



## Medicare Benefits

### Technical Qualifications for TRADITIONAL Medicare Part A services:

1. Resident must be enrolled in Medicare Part A program.
2. Previous three (3)-night hospital stay within the last 30 days.
3. Resident requires skilled nursing services; i.e. can meet Medicare Level of Care
4. Benefits must be available; not exhausted 100 days less than 60 days prior.

If all four qualifications for TRADITIONAL Medicare are met, the resident is eligible for a one hundred (100) day benefit period, providing the resident meets the required skilled criteria, which is determined prior to the resident's admission and is assessed on a daily basis to ensure eligibility should continue.

1. Medicare pays the first twenty (20) days in full.
2. The following eighty (80) days are Medicare co-insurance days. During the coinsurance period, the resident is responsible for paying Dove Healthcare the co-insurance rate of \$185.50 per day. If a Medicare Supplemental Insurance is available for paying the co-insurance, Dove Healthcare will verify coverage with the insurance company and confirm the information in writing; forward the quoted benefits to the resident/responsible party; bill the insurance company if this proof is submitted to the Billing Department at the start of the Medicare coverage. If private insurance is not available, the co-insurance could total more than \$10,000 and is billed to the resident/ responsible party monthly as the days expire. Medicare sets the co-insurance rate. Medicare will pay the per diem in excess of \$185.50 per co-insurance day. The Business Office will send out a letter verifying the quoted benefits from the resident's co-insurance.

Medicare is a federally sponsored health insurance program for elderly and disabled persons. Medicare has three parts that cover different care areas: **Part A, which is also known as hospital insurance; Part B, which is also called medical insurance and Part D which is also known as prescription drug coverage.**

**Part A** covers inpatient hospitalization, inpatient skilled care in a skilled nursing facility, home health care and hospice. **Part B** covers medically necessary physician services, certain therapies, outpatient services, medical equipment and some other services not covered by **Part A**. Both **Part A** and **Part B** have co-insurance and deductible requirement that can be paid by the individual out-of-pocket or by other insurance plans, including Medicaid. **Part D** covers prescriptions drugs of the plan you enroll into.

**MORE ►**

**If you have questions about whether you can get Medicare or about Medicare enrollment, cards or premium amounts, contact your Social Security Office.**

If you have already qualified for Medicare and have questions about the status of Part A or Part B claims and what Medicare hospital and medical insurance covers, or questions regarding your prescription drug coverage, call your Medicare carrier.

**In Wisconsin:  
Part A and B  
Medicare Beneficiary  
National Government Services  
P.O. Box 7150  
Indianapolis, IN 46207-7150  
#1-800-633-4227  
[www.medicare.gov](http://www.medicare.gov)**

Written information describing the Medicare program including the Part A program is available in the Social Service or Business Offices.

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