MAKING SENSE OF MEDICARE

AN OVERVIEW OF SKILLED NURSING COVERAGE

just ASK
Together, we'll find the answer

TOGETHER, WE'LL FIND THE
ANSWERS.

PMMA | Presbyterian Manors Of Mid-America®

PATH®
Your next step to going home®

FOLLOWING A HOSPITAL STAY, WHERE DO I TURN FOR CARE?

Through our PATH® (Post-Acute to Home) program, PMMA (Presbyterian Manors of Mid-America) communities offer skilled nursing and rehabilitation in Missouri and Kansas.

All PMMA communities that offer the PATH program are Medicare-certified. As your resource for care, we strive to make your stay with us as smooth as possible — including helping you find answers to your questions about Medicare coverage.

To learn how PATH helps patients get back home — and back to life as they know it following a hospital stay, contact the PMMA community in your area.

For your convenience, a complete list of our communities is featured on the last page.

PATH®

Your next step to going home®

DO I QUALIFY FOR MEDICARE BENEFITS?

Before you read this booklet, it is important to know how you receive your Medicare health benefit. The information in this booklet explains Skilled Nursing Facility (SNF) care coverage under the Original Medicare Plan. If you receive your health care from a Medicare Advantage Plan (such as an HMO or PPO), Medicare Preferred Provider Organization, or a Medicare Private Fee-for-Service Plan, you are eligible for at least the same coverage as the Original Medicare Plan provides. However, certain conditions apply to receive coverage for care outside of your plan's provider network. For complete details, refer to your individual Medicare plan.

WHAT IS SKILLED NURSING FACILITY (SNF) CARE?

As defined by the Centers for Medicare and Medicaid Services*, Skilled Nursing Facility care is “health care given when you need skilled nursing or rehabilitation staff to treat, manage, observe and evaluate your care.” Examples include intravenous injections, wound care and physical therapy.

Skilled nursing can be a part of a retirement community such as a Presbyterian Manor community. Medicare certifies facilities if they have the staff and equipment to provide skilled nursing and/or skilled rehabilitation services, and other related health services.

* “Medicare Coverage of Skilled Nursing Facility Care,” Centers for Medicare & Medicaid Services, available at **www.medicare.gov**.

WHEN DOES MEDICARE COVER SNF CARE?

Medicare will cover skilled nursing care only if all the following requirements are met:

- You have Medicare Part A (Hospital Insurance) and have days remaining in your benefit period available to use.
- You have a qualifying hospital stay. This means an inpatient hospital stay of three consecutive days or more, starting with the day the hospital admits you as an inpatient, but not including the day you leave the hospital.
- You enter the SNF for medically necessary services and supplies related to your qualifying hospital stay, generally within 30 days of leaving the hospital.
- Your doctor has ordered the services you need for SNF care, which require the skills of professional personnel such as registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech-language pathologists or audiologists.
- You require care on a daily basis and the services can only be provided in an SNF on an inpatient basis.

*If you are not sure if you have Medicare Part A, look on your red, white and blue Medicare card. It will show “Hospital (Part A)” on the lower left corner of the card. Or call the U.S. Social Security Administration at 1-800-772-1213.

WHAT SERVICES ARE INCLUDED IN MEDICARE COVERAGE?

- Semi-private room
- All meals
- Dietary counseling
- Skilled nursing care
- Physical therapy*
- Occupational therapy*
- Speech-language pathology services*
- Medical social services
- Medications
- Medical supplies and equipment used
- Ambulance transportation (when other transportation endangers health)

*Covered by Medicare if needed as part of your health goals.

HOW LONG IS MY SNF CARE COVERED BY MEDICARE?

Medicare uses a period of time called a "benefit period" to keep track of how many days of SNF benefits you use and how many are still available.

- A benefit period begins on the day you start using hospital or SNF benefits under Part A of Medicare. You can receive up to 100 days of SNF coverage in a benefit period.
- Once you use those 100 days, your current benefit period must end before you can renew your SNF benefits.
- Your benefit period ends when you have not been in an SNF or a hospital for at least 60 days in a row, OR if you remain in an SNF and haven't received skilled care there for at least 60 days in a row.
- There is no limit to the number of benefit periods you can have. However, once a benefit period ends, you must have another three-day qualifying hospital stay and meet the Medicare requirements as listed earlier in this booklet before you can receive up to another 100 days of SNF benefits.

