ATTACHMENT D-1

Supplies and Services Covered By the Medicare Program For Medicare Residents

The Medicare Program is administered by the federal government, and the federal government defines what supplies and services are covered under the basic daily rate and what additional supplies and services may be available to the Resident that Medicare will pay the dispensing provider for.

The following two pages were excerpted from the brochure entitled **"Your Medicare Benefits", which is published by the federal Centers for Medicare and Medicaid Services** and describe Medicare Skilled Nursing Facility coverage. You can call toll free 1-800-MEDICARE to order a copy of this publication or to get additional information. You can also find this publication and other useful information at the Medicare Internet site at www.medicare.gov

Medicare covers skilled care in a skilled nursing facility (SNF) under certain conditions for a limited time. 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 include changing sterile dressings and physical therapy. It is given in a Medicare-certified SNF. Care that can be given by non-professional staff is not considered skilled care. Medicare covers certain skilled care services that are needed daily on a short-term basis (up to 100 days).

Medicare will cover skilled care only if **all** these conditions are met:

1. You have Medicare **Part A** (Hospital Insurance) and have days left in your benefit period to use.
2. You have a qualifying hospital stay. This means an inpatient hospital stay of three consecutive days or more, not including the day you leave the hospital. You must enter the SNF within a short time (generally 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.

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ATTACHMENT D-1
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Supplies and Services Covered By the Medicare Program
For Medicare Residents

5. You need these skilled services for a medical condition that: a) was treated during a qualifying 3-day hospital stay, or b) 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.)

Medicare **Part A** covered services include a semiprivate room, meals, skilled nursing and rehabilitative services, and other hospital services and supplies, such as anesthesia, limited ambulance service, blood, chemotherapy, clinical trials, kidney dialysis, durable medical equipment, mental health care, hospice care, some types of transplants, and physician-prescribed pharmaceutical and medical equipment. Physical therapy, occupational therapy, speech therapy, and other allied health services as physician-prescribed may be included.

This does not include private duty nursing or a television or telephone in your room. It also does not include a private room, unless medically necessary.

In addition, you may be eligible for Medicare **Part B** program. **Contact the Business Office in your facility for further information.**