COVERAGE CHECKLIST

Medicare Skilled Nursing Coverage Checklist

Use this during a skilled nursing (rehab) stay to check whether it qualifies, know what you'll pay, and track the dates that matter. Goes with the video **"Medicare's 100-Day Rule Explained."**

1. Does the stay qualify? (Original Medicare)

- ☐ **A hospital stay of at least 3 days in a row as an inpatient.** The day you're admitted as an inpatient counts. The day you leave does not.
- ☐ **Ask: "Are they admitted as an inpatient, or under observation?"** Time under observation or in the ER does not count toward the 3 days, even overnight.
- ☐ **Moving to the skilled nursing facility within 30 days** of leaving the hospital.
- ☐ **The doctor says daily skilled care is needed**, such as therapy or skilled nursing, for a condition treated in the hospital.
- ☐ **The facility is Medicare-certified.** Check at medicare.gov/care-compare.
- ☐ **Days are left in the benefit period** (up to 100 days of skilled nursing coverage per benefit period).

On a Medicare Advantage plan?

Plans set their own rules. They may **waive the 3-day hospital stay**, may charge **copays during the first 20 days**, and review the stay as it goes. Know your exact plan name, then check its Summary of Benefits or call the number on the member card.

2. What you'll pay in 2026 (Original Medicare)

Days	What you pay
Days 1 to 20	$0 per day, after the Part A deductible ($1,736 in 2026). If you already paid it for the hospital stay in the same benefit period, you don't pay it again.
Days 21 to 100	Up to **$217 per day** (coinsurance). A Medicare Supplement (Medigap) plan or Medicaid may help cover this.
Day 101 and after	You pay all costs.

Source: CMS and Medicare.gov, 2026 amounts.

Educational content only. Not medical, legal, or financial advice. Not affiliated with or endorsed by Medicare or CMS.
Rules and amounts are for 2026 and can change. Confirm with your plan, care team, or 1-800-MEDICARE.

3. Why 100 days is not guaranteed

Medicare covers **up to** 100 days per benefit period, and only while daily skilled care is needed. Coverage can end sooner if Medicare or your plan decides skilled care is no longer needed. When that happens, you should get a written notice at least 2 days before coverage ends, and you can appeal.

Improvement is not required. Skilled care that maintains a condition or slows decline can be covered. This was confirmed in the Jimmo v. Sebelius settlement. If you hear "they've plateaued," ask how skilled care is still needed to stay safe.

What's a benefit period? It starts the day of an inpatient hospital or skilled nursing admission and ends once you've gone 60 days in a row without inpatient hospital or skilled nursing care.

4. Track your dates

Hospital inpatient admit date	
Hospital discharge date	
Skilled nursing admit date (Day 1)	
Day 20 (last $0 day, Original Medicare)	
Day 21 (daily coinsurance starts)	
Day 100	
Insurance plan name	
Member ID	
Hospital case manager (name and phone)	
Facility social worker (name and phone)	

Plan type: ☐ Original Medicare ☐ Medicare Advantage ☐ Other: _____

Educational content only. Not medical, legal, or financial advice. Not affiliated with or endorsed by Medicare or CMS.
Rules and amounts are for 2026 and can change. Confirm with your plan, care team, or 1-800-MEDICARE.

5. Notices to watch for

Notice	What it means and what to do
Important Message from Medicare (IM)	Given in the hospital. Explains your right to appeal a discharge. Appeal no later than the day you're scheduled to leave.
Notice of Medicare Non-Coverage (NOMNC)	Given at least 2 days before skilled nursing coverage ends. Call the number on it to appeal, no later than noon the day before the end date.
Detailed Explanation of Non-Coverage (DENC)	Given after you appeal. Explains why coverage is ending. Keep a copy.

Got a NOMNC? Use the free **Appeal Letter Template** at alanscarecorner.com/free-resources.

Where to get help

1-800-MEDICARE (1-800-633-4227): questions about Original Medicare coverage.
Free, unbiased Medicare counseling: your State Health Insurance Assistance Program (SHIP). Find yours at shiphelp.org or 877-839-2675.
Compare facilities: medicare.gov/care-compare
More videos: youtube.com/@AlansCareCorner

Educational content only. Not medical, legal, or financial advice. Not affiliated with or endorsed by Medicare or CMS.
Rules and amounts are for 2026 and can change. Confirm with your plan, care team, or 1-800-MEDICARE.