

Know your rights

If you're getting Medicare-covered services from a skilled nursing facility (SNF), you may have the right to a fast appeal (also called an "expedited review" or an "immediate appeal") if you think your Medicare-covered services are ending too soon. During a fast appeal, an independent reviewer called a Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO) looks at your case and decides if your health care needs to be continued.

You have the right to be included in decisions about your care, the right to a process to appeal decisions about payment of services, and the right to privacy and confidentiality. For more information, read the free booklet "Medicare Appeals," visit Medicare.gov/appeals, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Where can I get more information?

You can view or print Medicare publications and find helpful phone numbers and websites by visiting Medicare.gov or calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

- **To learn more about Medicare eligibility, coverage, and cost information**, read the free booklet "Medicare Coverage of Skilled Nursing Facility Care."
- **For free health insurance counseling and personalized help with insurance questions**, call your State Health Insurance Assistance Program (SHIP). To get the phone number, visit Medicare.gov/contacts or call 1-800-MEDICARE.

To find and compare skilled nursing facilities in your area, visit Medicare.gov and select "Nursing Home Compare." You can find a list of all the Medicare- and Medicaid-certified nursing homes in your area and general information about every Medicare and Medicaid-certified nursing home in the country. It includes nursing home inspection results, the number of nursing staff, and resident information. Call the nursing home to find out if it provides skilled care.

Medicare & Skilled Nursing Facility Care Benefits



GETTING STARTED



Skilled care to help
you get better

Skilled nursing facility care & Medicare

Let's get started

Skilled nursing or skilled therapy staff provide skilled nursing facility (SNF) care to manage, observe, and evaluate your care. A SNF could be part of a nursing home or hospital. Generally, Medicare covers SNF care only for a short time after you get out of the hospital.

Medicare doesn't cover custodial care if it's the only kind of care you need in a SNF. Custodial care is care that helps you with usual daily activities like getting in and out of bed, eating, bathing, dressing, and using the bathroom.

Medicare will cover skilled nursing facility care (SNF) only if all of these are true:

- You have Medicare Part A (Hospital Insurance) and have days of SNF coverage left in your benefit period. You get up to 100 days of SNF coverage per benefit period.
- You have an inpatient hospital stay of 3 consecutive days or more (a "qualifying hospital stay"), counting the day of inpatient admission to the hospital, but not the day of discharge, before being admitted to the SNF.
- The SNF is certified by Medicare.
- You begin getting covered care in the SNF within a short time (generally 30 days) after discharge from the qualifying hospital stay.
- Your doctor has ordered the skilled services you need in a SNF. These services must meet these criteria:
 - Require the skills of professional personnel
 - Be needed on a daily basis
 - Be services that can be provided only in a SNF on an inpatient basis
 - Be needed for an ongoing condition that was treated during the hospital stay, even if it wasn't the main reason for that stay, or for a new condition that arose in the SNF while you were being treated for the ongoing condition.
 - Be reasonable and necessary

What's covered?

Medicare covers these services in a SNF:

- Semi-private room
- Meals
- Skilled nursing services
- Physical therapy
- Occupational therapy
- Speech-language pathology services
- Medical social services
- Medications
- Medical supplies and equipment used in facility
- Ambulance transportation (when other transportation would endanger your health) to the nearest supplier of medically necessary services that aren't available at the SNF, including the return trip
- Dietary counseling

What do I pay?

You pay nothing for covered services the first 20 days that you're in a skilled nursing facility (SNF). You pay a coinsurance for days 21-100, and you pay all costs beyond 100 days. Visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE (1-800-633-4227) to get current amounts. TTY users should call 1-877-486-2048.

These are ways to get help paying for SNF care and other health care costs:

- **Help from your state**—Call your State Medical Assistance (Medicaid) office. To find this and other helpful phone numbers and websites, visit [Medicare.gov/contacts](https://www.Medicare.gov/contacts).
- **Employer or union coverage**—Check with your benefits administrator.
- **Medigap policy**—Check your policy to see if SNF care is covered.
- **Long-term care insurance**—Call the insurance company to find out if SNF or custodial care is covered.

"Medicare & Skilled Nursing Facility Care Benefits: Getting Started" isn't a legal document. More details are available in the "Medicare Coverage of Skilled Nursing Facility Care" booklet. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings. Information in this brochure describes the Medicare program at the time the brochure was printed. Visit [Medicare.gov](https://www.Medicare.gov) or call 1-800-MEDICARE to get the most current information.

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