovered. Medicare covers certain skilled care services that are needed daily on a short-term basis (up to 100 days).

**Medicare will only cover skilled care when you meet certain conditions.**

## What is considered “Custodial Care”?

**Medicare does not cover custodial care.** Custodial care is care that helps you with usual daily activities like walking, eating or bathing. It may also include care that most people do themselves, like using eye drops, oxygen, and taking care of colostomy or bladder catheters. Custodial care is often given in a nursing facility

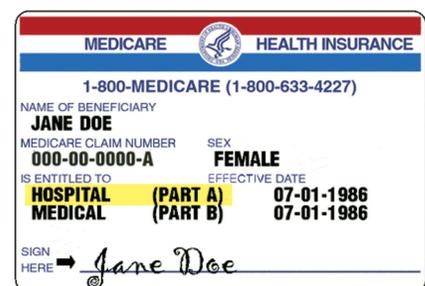
Generally, skilled care is available only for a short time after a hospitalization. Custodial care may be needed for a much longer period of time.

## When will Medicare cover Skilled Care?

Medicare will cover skilled care only if all of the following are true:

1. **You have Medicare Part A\*** (Hospital Insurance) and have days left in your benefit period available to use.

If you are not sure if you have Part A, look on your red, white, and blue Medicare card. It will show Hospital (Part A) on the lower left corner of the card. You can also find out if you have Part A if you call your local Social Security office, or call Social Security at 1-800-772-1213.



2. **You have a qualifying hospital stay.** This means an inpatient hospital stay of 3 consecutive days or more, not including the day you leave the hospital. You must enter the SNF within 30 days of leaving the hospital.

After you leave the SNF, if you re-enter the same or another SNF within 30 days, you don't need another 3-day qualifying hospital stay to get additional SNF benefits. This is also true if you stop getting skilled care while in the SNF and then start getting skilled care again within 30 days.

3. **Your doctor has decided that you need daily skilled care.** It must be given by, or under the direct supervision of, skilled nursing or rehabilitation staff. If you are in the SNF for skilled rehabilitation services only, your care is considered daily care even if these therapy services are offered just 5 or 6 days a week.
4. **You get these skilled services in a SNF that has been certified by Medicare.**
5. **You need these skilled services for a medical condition that:**
  - Was treated during a qualifying 3-day hospital stay, or
  - Started while you were getting Medicare-covered SNF care. For example, if you are in the SNF because you had a stroke, and you fall and sprain your wrist.

## When and how long does Medicare cover care in a skilled nursing facility?

- **Up to 100 days if you continue to meet Medicare's requirements.**
- **How much is covered by the Original Medicare Plan**

1 – 20 days	Medicare pays <b>full cost</b> for covered services You pay <b>nothing</b> for covered services
21 – 100 days	Medicare pays <b>all but a daily copayment*</b> for covered services You pay <b>a daily copayment*</b> for covered services
Beyond 100 days	Medicare pays <b>nothing</b> for covered services You pay <b>full cost</b> for covered services

\*NOTE: The copayment is up to \$141.50 per day in the year 2011. It can change each year. If you have a Medigap policy with the Original Medicare Plan, or are in a Medicare managed care plan or Private Fee-for-Service plan, your costs may be different or you may have additional coverage.

## How Long Does Medicare Cover My SNF Care?

Medicare uses a period of time called a **benefit period** to keep track of how many days of SNF benefits you use, and how many are still available.

A benefit period begins on the day you start using hospital or SNF benefits under Part A of Medicare. **You can get up to 100 days of SNF benefits in a benefit period.** Once you use those 100 days, your current benefit period must end before you can renew your SNF benefits.

**Your benefit period ends:**

When you have not been in a SNF or a hospital for at least 60 days in a row; OR

If you remain in a SNF, when you have not received skilled care there for at least 60 days in a row.

**There is NO LIMIT to the number of benefit periods you can have.** Once a benefit period ends, though, you must have another 3-day qualifying hospital stay and meet the Medicare requirements as listed before so you can get another 100 days of SNF benefits.

## **What If I Stop Getting Skilled Care in the SNF, or Leave the SNF Altogether? How does this Affect Medicare SNF Coverage if I Need More Skilled Care in a SNF Later On?**

This depends on how long your break in SNF care lasts. If your break in SNF care lasts for:

**Less Than 30 Days** – You do not need a new 3-day hospital stay to qualify for coverage of additional SNF care. Since your break in SNF care lasted for less than 60 days in a row, your current benefit period would continue. This means that the maximum coverage available would be the number of unused SNF benefit days remaining in your current benefit period.

**At Least 30 but Less than 60 Days** – Medicare will not cover additional SNF care unless you have a new 3-day hospital stay.