



► YOUR MEDICARE COVERAGE 2015

SKILLED NURSING FACILITY (SNF) CARE

WHAT IS COVERED?

Medicare Part A (Hospital Insurance) covers skilled nursing care in a skilled nursing facility (SNF) under certain conditions for a limited time.

Medicare-covered services include, but aren't limited to:

- » Semi-private room (a room you share with other patients)
- » Autumn Leaves offers all private suites at no additional charge!
- » Meals
- » Skilled nursing care
- » Physical and occupational therapy*
- » Speech-language pathology services*
- » Medical social services
- » Medications
- » Medical supplies and equipment used at Autumn Leaves
- » Ambulance transportation (when other transportation endangers health) to the nearest supplier of needed services that aren't available at the SNF
- » Dietary counseling

If you're in a SNF but must be readmitted to the hospital, there's no guarantee that a bed will be available for you at the same SNF if you need more skilled care after your hospital stay. Ask the SNF if it will hold a bed for you if

you must go back to the hospital. Also, ask if there's a cost to hold the bed for you.

WHO'S ELIGIBLE?

People with Medicare are covered if they meet all of these conditions:

- » You have Part A and have days left in your benefit period
- » You have a three-night inpatient qualifying hospital stay
- » Your doctor has prescribed daily skilled care given by, or under the direct supervision of, skilled nursing or rehabilitation staff. If you're 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, as long as you need and get the therapy services each day they're offered.
- » You get these skilled services in a SNF that's certified by Medicare
- » You need these skilled services for a medical condition that was either:
 - A hospital-related medical condition
 - A condition that started while you were getting care in the skilled nursing facility for a hospital-related medical condition

* Medicare covers these services if they're needed to meet your health goal



1010 Emerald Isle Drive
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Your doctor may order observation services to help decide whether you need to be admitted to the hospital as an inpatient or can be discharged. During the time you're receiving observation services in the hospital, you're considered an outpatient—you can't count this time towards the three-night inpatient hospital stay needed for Medicare to cover your SNF stay. Find out if you're an inpatient or an outpatient.

Note: *If you refuse your daily skilled care or therapy, you may be denied your Medicare SNF coverage. If your condition won't allow you to get skilled care (for instance, if you get the flu), you may be able to continue to get Medicare coverage temporarily.*

Questions/Concerns?

Please contact us at 214-328-4161

YOUR COSTS WITH MEDICARE

- » Days 1–20: \$0 for each benefit period.
- » Days 21–100: \$157.50 coinsurance per day of each benefit period, may be billable to your supplemental insurance if applicable.
- » Days 101 and beyond: all costs.

REMEMBER

- » If your break in skilled care lasts more than 30 days, you need a new three-day hospital stay to qualify for additional SNF care. The new hospital stay does not need to be for the same condition that you were treated for during your previous stay.
- » If your break in skilled care lasts for at least 60 days in a row, this ends your current benefit period and renews your SNF benefits. This means that the maximum coverage available would be up to 100 days of SNF benefits.

Note: *Your doctor or other health care provider may recommend you get services more often than Medicare covers. Or, they may recommend services that Medicare doesn't cover. If this happens, you may be responsible for payment of some or all of the costs.*

For more information call Medicare at 1-800-MEDICARE or visit www.Medicare.gov
(Source: <http://www.medicare.gov/coverage/skilled-nursing-facility-care.html>)



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