

Medicare Coverage for Skilled Nursing Facility Care Improvement is Not Required

Coverage Criteria

3-Day *Inpatient* Hospital Stay

- In traditional Medicare, the individual must have a qualifying three-day *inpatient* hospital stay (as opposed to observation, or other outpatient stay). Note: Medicare Advantage plans often do not have this requirement.
- Usually, a transfer to a skilled nursing facility must be made within 30 days of leaving the hospital.

Order from Physician or Health Care Provider

- The care at the skilled nursing facility must have been ordered by a physician or other authorized health care practitioner and must relate to a condition for which the individual received inpatient hospital services or that arose at the skilled nursing facility while being treated for a condition for which the individual received inpatient hospital services.
- As a practical matter, the care must only be available on an inpatient basis at a skilled nursing facility.

Daily Skilled Care

- The individual must require and receive skilled nursing seven days a week, skilled therapy five days a week, or a combination of both skilled nursing and therapy services seven days a week.
- Skilled care means services that must be provided by, or under the supervision of, qualified personnel in order to be safe and effective.

Improvement Is Not Required

- Medicare coverage “does not turn on the presence or absence of a beneficiary’s potential for improvement, but rather on the beneficiary’s need for skilled care. Skilled care may be necessary to improve a patient’s condition, to maintain a patient’s current condition, or to prevent or slow further deterioration of the patient’s condition.”
(*Jimmo v. Sebelius* (D. VT. 2013); CMS Transmittal 179, Pub 100-02, 1/14/2014; See, *Important Message About Jimmo*, CMS.gov)

100-Day Benefit Period

- The maximum benefit period is 100 days. It is possible to have more than one benefit period during the calendar year. (Note: Some Medicare Advantage plans purport to provide more days, but may not do so in practice.)
- Individuals are entitled to notice and to appeal when Medicare-covered skilled nursing facility care is being terminated before the end of the benefit period.