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Medicare and Skilled Nursing Facilities

Alyssa Kulpa
 Lead Medigap Insurance Specialist – SHIP Counselor
 April 17, 2026

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Presenter

Alyssa Kulpa

Lead Medigap Insurance Specialist

Medigap Helpline (SHIP)

Board on Aging and Long Term Care



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Session Overview

- **BOALTC & Medigap Helpline/SHIP Program Overview**
- **General Medicare Options Overview**
 - Original Medicare, Medicare Supplement Policies, Medicare Advantage, Medicare Part D, and more!
- **Medicare Coverage of Skilled Nursing Facility (SNF)**
- **Medicare Appeals Process: Skilled Care**
- **Prescription Drug Coverage Considerations for SNF residents**

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Acronyms

- o CMS: Centers for Medicare and Medicaid Services
- o SHIP: State Health Insurance Assistance Program
- o PDP: Prescription Drug Plan
- o MAPD: Medicare Advantage Plan with Prescription Drug Coverage
- o WI: Wisconsin
- o SNF: Skilled Nursing Facility
- o BFCC-QIO: Beneficiary and Family Centered Care-Quality Improvement Organizations
- o BOALTC: Board on Aging and Long Term Care

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**Wisconsin Board on Aging and Long Term Care
(BOALTC)**

<https://boaltc.wi.gov/Pages/About.aspx>

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The Mission of the Board on Aging and Long Term Care is to advocate for the interests of the State's long term care consumers, to inform those consumers of their rights and to educate the public at large about health care systems and long term care.

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The Board on Aging and Long Term Care Programs

BOALTC operates three distinct programs:

- **Long Term Care Ombudsman Program**
- **Ombudsman Volunteer Program**
- **Medigap Helpline Program**

BOALTC About Us Video


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**Medigap Helpline &
SHIP Network in Wisconsin**


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Medigap Helplines – Overview



○ **Phone Based Services**

- Two phone-based helplines serving Medicare beneficiaries of all ages and professionals in Wisconsin.
 - **Medigap Helpline:** 1-800-242-1060 BOALTCMedigap@Wisconsin.gov
 - **Medigap Part D and Prescription Drug Helpline:** 1-855-677-2783 BOALTCRxHelpline@Wisconsin.gov



○ **Outreach and Public Education**

- The Medigap Helpline participates in various fairs, conducts presentations, and completes other media outreach across Wisconsin to educate the public on Medicare related insurance options and share WI SHIP network services.

Handout: [Overview of the Medigap Helpline Program's Services](#)

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Medigap & Prescription Drug Helplines

- o Provides free, confidential, and unbiased Medicare-related insurance counseling for individuals in Wisconsin (There is no endorsement of one insurance company over another)
- o Serving ALL Medicare beneficiaries, including individuals with disabilities and those age 65 and over
- o Phone number is located on the back of the *Medicare & You Book*
- o Medigap Helpline is a part of the Wisconsin State Health Insurance Assistance Program or "SHIP" Network
 - **SHIP Network in Wisconsin:**
 - <http://dhs.wisconsin.gov/medicare-help>
 - Local Benefit Specialists



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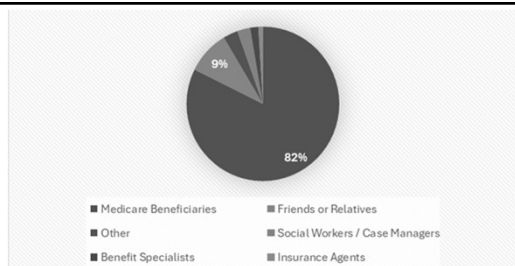
Medigap Helpline - Staff Overview

- o One **Medigap Helpline Services Supervisor**
- o Seven **Medigap Counselors** (Insurance Specialists)
 - One **Lead Medigap Counselor**
 - Four **Medigap Counselors**
 - Two **Part D Counselors**
- o One Full-Time **Intake Advocate**
- o One Limited Term **Intake Advocate**
- o One Part-Time **Information Services Professional**

A total of 11 staff (7 counselors) serving approximately 1.3 million Medicare Beneficiaries in Wisconsin (January 2026)

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Medigap Helpline Program Contacts




Data: CY2025 (Q1 & Q2)

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Questions?

