





Medicare Part A Covered Services and Frequently Asked Questions

Medicare Part A is the part of Medicare that covers stays in the hospital. However, there are a few other important services that are covered under Medicare Part A. This is true whether you have Original Medicare or a Medicare Advantage plan. Read on to learn more about the services covered by Medicare Part A, as well as some frequently asked questions about Medicare Part A coverage.

Medicare Part A covers the following services:

- Home health care
- Skilled nursing facility care
- Hospice care

However, to be eligible for Medicare to cover these services, you typically need to meet certain requirements.

It is important to remember that Medicare does **not** cover long-term nursing home care or an unlimited number of hospital days. For services like hospital stays and skilled nursing facility stays, how much time you can remain in the facility may depend on how many days you have already used up in something called a **benefit period**. A benefit period starts when you are admitted to the hospital, and ends when you have been out of the hospital or other in-patient facility for at least 60 days.

The Center for Health Care Rights (CHCR) is a California non-profit organization that provides free information and help with Medicare. CHCR is the Health Insurance Counseling and Advocacy Program (HICAP) for Los Angeles County. HICAP can be reached statewide at **800-434-0222**.

In-patient care in a hospital

Medicare covers in-patient care in a hospital if your doctor writes an order that says that you need inpatient care to treat your illness or injury. The hospital must accept Medicare for your care in the hospital to be covered. Most hospitals in the United States accept Medicare. Most people do not pay a monthly premium for Part A. However, Part A has out of pocket costs, like deductibles and copays, for covered services. A hospital stay can be expensive if you do not have supplemental coverage, Medi-Cal, or a Medicare Advantage plan.

Skilled nursing facility care

Medicare Part A also covers limited skilled nursing care in a skilled nursing facility (SNF). Although Medicare Part A can cover up to 100 days in a skilled nursing facility per benefit period (the period that starts when you are admitted to the hospital and ends when you have been out of the hospital or skilled nursing facility for at least 60 days), that does not mean that you are guaranteed 100 days in a SNF. To qualify for Medicare to cover the skilled nursing facility stay, your doctor must recommend daily skilled care. This includes physical therapy, occupational therapy, speech therapy, wound care, or other types of skilled care, on a daily basis. When your doctor determines that you no longer need skilled care at least 5 days a week, they usually recommend that you get the skilled care at home through home health care, or on an outpatient basis.

Home health care

Home health care can be covered under either Medicare Part A or Part B, and is for people who need part time skilled nursing care and are homebound. Being "homebound" does not mean that you can never leave your house. Medicare considers someone "homebound" if it takes a lot of effort to leave your home or if leaving your home is not recommended because of your condition. Home health care can include up to 28 hours per week, including a home health aide. Home health care must be provided by a Medicare–certified home health agency.

Hospice Care

Hospice care is palliative or comfort care for someone nearing the end of their life. To qualify for hospice coverage under Medicare, a doctor must certify that she expects that you have six months or less to live, and you must agree to accept comfort care instead of curative treatment for your terminal illness. Hospice care is typically provided at home and is not round-the-clock care.



Frequently Asked Questions

Does Medicare cover long-term care in a skilled nursing facility or nursing home? No. Medicare covers short-term care in a skilled nursing facility. If you are unable to return home after Medicare stops paying for your skilled nursing care in a SNF, you will need to pay out of pocket for your care, or look into Medi-Cal long-term care coverage.

Does Medicare cover caregiver services at home?

No. Medicare covers intermittent home health care, which can include a home health aide for assistance with bathing or other personal care. However, Medicare only covers a home health aide if you are also receiving skilled care at home.

I need more help around the house, or may need long term care in a facility. What are my options?

If you need long term caregiving assistance at home, or may need long term care in a nursing home or other facility, you may need to pay out of pocket for these services. You can also look into applying for Medi-Cal to gain access to the In Home Supportive Services program or Long Term Care Medi-Cal if you need long term care in a facility. Medicare does not cover long term care at home or in a facility.

What can I do if I am being discharged from the hospital or skilled nursing facility before I am ready to go home?

If you disagree with your doctor or facility's decision to send you home, you can appeal the decision by reaching out to the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), which is called Livanta in California. Livanta will review the medical records from the facility or hospital to determine whether or not they agree with the facility's decision to discharge you. Livanta's contact information is below:

Livanta	Hours of Operation
www.livantaqio.cms.gov/en/States/California	Monday-Friday: 9:00 a.m 5:00 p.m. (local time)
(877) 588 - 1123	• • •
(855) 887 - 6668 - TTY	Saturday-Sunday: 11:00 a.m 3:00 p.m. (local time)
Fax: (855) 694-2929	24 hour voicemail service is available

For more information, call the Center for Health Care Rights at 800-434-0222 or visit healthcarerights.org