

The Little Known 30-day Medicare Window



As you get ready to go home, it can be exciting, but you may be a little nervous as well. Rest assured there are options if you need skilled services because your recovery is not moving along as planned – and Medicare will pay for your care.

But what most people do not know is that if their health gets worse during the 30 days after discharge (or loss of eligibility), they can be reinstated for Medicare coverage and move into or return to a skilled nursing community.

What is the 30-Day Window?

If a patient is cut from Medicare, a “30-Day Window” exists where coverage may be reinstated within 30 days of discharge from a hospital or skilled nursing care.

Patients with any of the following scenarios may be eligible for the 30-Day Window and receive Medicare benefits to recover in skilled care:

- A patient is admitted to the hospital for three consecutive days, not counting the day of discharge.
- A patient is then transferred to a skilled nursing center for further care of the condition that was treated during the hospital admission or other conditions requiring skilled nursing or rehabilitation.
- A physician certified that a patient needs skilled or rehabilitative care after a hospital stay.



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Who may be eligible for the 30-Day Window?

Generally, there are three scenarios where a person may be eligible to receive extended benefits:

- Patients discharged from the hospital after three consecutive overnight stays and their condition worsens within 30 days.
- Patient discharged from a skilled nursing center and their condition worsens within 30 days.
- Patients cut from Medicare at a skilled nursing center but then have a significant change in condition may be eligible for reinstatement.

Patients must be evaluated by a physician or Caraday nursing staff to determine their eligibility for the 30-Day Window.

What is covered by Medicare?

If Medicare benefits are reinstated or approved under the 30-Day Window, the costs are as follows:

First 20 days – Medicare pays 100%

Next 80 days of continuous care – Patient pays \$164.50 per day

Medicare can help pay for a semi-private room, all meals, rehabilitation services (physical, occupational, and speech therapy), nursing care, prescribed medications, medical supplies, and use of items such as braces, splints, and adaptive equipment.

The 30-Day Window can be confusing and Caraday can counsel you on your eligibility and guide you through the process. For further information, refer to the Caraday website at caradayhealth.com for the closest Caraday community.



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