



STATE OF WISCONSIN  
BOARD ON AGING AND LONG TERM CARE  
1402 Pankratz Street, Suite 111  
Madison, WI 53704-4001  
(608) 246-7013  
Ombudsman Program (800) 815-0015  
Medigap Helpline (800) 242-1060  
Fax (608) 246-7001  
<http://longtermcare.wi.gov>

BOARD OF DIRECTORS  
Eva Arnold  
Patricia A. Finder-Stone  
Terry Lynch  
Tanya L. Meyer  
James Surprise  
Dale B. Taylor  
Barbara Thoni  
  
EXECUTIVE DIRECTOR  
Heather A. Bruemmer

---

**FOR IMMEDIATE RELEASE**

**DATE:** March 2011  
**CONTACT:** Medigap Helpline  
800 242-1060

**Your MEDICARE SUPPLEMENT POLICY  
May Contain a 30 Day NURSING HOME BENEFIT**

Many Wisconsin Medicare Supplement policies include coverage for 30 days of skilled nursing facility care, even if Medicare does not cover the nursing home stay. Since November 1979, state law has required individual (and some group) Medicare Supplements (also called Medigap policies) issued in Wisconsin to cover 30 days of skilled nursing facility care. This can be in addition to Medicare's coverage of up to 100 days.

Medicare covers skilled nursing home care of up to 100 days only if the patient has a 3 day qualifying hospitalization stay and then enters a Medicare-certified facility for skilled care within 30 days of discharge from the hospital. (*"Observation stays" in the hospital do not count as a qualifying stay.*) The supplement would pay the co-pays after Medicare for those days. However, if Medicare denies coverage because the facility is not Medicare-certified or because the patient was hospitalized less than 3 days, the patient may still qualify for the 30 day benefit in a Medicare supplement policy.

In order to be eligible for this benefit from their supplement, the nursing home resident must be receiving skilled care, which is certified as medically necessary by the attending physician and recertified every 7 days. No prior hospital stay is required and the nursing home does not need to be Medicare-certified. The home must, however, be state-licensed. This benefit does not apply to care which is custodial care.

For example, Jane Doe is hospitalized for 2 days and then enters a Medicare-certified facility for skilled care. Medicare will not cover her because she was not hospitalized for 3 days. John Doe is hospitalized for two weeks and then enters the local nursing home for skilled care. The nursing home is licensed, but it is not Medicare-certified. Medicare will not cover him because the nursing home is not Medicare-certified.

In both of these cases, a Wisconsin individual Medicare supplement issued after November 1979 could pay for up to 30 days of skilled care. A claim should be filed with the insurance company. Under this benefit, the insurer will pay an amount equal to the facility's Medical Assistance skilled care rate. The resident may be billed the difference between the Medicaid rate and the Private pay rate, depending upon that facility's practice.

If you have questions about your Medicare supplement's coverage for nursing home care, you may contact the **MEDIGAP HELPLINE, 1-800-242-1060** for more information. The Medigap Helpline is a program of the Wisconsin Board on Aging and Long Term Care and is not affiliated with any insurance company.

Revised: 3/15/2011

*Submitted by: Vicki Buchholz  
Medigap Insurance Counselor*