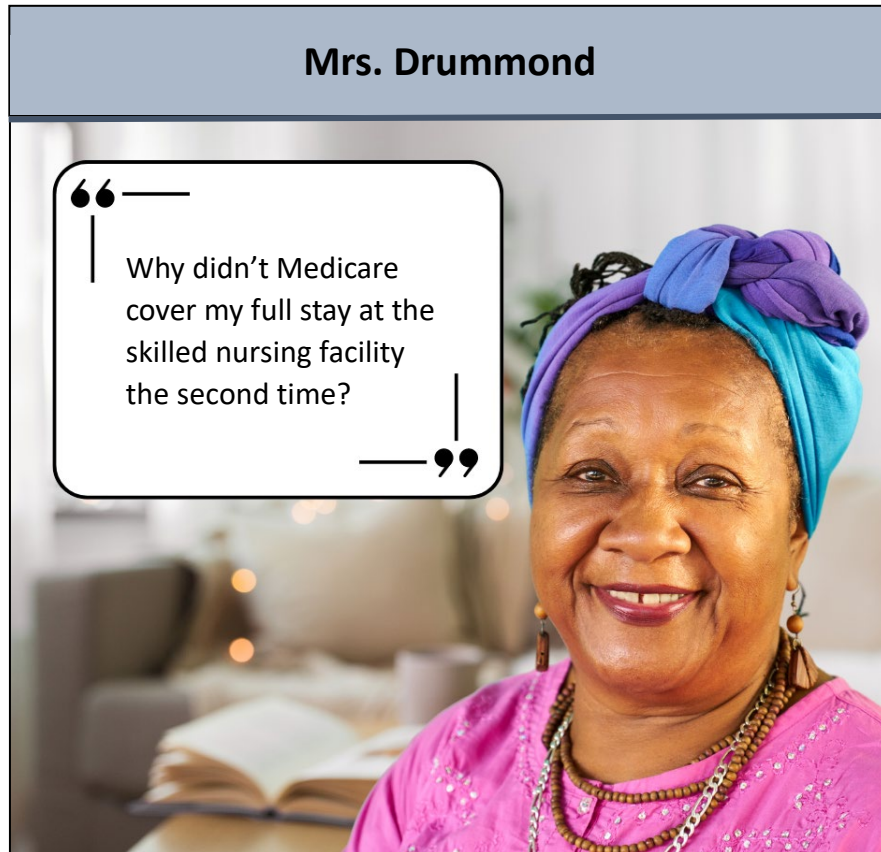


## Scenario Worksheet

### Medicare & Skilled Nursing Facility (SNF) Stays Beyond 100 Days



### Scenario

Mrs. Drummond is 70 and has Original Medicare, which is Part A (Hospital Insurance) and Part B (Medical Insurance). In April, she was admitted to a skilled nursing facility (SNF) following a hospital admission for a stroke. After getting quality care from this SNF for 92 days, she was discharged. Medicare paid its part for her full stay at the SNF.

A month later, Mrs. Drummond fell in her home and broke her hip. She was admitted to the hospital for 4 days and was then discharged to a SNF for therapy for 21 days. After she was discharged from the SNF, Mrs. Drummond got a bill charging her the full amount for 13 of the 21 days she was in the SNF. She wants to know if this is a mistake, because she thought Medicare would pay for her full stay at the SNF, as it did for her first stay.

## **Questions**

**1. Will Medicare cover Mrs. Drummond’s entire SNF stay for her hip rehab?**

**2. What’s the criteria for Medicare coverage for SNF care?**

**3. What happened to Mrs. Drummond’s SNF coverage after running out of Medicare-covered days in her benefit period?**

**4. What are the out-of-pocket costs for Medicare-covered services in SNF care if you have Original Medicare, like Mrs. Drummond?**

**5. How can Mrs. Drummond get help paying for her SNF stay?**