



Medicare Benefit Period (*“Spell of Illness”*)

Welcome to the WPS -
Medicare computer based
training module on the
Benefit Period.

What is the Agenda?

- Benefit Period Basics
 - Definition
 - Starting a Benefit Period
 - Ending a Benefit Period
 - Continuing a Benefit Period
- Resources
- “Test Your Knowledge”



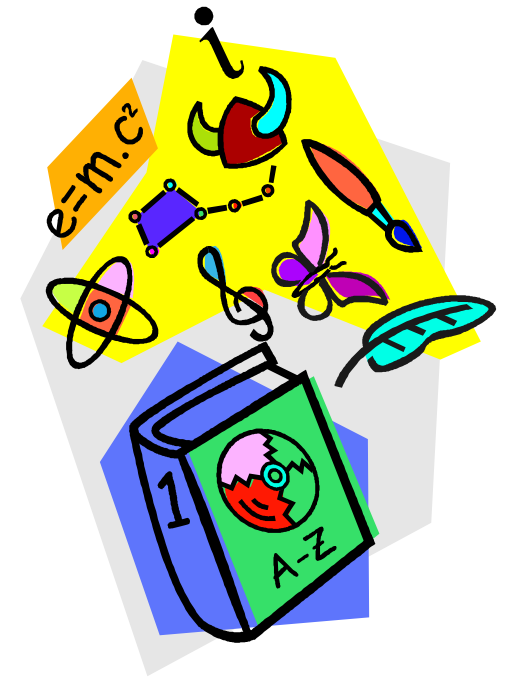
What is the objective of this training?

- *To Better Understand:*
 - What benefits are available
 - What starts a benefit period
 - What ends a benefit period
 - What continues a benefit period



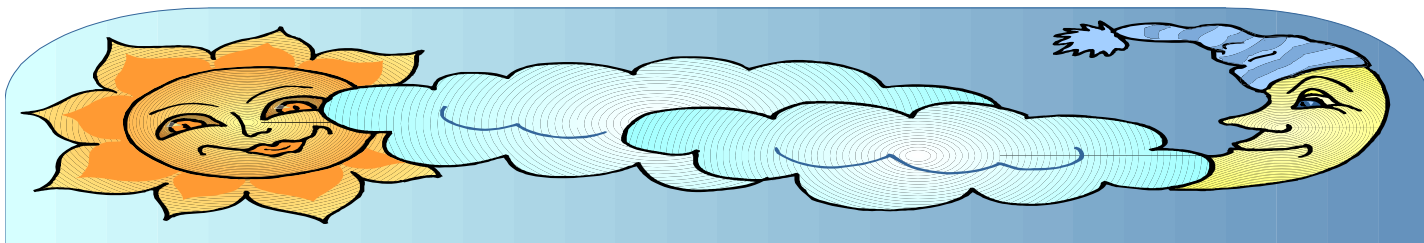
What Is a “Benefit Period”

- How Medicare measures the use of Part A benefits
- Under Part A, Medicare allows a certain number of inpatient hospital and inpatient Skilled Nursing Facility days per benefit period.
- There is no limit to the number of benefit periods a Medicare recipient may have, but there is certain criteria that must be met before a new benefit period is generated.



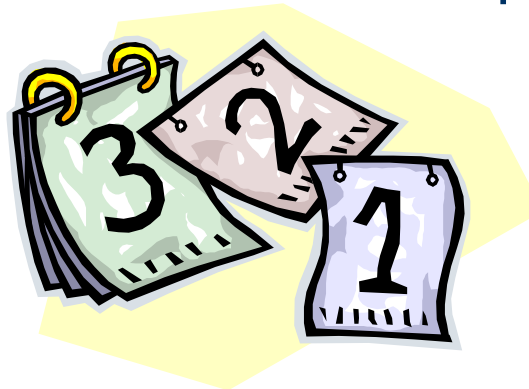
How many hospital Part A Medicare days are available?

- Hospital:
 - Once the Part A deductible is met, Medicare pays for all covered hospital services for the first 60 days in a benefit period.
 - After the first 60 days are covered in full by Medicare, an additional 30 days are paid in part by Medicare, with the beneficiary being responsible for a daily coinsurance amount.
 - There are an additional 60 Lifetime Reserve Days available if a beneficiary has exhausted all of their full covered and regular hospital coinsurance days during a benefit period. Lifetime reserve days are also considered “coinsurance days”, and the beneficiary is responsible for the daily lifetime reserve coinsurance rate.



How many SNF Part A Medicare days are available?