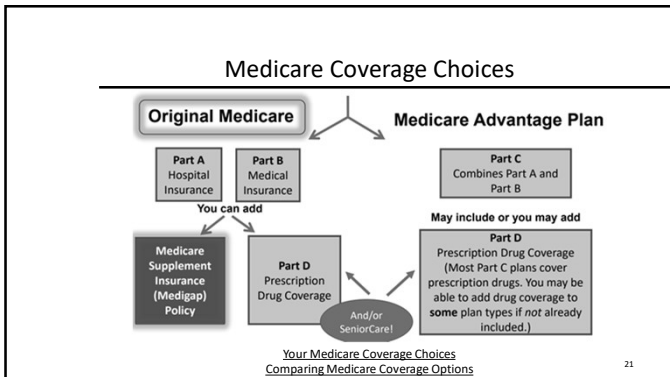


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Medicare Options Overview

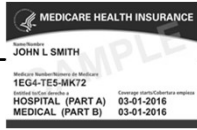
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What is Original Medicare?

- Original Medicare is
 - **Part A** (Hospital Insurance)
 - **Part B** (Medical Insurance)
- Medicare provides your Medical and Hospital coverage.
- You have your choice of any doctors, hospitals, and other providers that are accepting new Medicare patients.
- Costs are affected by whether they **accept assignment**, which is an agreement by your doctor/provider, to be paid directly by Medicare, to accept the payment amount Medicare approves for the service, and not to bill you for any more than the Medicare deductible and coinsurance.
- You can add: **Medicare Supplement (Medigap) Policy and/or Medicare Part D**



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What Doesn't Original Medicare Cover?

- **Original Medicare does not cover:**
 - Most Dental care or Dentures
 - Cosmetic surgery
 - Health care while traveling outside U.S.
 - Hearing aids and/or exams for fitting hearing aids
 - Long-term care (Room & Board or Assisted Living)
 - Most routine foot care & most supportive devices for feet
 - Routine eye care and most eyeglasses
 - Routine physicals

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What is a Medicare Supplement Policy?

- Private Insurance to supplement Original Medicare
- Approved & regulated by WI Office of the Commissioner of Insurance (OCI)
- Helps pay some health care costs that Original Medicare (A&B) doesn't cover
- Must have Medicare Parts A and B to buy a Medigap policy
- Pay a monthly premium for a Medigap policy
 - Costs vary depending on insurance company, optional benefits selected, age of applicant, where applicant lives.
 - Once Medicare pays its share of Medicare-approved amounts for covered costs, then your Medigap policy pays its share.
- Does not include outpatient prescription drug coverage
- **No need to review coverage yearly**

Medicare Supplement (Medigap) Information

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Medicare Supplement – Wisconsin Basic Benefits and Mandated Benefits

Basic Benefits:

- Covers 20% after Part B
- Copays for Part A
- Additional inpatient psychiatric days
- First 3 pints of blood
- 40 home health care visits

Mandated Benefits: Covers some chiropractic services, 30 days non-Medicare Skilled Nursing Facility (*Only applies to policies issued in Wisconsin, to Wisconsin residents*)

[OCI Wisconsin Guide to Health Insurance for People with Medicare
OCI Medicare Supplement Insurance Policies List 2025](#)

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Types of Medicare Supplement Policies

- Traditional Medicare Supplement Policy
 - Attained Age: As you age your premiums will change to meet your age range and premiums become higher.
 - Issue Age: Premiums are set at the age you are when you buy the policy and will not increase because you get older. Premiums may increase for other reasons.
- Cost-Sharing Medicare Supplement Policy
- High-Deductible Medicare Supplement Policy
- Medicare Select Policy

NOTE: Medigap Premiums may also increase each year due to cost-of-living adjustments!

