Medicare and Medicaid Coverage in a Skilled Nursing Facility

Medicare:

Medicare Part A does cover *skilled care* in a certified skilled nursing facility (SNF). You may qualify to use your Medicare Part A benefit after you've spent three consecutive midnights in the hospital. All three days must have been inpatient status, not observation, please clarify your status with the hospital staff. This benefit includes a semi-private room, meals, skilled nursing and rehabilitative services, prescription medication, and other services and supplies. It is important to note that this benefit is only eligible if you have a skilled nursing or therapy need as determined by Medicare guidelines. Coverage will continue as long as you qualify for skilled care with a maximum 100 day stay per benefit period.

For each benefit period, YOU PAY:

- Nothing for the first 20 days;
- Coinsurance of $185.50* per day for days 21-100; and
- All costs beyond the 100th day in the benefit period.

*You may have a Medicare supplemental insurance that will cover your coinsurance on days 21-100 including Medicaid.

*Coinsurance amounts may change each year. This amount is based on 2021 rates.

Managed Medicare:

If you have a managed Medicare plan, also known as a Medicare Advantage plan, your insurance plan will need to be checked by the skilled nursing facility. They will let you know what your benefit coverage is for their facility. These plans often require a precertification and weekly updates to determine the allowable length of stay based off of medical and physical needs.

Medicaid:

Medicaid, also known as MO Health Net, will pay for care in a long-term care facility when you are unable to pay and meet eligibility guidelines. Payment includes room and board, medical care needs and prescriptions. You may also have prescription coverage with your Medicare Part D plan. However, not all facilities accept Medicaid.

Once you move into a Medicaid approved facility, your social security check and other monthly income must be used first to pay for your care, and Medicaid will pay the remainder. You will be able to keep $50 per month as a personal needs allowance to use for whatever you need or want.

Even if you already have active Medicaid in the community, you will still need to complete a new application once you enter a nursing facility. The social services designee in each facility should help you with this process as this is necessary to switch your coverage to nursing home Medicaid, also known as vendor Medicaid.

Medicaid for Married Couples:

If you are married, your Medicaid application will likely include a 'division of assets'. The Family Support Division Office will divide your assets so that your spouse remaining in the community will not have to spend all your savings on long-term care. They may also be eligible to keep part of your income to help maintain the home and pay for living expenses.