- Skilled Nursing Facility (SNF)-
 - Medicare covers the first 20 days of medically necessary care in full,
 - another 80 days with the patient paying for part of their care.
 - Once the beneficiary has exhausted all of their full and coinsurance days during a benefit period, Medicare will not pay for any additional Part A services until a new benefit period has been generated.



What do I need to know about lifetime reserve days?

- NOTE: It is important to remember that Lifetime Reserve Days are truly a “lifetime” benefit and DO NOT regenerate with a new benefit period. The lifetime reserve days are also only a hospital benefit and may not be used for Skilled Nursing Facility services.



What Starts a Benefit Period?

- A benefit period with first day of inpatient hospital or extended care services. In order for a new benefit period to start
 - The patient must be entitled to Medicare Part A
 - Inpatient admission must not be part of a previous benefit period
 - Services must be furnished by a qualified provider



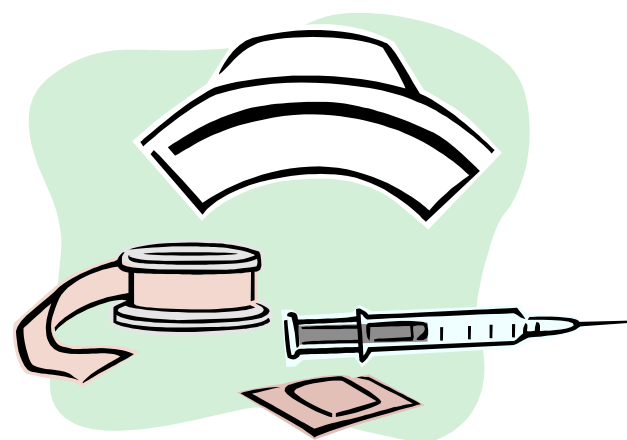
When Does a Benefit Period End?

- After 60 consecutive days when:
 - Beneficiary is not a hospital inpatient
 - Beneficiary is not a SNF inpatient
 - Or not receiving covered Part A care in a SNF
- Cannot end if:
 - Beneficiary is an inpatient of a hospital
 - Even if hospital does not meet criteria necessary to start benefit period
 - Beneficiary is an inpatient of SNF
 - Receiving Part A “skilled” level of care



Does Medicare decide if the care is skilled?

- It is important to remember that just because a Medicare beneficiary has exhausted all of their Medicare days, it does not mean that they are no longer receiving a “skilled” level of care. Whether a beneficiary is considered “skilled” or not is a clinical decision made by your clinical staff based on existing coverage criteria.



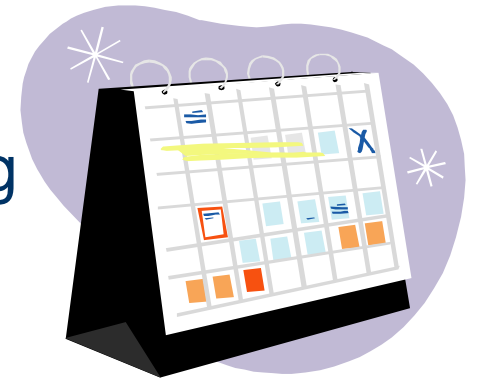
Are there examples of breaking a benefit period?

- Here are some examples of when a Medicare beneficiary would break their benefit period:
 - Patient discharged to home from hospital and does not receive any Part A services for 60 consecutive days
 - Patient discharged from SNF to Home Health and admitted to hospital after 75 days
 - SNF patient goes to a non-skilled level of care and is admitted to hospital after 62 days



When is a benefit period continued?

- Any new inpatient admission within 60 consecutive days after discharge is part of the original benefit period.
- Also, as long as a beneficiary is receiving a “skilled” level of care in a Skilled Nursing Facility, they remain in the same benefit period and the 60 consecutive day break does not begin.
- The 60 consecutive day break does not begin until the beneficiary no longer meets the clinical criteria for a covered Part A stay.



Are there examples of continuing a benefit period?

- Here are some examples of when a beneficiary would continue the existing benefit period:
 - If the beneficiary is discharged from a hospital and is readmitted to an inpatient facility after 45 days, then the 60 consecutive days of interrupted care has not occurred and the benefit period continues.
 - If the beneficiary in a Skilled Nursing Facility exhausts their Part A benefits and remains at a covered Part A level of care, then the 60 consecutive day clock does not start and the current benefit period continues.
 - If a beneficiary in a Skilled Nursing Facility exhausts all Part A benefits and remains at a skilled level of care, a new diagnosis will not generate a new benefit period.
- REMEMBER: The only way a new benefit period is generated is after a 60 consecutive day break in skilled care.