For more information on SNF care coverage by Medicare, go to: "Medicare Coverage of Skilled Nursing Facility Care," Centers for Medicare & Medicaid Services, available at **www.medicare.gov**.

WHAT IS THE COST OF SNF CARE?

Under the Original Medicare Plan, for each benefit period in the calendar year 2019, the following applies:

For Days	You Pay for Covered Services	Medicare Pays for Covered Services
1-20	Nothing	Full cost
21-100	Pre-determined daily co-pay*	Pre-determined daily co-pay*
Beyond 100	Full cost	Nothing

*Daily rate will vary from year to year. For up-to-date information, please visit **www.medicare.gov**. Rate structure is for 2019.

Payment Example 1 – SNF Stay 1-20 Days

Mr. Anderson is in the hospital for 5 days and is then admitted to an SNF (within 30 days of leaving the hospital). He is in the SNF for 12 days. Mr. Anderson won't have to pay anything for this Medicare-covered SNF care.

Days in Hospital	Days in SNF	Mr. Anderson Pays for SNF Care
5	12	$0 for covered services

Payment Example 2 – SNF Stay 21-100 Days

Mrs. Baker is in the hospital for 5 days. She is then admitted to an SNF (within 30 days of leaving the hospital). She is in the SNF for 30 days. Mrs. Baker will have to pay up to $1,705 (the $170.50 a day coinsurance for days 21-30) for her Medicare-covered SNF care.

Days in Hospital	Days in SNF	Mr. Anderson Pays for SNF Care
5	30	Up to $1,705 for covered services ($170.50 per day for days 21-30*)

Note: Under the Original Medicare Plan, you may obtain a Medigap policy to fill gaps in coverage. For more information, visit **www.medicare.gov** and find "Compare Health Plans in Medigap Policies in Your Area."

*Daily rate will vary from year to year. For up-to-date information, please visit **www.medicare.gov**. Rate structure is for 2019.

WILL I KNOW WHEN MY SNF CARE COVERAGE IS ABOUT TO END?

If you are in the Original Medicare Plan and no longer qualify for Medicare coverage, you must be given a written "Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage." This notice must state:

- The date your Medicare coverage will end (you must start to pay).
- Why your stay isn't (or is no longer) covered.
- The estimated cost of the non-covered care.
- If you disagree with the discharge, you have the right to request that the SNF submit a claim to Medicare so that you can receive an official payment decision from Medicare — this type of claim is sometimes called a "demand bill."
- If you request to have a claim submitted, you aren't required to pay for your SNF stay until you are informed of Medicare's decision.* You do have to pay any coinsurance charged, or for services and supplies not covered by Medicare.**
- Where you (or someone acting on your behalf) should sign to verify that you received the notice.

*You will be responsible for the cost of the stay if Medicare determines that you did not meet Medicare's criteria for coverage.
**You can receive an expedited decision by calling your state Quality Improvement Organization, whose phone number will be provided with your notice.

WHAT ABOUT OTHER TYPES OF LONG-TERM CARE?

Most long-term care is referred to as “custodial care” for help with the activities of daily living, including getting in and out of bed, eating, bathing, dressing and using the bathroom. While an SNF admission is covered for a short time after a qualifying hospitalization (up to 100 days), custodial care may be needed for a much longer time. Generally, Medicare does not cover custodial care, unless certain conditions are met, depending on your Medicare plan.

*Please note that Medicare does not pay for custodial care if SNF care is not needed. For complete details, refer to your Medicare plan.

GLOSSARY

Please refer to the list below for easy reference of Medicare terms you might find useful. For any questions we have not answered in this piece, please contact your local community and Just Ask. Together, we'll find the answers.

ADLs

The Activities of Daily Living refer to activities relating to personal care and functional mobility, including bathing, dressing, toileting, grooming and meal preparation.

Custodial care

Long-term care generally not covered by Medicare; it includes help with ADLs.

Demand bill

The official payment decision notice from Medicare.

Medicare

Health insurance for those age 65 or older, for individuals under age 65 with certain disabilities, or for people of any age with end-stage renal disease requiring dialysis or a kidney transplant.

Medicare Advantage Plan

Provided by private insurance companies (approved by Medicare), this coverage may require enrollees to choose doctors, hospitals and other providers within a plan's provider network or pay additional costs.

