

Medicare and Medicaid Coverage for Skilled Nursing Centers FAQs

The federal health care programs Medicare and Medicaid are complex. This fact sheet is meant to provide answers to some of the most common questions and misunderstandings we encounter from new residents of Wilson Health Care Center and their families.

What is the difference between Medicare and Medicaid?

Medicare primarily provides health benefits for those over age 65 or people with disabilities. Medicaid primarily provides health benefits for low-income people. In some cases, people may be eligible for both Medicare and Medicaid benefits.

When will Medicare cover my stay at a skilled nursing center?

Medicare does not cover long-term nursing care. Typically, Medicare will cover short-term skilled nursing care if:

- You were formally admitted to the hospital and spent at least three consecutive midnights as an inpatient not counting the day you are discharged. People admitted to the hospital under observation status do not qualify. Observation status means that you are receiving services as an outpatient even though you are staying in the hospital. *If admitted to a hospital, we recommend inquiring about your status.*
- You are transferred to Wilson Health Care Center for ongoing care of a condition that required a hospital admission or skilled nursing services.
- Your physician certified that you require skilled nursing or rehabilitative care after your hospital stay.
- A condition for which you were admitted to a hospital or skilled nursing center worsens within 30 days after returning home.
- You have not previously exhausted your Medicare rehabilitative benefit.

What parts of my skilled nursing stay are covered by Medicare?

If you meet the criteria for a covered short-term nursing care stay, Medicare will cover a semi-private room, meals, your nursing care, social services, and medical supplies. If the following items are needed to meet your health goal, Medicare also covers physical, occupational, and speech therapy, medications, ambulance services to ancillary services, and dietary counseling. Other benefits may apply.

How much will Medicare reimburse of my short-term care expenses?

Typically, Medicare Part A will cover 100 percent of your short-term stay expenses for up to 20 days. For days 21 through 100, the patient is responsible for a daily co-insurance charge. If you have a Medicare Advantage Plan, called Part C, this may be covered by the plan. After 100 days, Medicare does not cover any part of your expenses unless you meet limited qualifying circumstances.

Does Medicaid cover long-term care at a skilled nursing center?

Medicaid will reimburse long-term skilled nursing care if you have exhausted your financial assets to the state-mandated level, and meet medical criteria as determined by the state.

Wilson Health Care Center looks forward to serving you and is happy to answer additional questions.