

Medicare Benefit Periods

It is important that you be aware of benefit periods in Medicare and how they work. A benefit period begins the day you go into a hospital or skilled nursing facility (SNF). The benefit period ends when you haven't received any inpatient hospital care or skilled care in a SNF for 60 days in a row. If you go into a hospital or SNF after one benefit period has ended, a new benefit period begins. You or your FEHB plan must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods. A costly problem can occur if you leave the hospital or SNF from one incident such as an elective operation and then enter again in less than 60 days for another problem or even a continuation of the original problem. If you have less than that 60 day interval between stays it will count as part of the original benefit period. As a result, you may exceed the 30 days that Blue Cross Blue Shield (BCBS) Standard covers over and above the Medicare benefit or if you have some other Federal Employee Health Benefits (FEHB) plan whatever they cover. Several Florida NARFE members experienced this and were presented with sizable bills for charges at SNFs.

The SNFs are only fully covered by Medicare for the first twenty days while hospitals are covered for sixty days before charges begin.

After the first twenty days in a SNF, the patient or the supplemental policy co-pay \$144.50 per day for days 21-100. Blue Cross Blue Shield (BCBS) Standard payments will cover the co-pay for days 21-30 so the BCBS Standard patient should not start getting SNF charges until after the 30th day in a SNF.

This is all very hard to understand because FEHB plans and Medicare are confusing enough individually, but when they are both involved that just adds to the complexity. Any questions or discussion about Benefit Periods?