Medicare Part A

The part of Medicare that “helps cover inpatient care in hospitals, skilled nursing facilities, hospice and home health care.”* Usually, no premiums are required (because most enrollees and/or their spouses paid Medicare taxes).

*According to the Centers for Medicare & Medicaid Services

Medicare Part B

The part of Medicare that “helps cover doctors’ and other health care providers’ services, outpatient care, durable medical equipment and home health care.”* Usually, a standard monthly premium is paid.

*According to the Centers for Medicare & Medicaid Services

Medicare Part C

Known as “Medicare Advantage,” this part of Medicare offers health plan options run by Medicare-approved private insurance companies. This way, enrollees get the benefits and services covered under Part A and Part B. Most Part C plans cover Part D as well.

Medicare Part D

This part of Medicare helps cover the cost of prescription drugs. Costs and benefits vary per plan.

Original Medicare Plan

Provided by Medicare, this coverage enables enrollees to choose doctors, hospitals and other providers that accept Medicare.

PATH (Post-Acute to Home program)

PATH is offered at Presbyterian Manors of Mid-America (PMMA) communities, offering skilled nursing and rehabilitative care for seniors. Every PMMA community offering the PATH program is Medicare-certified.

Qualifying hospital stay

Medicare requires a qualifying hospital stay before providing coverage for SNF care. This stay includes three consecutive days as a hospital inpatient (counting the day of admittance, but not the day of discharge).

SNF (Skilled Nursing Facility)

An SNF provides skilled nursing care, which is the type of care required for Medicare coverage (as opposed to custodial care). An SNF can be either a stand-alone institution or part of a continuum of services at a residential community, nursing home or rehabilitation center.

SNF care

SNF care is "health care given when you need skilled nursing or rehabilitation staff to treat, manage, observe and evaluate your care."*

* "Medicare Coverage of Skilled Nursing Facility Care," Centers for Medicare & Medicaid Services, available at **www.medicare.gov**.

NOTES

Include your questions about Medicare coverage or the PATH program here. Then contact your local PMMA community and Just Ask. Together, we'll find the answers.

NOTES

PMMA COMMUNITIES

KANSAS:

Aberdeen Village
17500 W. 119th St.
Olathe, KS 66061
913-599-6100

Arkansas City Presbyterian Manor
1711 N. 4th St.
Arkansas City, KS 67005
620-442-8700

Clay Center Presbyterian Manor
924 8th St.
Clay Center, KS 67432
785-632-5646

Emporia Presbyterian Manor
2300 Industrial Rd.
Emporia, KS 66801
620-343-2613

Fort Scott Presbyterian Village*
2401 S. Horton St.
Fort Scott, KS 66701
620-223-5550

**The PATH program is not available at this location, we look forward to helping you find care in your area.*

Lawrence Presbyterian Manor
1429 Kasold Dr.
Lawrence, KS 66049
785-841-4262

Manor of the Plains
200 Campus Dr.
Dodge City, KS 67801
620-225-1928

Newton Presbyterian Manor
1200 E. 7th St.
Newton, KS 67114
316-283-5400

Parsons Presbyterian Manor
3501 Dirr Ave.
Parsons, KS 67357
620-421-1450

Salina Presbyterian Manor
2601 E. Crawford St.
Salina, KS 67401
785-825-1366

Topeka Presbyterian Manor
4712 S.W. 6th Ave.
Topeka, KS 66606
785-272-6510

Wichita Presbyterian Manor
4700 W. 13th St. N.
Wichita, KS 67212
316-942-7456

MISSOURI:

Aberdeen Heights
575 Couch Ave.
Kirkwood, MO 63122
314-909-6000

Farmington Presbyterian Manor
500 Cayce St.
Farmington, MO 63640
573-756-6768

Fulton Presbyterian Manor
811 Center St.
Fulton, MO 65251
573-642-6646

Rolla Presbyterian Manor
1200 Homelife Plz.
Rolla, MO 65401
573-364-7336

PATH®

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PMMA | Presbyterian Manors Of Mid-America®

Our Mission:

WE PROVIDE QUALITY SENIOR SERVICES GUIDED BY CHRISTAN VALUES.

WWW.PMMA.ORG

EQUAL HOUSING OPPORTUNITY