Review Quiz

Special Topics Module: Medicare and Hospital Care Transitions

Medicare and Post-Hospital Care

1) Original Medicare and Medicare Advantage plans both cap the amount of outpatient therapy that a patient can receive in a year.

   True or False

2) For someone to receive Medicare-covered home health care services, they must be considered homebound. Which of the following criteria is not considered when determining someone’s homebound status?

   a. They cannot typically leave their home without difficulties
   b. They need the help of another person or medical equipment to leave the home
   c. They only occasionally leave home for doctors visits or family events
   d. Their health or illness could get worse if they leave their home

3) If someone with Original Medicare needs care in a skilled nursing facility (SNF), which of the following criteria must be met for Medicare to cover the stay?

   a. They had at least a three day inpatient hospital stay and entered the SNF within 30 days of discharge
   b. They need skilled nursing care seven days per week or skilled therapy services at least five days per week
   c. They need care that can only be provided in a SNF
   d. All the above

4) Medicare requires certain criteria to be met in order for someone to receive Medicare covered home health care. The four criteria are as follows: The patient is homebound; needs skilled care or therapy services on an intermittent basis; has a doctor certify that they are homebound; and they receive services from a Medicare-certified home health agency.

   True or False
5) Which of the following would **not** be considered an example of skilled care that Medicare would cover in itself?

   a. Catheter changes
   b. Homemaker services
   c. Physical therapy services
   d. Intravenous injections

6) When someone elects hospice care, they must drop their Medicare Advantage plan and only have Original Medicare.

   True or False

7) Original Medicare will pay for costs associated with a skilled nursing facility care during each benefit period as long as it is medically necessary. A benefit period begins the day someone starts receiving inpatient care. When does a benefit period end?

   a. 100 days after the first day of inpatient care
   b. After someone has been out of the hospital or SNF for 60 days in a row
   c. After someone receives all medically necessary inpatient care
   d. 20 days after the first day of inpatient care
1) Original Medicare and Medicare Advantage plans both cap the amount of outpatient therapy that a patient can receive in a year.

   True or False

   Answer: False. Only Original Medicare imposes therapy caps on a patient. People with Medicare Advantage plans usually are not subject to a therapy cap, but will likely pay a copayment for each instance of therapy that a patient receives.

2) For someone to receive Medicare-covered home health care services, they must be considered homebound. Which of the following criteria is not considered when determining someone’s homebound status?

   a. They cannot typically leave their home without difficulties
   b. They need the help of another person or medical equipment to leave the home
   c. They only occasionally leave home for doctors visits or family events
   d. Their health or illness could get worse if they leave their home

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4) Medicare requires certain criteria to be met in order for someone to receive Medicare covered home health care. The four criteria are as follows: The patient is homebound; needs skilled care or therapy services on an intermittent basis;
has a doctor certify that they are homebound; and they receive services from a Medicare-certified home health agency.

**True or False**

**Answer:** True. Medicare will cover home care if all four of these criteria are met. Medicare will continue to cover the home health care benefit as long as someone qualifies for it, but the plan of care must be regularly reviewed and updated as a patient’s condition changes. Medicare will only cover custodial services if there is also a need for skilled services; if someone only needs custodial services (such as help bathing or dressing), Medicare will not pay for this.

5) Which of the following would **not** be considered an example of skilled care that Medicare would cover by itself?

a. Catheter changes  
b. **Homemaker services**  
c. Physical therapy services  
d. Intravenous injections

6) When someone elects hospice care, they must drop their Medicare Advantage plan and only have Original Medicare.

**True or False**

**Answer:** False. When someone elects hospice care, the hospice services are always covered under Original Medicare. However, someone does not have to drop their Medicare Advantage plan. They will retain their plan to cover any non-palliative care services that a patient receives (for example, if a patient gets an infection unrelated to their terminal illness, their Medicare Advantage plan will pay for services to treat that infection).

7) Original Medicare will pay for costs associated with a skilled nursing facility care during each benefit period as long as it is medically necessary. A benefit period begins the day someone starts receiving inpatient care. When does a benefit period end?

a. 100 days after the first day of inpatient care  
b. **After someone has been out of the hospital or SNF for 60 days in a row**  
c. After someone receives all medically necessary inpatient care  
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