When Does a New Benefit Period Start?

- A new benefit period may be generated when a beneficiary has been “facility-free” for at least 60 consecutive days. Day one of the count begins either on:
 - The day of discharge from the hospital or Skilled Nursing Facility, or
 - On the day after the patient was last at a Medicare covered level of care in the Skilled Nursing Facility.
- A new benefit period is not based on:
 - The beneficiary getting a new diagnosis; or
 - At the start of a new calendar year; or
 - 60 days after benefits exhaust



Where are the additional resources?

- CMS Internet-Only Manual System
 - www.cms.hhs.gov/Manuals/IOM/list.asp
- Additional information on the benefit period can be found in the Medicare General Information, Eligibility and Entitlement Manual (100-1) on the CMS web page.
- Sections 10.4 through 10.4.4 specify when a benefit period starts, in what situations a benefit period will continue even after benefits have exhausted, and what will end an existing benefit period.

Summary

- In summary, the benefit period is a way for Medicare to track the number of Part A days available to a Medicare beneficiary. The patient must be eligible and enrolled in Part A for Medicare to pay inpatient services.
- There is no limit to the number of benefit periods available to a Medicare recipient. The only requirements for a patient to generate a new benefit period with a new set of days are:
 - There must be a break of at least 60 consecutive days where the beneficiary is not an inpatient of a hospital, or
 - Not an inpatient of a Skilled Nursing Facility, or
 - A break of at least 60 consecutive days where the beneficiary is in a Skilled Nursing Facility, but not receiving a skilled level of care.

Disclaimer

This program is presented for informational purposes only. The current Medicare regulations will prevail.

Thank You

- Would you like to take a 10 question knowledge check?

Yes, let's get started

**No, please take me to WPS
Medicare's Provider Homepage.**

There is no limit to the number of Part A Benefit Periods a Medicare beneficiary may have.

True

False

Sorry, that is not correct. Please try again.



This is ***TRUE***. As long as a person continues to be entitled to Hospital Insurance (Part A), there is no limit to the number of benefit periods he/she may have.



Medicare beneficiaries may use 60 Lifetime Reserve Days each benefit period.

True

False

This is ***FALSE***. Lifetime Reserve Days are truly a “lifetime” benefit and do not regenerate with a new benefit period.



A benefit period starts with the first day of inpatient hospital or extended care services after the person becomes entitled to Medicare Part A.

True

False

This is ***TRUE***. The benefit period begins with the first day on which a patient is furnished inpatient hospital or extended care services by a qualified provider in a month for which the patient is entitled to hospital insurance benefits.



There must be a 60 consecutive day break where the Medicare beneficiary is not in a hospital or SNF receiving skilled care before a new benefit period will be generated.

True

False

This is ***TRUE***. The benefit period ends with the close of a period of 60 consecutive days during which the patient was neither an inpatient of a hospital nor of a SNF.



The 60 consecutive day “clock” for a new benefit period begins on the first day after Part A benefits exhaust.

True

False

This is ***FALSE***. The 60 consecutive day “clock” does not begin until the patient is no longer in a hospital or SNF, or is in a SNF but not receiving Part A covered services.



A new benefit period can be generated if an inpatient of a hospital is no longer receiving a skilled level of care for at least 60 consecutive days.

True

False

This is ***FALSE***. The beneficiary cannot have been in a hospital that meets the initial requirements in 100-01, Chapter 5, Sections 20.1-20.7.



The current benefit period continues if a patient in a SNF continues to receive covered Part A services after their benefits have exhausted.

True

False

This is ***TRUE***. The 60 consecutive day break does not begin until the patient is no longer receiving skilled services.



An inpatient admission *not related* *to* the initial diagnosis will start a new benefit period.

True

False

This is ***FALSE***. A new diagnosis does not start a new benefit period.



“Day 1” of the 60 consecutive day break starts on the day of discharge or the day after the last skilled day in a SNF.

True

False

This is ***TRUE***. The 60 consecutive day break begins on the day of discharge from a hospital or SNF, or the day after the last skilled service was provided in a SNF. (100-01, Chapter 3, Section 10.4.2)



The benefit period will renew each calendar year, regardless of whether there is a 60 consecutive day break in skilled care.

True

False

This is ***FALSE***. A new benefit period is only generated with a 60 consecutive day break in skilled care.



**Thank you, you have completed
the CBT.**

Would you like to take another CBT?

**Yes, please take me to WPS
Medicare's CBT Homepage.**

**No, please take me to WPS
Medicare's Provider
Homepage.**