REHABILITATION AND NURSING CENTER

FREQUENTLY ASKED QUESTIONS ABOUT MEDICARE

Q: Under what conditions will Medicare pay for my skilled nursing stay?

A: Medicare may pay for your stay at Brooke Grove Rehabilitation and Nursing Center (BGRNC) if your medical condition meets the criteria for Medicare skilled services. These criteria are determined by Medicare. You must also have a three-day qualifying hospital stay, not including emergency room (ER) or observation days. You may take advantage of this benefit from home if you are admitted to BGRNC within 30 days after being discharged from a qualifying stay at the hospital and if you meet Medicare guidelines for coverage.

Q: How long will Medicare continue to pay for my care?

A: The Medicare benefit can cover up to 100 days of skilled nursing as long as you qualify for these services. Most people are discharged long before that time. Medicare pays the first 20 days of your stay in full. (Only if you have a 60-day break will this 100-day period reset.) This includes room, board and all medical supplies related to your medical condition. **On day 21, there is a copayment charged by Medicare.** Your social worker can provide you with current copayment information, as this amount changes annually. **From day 21 up to 100, you are responsible for the copayment.**

Q: How much is the copayment and is it covered by my secondary insurance?

A: You or your secondary insurance is responsible for the Medicare copayment. All secondary insurance plans are different and change from year to year. You are strongly advised to contact your individual insurance company to determine how much, if any, coverage your insurance offers. Your social worker can also provide you with current copayment information.

Q: What kinds of charges are not covered by Medicare during my stay?

A:

- Medicare will not pay for a private room. If you choose a private room, you will be required to pay privately for the difference.
- Medicare does not pay for hair salon/ barber services. You will be billed directly for these services.
- Medicare does not cover transportation to appointments unrelated to the reason for your Medicare stay. BGRNC does not transport residents to appointments unrelated to their admission diagnosis. Please do not schedule routine appointments, checkups, or follow-up visits, unless a family member or a related party is able to transport you.

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BROOKE GROVE RETIREMENT VILLAGE

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REHABILITATION AND NURSING CENTER

MEDICARE FAQs | CONTINUED

Q: What will happen if I need to go back to the hospital during my stay at BGRNC?

A: We will hold your room for you at BGRNC until your return, unless you tell us that you would like to give it up. The cost of holding your room is your responsibility. You will be billed at the regular daily room rate to hold the room for your return. Medicare will not cover the cost for any night that you are not at BGRNC.

Q: Is it an option to stay at BGRNC following my Medicare-covered stay?

A:

- You may wish to stay at BGRNC following the end of your Medicare coverage. All costs related to your stay at that point are your responsibility. **Medicare does not cover long-term or custodial care. For a continued stay beyond your Medicare coverage, you must be approved by a financial application process through our Admissions office. This is subject to, or based on, our census availability.**
- In the event you choose to stay beyond your Medicare coverage, you may be asked to move to a different room that is not a designated rehab room.

Q: Do you offer any other services if I am not quite ready to go home, but do not need skilled nursing care?

A:

- We offer respite or short-term care as well as long-term care in our assisted living homes. The charges for assisted living are not covered by Medicare or secondary insurance. It is your responsibility to pay for room, board, and ancillary supplies and services. Medicare B may cover part of the cost of additional therapy services provided in assisted living.
- To be considered for admission to assisted living, **a financial application is required by our Admissions office.**

Q: What if I go home after a Medicare stay and need additional skilled nursing care?

A: In order for Medicare to pay for additional care in a skilled facility after one Medicare benefit period, you must have a continuous, 60-day break outside of a skilled nursing facility or hospital and a new three-day qualifying hospital stay. This will then start a new benefit period.

If you have any questions related to your discharge, please contact your social worker.

Lynn Kuhn, LCSW-C
301-260-2306

Amy Martin, LGSW
301-260-2307

Alana Santmyer, LGSW
301-260-2357