

Medicare Part A-Covered Services

What Part A Covers

Medicare Part A (Hospital Insurance) covers most medically-necessary inpatient hospital, skilled nursing facility, home health, and hospice care. Medicare Part A benefits are either administered directly by the federal government through Original Medicare or by private insurance companies through Medicare Advantage Plans (sometimes called Part C). Medicare Advantage Plans must cover the same services as Original Medicare, but each plan has its own coverage policies and costs. If you have a Medicare Advantage Plan, contact your plan to learn about your hospital care costs and your plan's coverage rules.

Inpatient hospital care

Part A covers hospital care if you are **formally admitted as an inpatient** and includes:

- A semi-private hospital room and meals
- Most medications administered during your hospital stay
- General nursing
- Equipment the hospital provides for you to use during your hospital stay

Note: Being in the hospital under observation status is not the same as being an inpatient, and observation services are billed under Part B.

Skilled nursing facility (SNF) care

Part A covers SNF care if:

- You have been a hospital inpatient for three consecutive days prior to your SNF stay
- You entered a Medicare-certified SNF within 30 days of leaving the hospital
- You need skilled nursing care seven days per week or therapy at least five days per week

Part A covers:

- Semi-private room and meals
- Skilled nursing care
- Therapy
- Medications
- Medical supplies and equipment
- Medical social services and dietary counseling
- Ambulance transportation when medically necessary

Home health care

Part A covers home health care if:

- You are considered homebound, meaning that you need special equipment, like a wheelchair or walker, or another person's help to leave home.
- You need skilled nursing services and/or therapy
- You have a face-to-face meeting with a health care professional within 90 days before receiving home care or 30 days after beginning to receive care
- Your doctor certifies a plan of home health care every 60 days
- You receive care from a Medicare-certified home health agency

Note: An absence from home to receive health care does not disqualify you for Medicare's home health coverage. Some other infrequent or short absences, such as attending a wedding or funeral, may also be allowed.

Part A covers:

- Intermittent skilled nursing care—intermittent means you need care as little as once every 60 days to as much as once per day for three weeks
- Physical and speech therapy
- Durable medical equipment (DME) and medical supplies
- Medical social services
- Home health aide services
- Occupational therapy, if you need skilled care or other therapies

Hospice care

Part A covers hospice care for terminal illnesses and related conditions if:

- Your doctor certifies that you are terminally ill (your life expectancy is six months or less)
- You sign a statement electing hospice care instead of curative care
- You receive care from a Medicare-certified hospice agency

Part A covers:

- Doctor services and nursing care
- Physical and occupational therapy
- Short-term inpatient care
- Short-term respite care
- Hospice aide and homemaker services
- Drugs for pain management or symptom control
- Grief and loss counseling

Note: Part A covers hospice services related to your terminal illness. These services are covered

under Original Medicare, even if you have a Medicare Advantage Plan. There is no deductible for hospice care, however there are small copayments for outpatient drugs and inpatient respite care.

SHIP National Technical Assistance Center: 877-830-2675 | www.shiptacenter.org | info@shiptacenter.org

SMP National Resource Center: 877-808-2468 | www.smpresource.org | info@smpresource.org

© 2016 Medicare Rights Center | www.medicareinteractive.org | The Medicare Rights Center is the author of portions of the content in these materials, but is not responsible for any content not authored by the Medicare Rights Center | June 2016

Medicare Part A costs in 2016

Monthly Premium	No premium if you or your spouse worked for 10 years or more in the U.S. and you meet other requirements \$226 if you or your spouse worked between 7.5 years and 10 years in the U.S. \$411 if you or your spouse worked fewer than 7.5 years in the U.S.
Inpatient Hospital Care	\$1,288 deductible for each benefit period No coinsurance for days 1 to 60 \$322 daily coinsurance for days 61 to 90 \$644 daily coinsurance for 60 lifetime reserve days
Skilled Nursing Facility Care	No deductible for each benefit period No coinsurance for days 1 to 20 \$161 daily coinsurance for days 21 to 100
Home Health Care	No deductible or coinsurance
Hospice Care	No deductible Small copayment for outpatient drugs and inpatient respite care

If you need insurance counseling, contact your local State Health Insurance Assistance Program (SHIP)	If you suspect Medicare fraud, contact your local Senior Medicare Patrol (SMP)
SHIP toll-free:	SMP toll-free:
SHIP email:	SMP email:
SHIP website:	SMP website:
To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org .	To find an SMP in another state: Call 877-808-2468 or visit www.smpresource.org .

The production of this document was supported by Grant Numbers 90ST1001 and 90NP0003 from the Administration for Community Living (ACL). Its contents are solely the responsibility of the SHIP National Technical Assistance Center (SHIP TA Center) and Senior Medicare Patrol National Resource Center and do not necessarily represent the official views of ACL.