



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 \$194.50 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 \$194.50 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.

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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**

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

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