

Bethany Community Medicare Facts

How to qualify:

- Patient has Medicare Part A insurance.
- Patient has skilled Nursing Facility Part A days available in the current benefit period (100 days available).
- Patient must have been an inpatient of a hospital for a medically necessary stay of at least 3 consecutive days, not including the day of hospital discharge (*qualifying hospital stay*).
- The extended care service must be needed to continue treatment of a condition which was treated during the qualifying hospital stay; or to treat a condition which arose while the patient was in the Skilled Nursing Facility receiving care for such a condition.
- Patient resides in Medicare Certified Skilled Nursing Facility Bed.
- Physician (re)certified that the patient requires daily skilled nursing or rehabilitation services that can only be rendered as an inpatient of the Skilled Nursing Facility.

30-Day Transfer Rule:

- Skilled Nursing Facility care is an extension of care received in the hospital. In order to qualify the beneficiary must be admitted to the Skilled Nursing Facility within 30 days of the qualifying hospital stay discharge – or – within 30 days of the last covered day in the Skilled Nursing Facility.
- Note: The day of hospital discharge is not counted in the 30 days.

If you qualify:

- You must sign a form stating that you have been informed of Medicare coverage
- Bring in your Medicare card so a copy can be made.

- A Medicare Nurse will assess you weekly to determine the length of Medicare coverage. You may qualify anywhere from 1 – 100 days depending on your medical condition.
- A Medicare Nurse will be contacting you by phone or mail to inform you when Medicare will no longer cover. Keep in mind this could occur at anytime depending upon your medical condition. When this occurs you are responsible for payment starting the next day. A Skilled Nursing Facility Determination of Continued Stay form will be given to you or sent to your responsible party to sign stating you are aware of the discontinued Medicare Benefits. If you do not agree with our decision you may request a Medicare Intermediary Review.

Payment:

- Days 1 – 20 * Medicare pays in full all costs for a semi-private room & care.
- Days 21 – 100 * Medicare will pay for any costs over \$ _____/ day (also known as the co-insurance).
- Rates are subject to change with notification from Medicare.

If you have any questions regarding Medicare, please contact Laurie Gault, Business office; Irmadene Hanson, Director of Nursing; at (320) 762-1567