[Choosing a Medigap Policy](#)

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What is Medicare Part D?

- Part D is optional additional Medicare coverage
- To receive Part D coverage, you must enroll in a Part D Plan
- Covers prescription medications at in network pharmacies
- Run by private companies that contract with Medicare

Part D Plans are provided through:

- Medicare Prescription Drug Plans (PDPs) that work with Original Medicare
- Medicare Advantage Prescription Drug Plans (MAPDs)

Other Prescription coverage options:

- Wisconsin SeniorCare
- Veteran's Administration (VA)
- Employer/Retiree Options

[Your Guide to Medicare Drug Coverage
How will Medicare Part D Affect Your Current Insurance - 2026](#)

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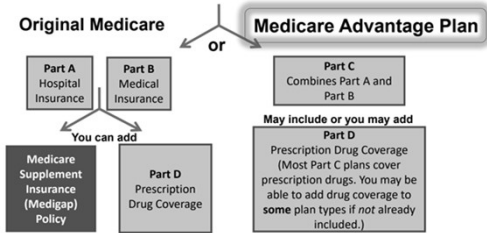
Medicare Part D Costs

- Medicare Part D plans have costs associated with the coverage they offer; these costs will vary by plan but must follow CMS guidelines.
- **Premium:** The monthly cost of membership to maintain enrollment into the Part D plan. Premiums vary greatly from plan to plan.
- **Deductible:** Some Medicare Part D plans require you to pay for the full costs for some or all of your medications until the deductible is met.
 - Some generic drugs may not count towards the drug plan deductible
 - 2026 Maximum Deductible - \$615
- **Co-pays & Coinsurance:** This is the amount you pay out of pocket for your prescription drugs at the pharmacy. They will vary by plan.

[OCI Medicare Part D - Things to Know Before Signing Up](#) 28

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Medicare Coverage Choices



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What is a Medicare Advantage Plan (Part C)?

- Medicare Advantage, sometimes called Part C, includes both Part A, Part B, and usually Part D.
- Private insurance companies approved by Medicare provide your Medicare coverage.
- In most plans you need to use doctors, hospitals, and other providers that are in the plan's network, or you will pay more or all the costs.



[OCI Medicare Advantage in Wisconsin](#)
[Understanding Medicare Advantage Plans](#) 30

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Types of Medicare Advantage Plans

- Medicare Health Maintenance Organization (**HMO**) Plans
 - Defined network, need to stay within network.
- Medicare Preferred Provider Organization (**PPO**) Plans
 - Allow you to go out of network, reduced cost in network.
- Medicare Private Fee-for-Services (**PFFS**) Plans
 - Pay provider directly for services.
- Medicare Special Needs (**SNP**) Plans
 - Typically for those with Medicaid or specific conditions. Can be HMO or PPO.

[Understanding Your Medicare Advantage Plan's Provider Network](#)

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Medicare Advantage Plans

If you join a Medicare Advantage Plan you:

- [Still have Medicare rights and protections](#)
- Must follow the plan rules for how you get services
- May choose a plan that includes Part D prescription drug coverage
- Can't be charged more for certain services than you would pay under Original Medicare
- May have different benefits and cost-sharing
- May choose a plan that includes extra benefits not covered by Original Medicare, such as vision or dental care
- Cannot use a Medigap policy to supplement your coverage
- [Advantage Plan Terminations – What are my options?](#)

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Important Medicare Dates

- **October 1 – Get ready for Open Enrollment:** Review any notices from your current plan about cost and benefit changes for next year. Then, visit [Medicare.gov/plan-compare](#) to find and compare plans that meet your needs.
- **October 15 – Open Enrollment begins:** One time of year when everyone with Medicare can make changes to their health and drug coverage for the next year.
- **December 7 – Open Enrollment ends:** In most cases, this is the last day to change your coverage for next year.
- **January 1 – Coverage begins:** If you switch to a new health or drug plan, your new coverage starts January 1. If you keep your current coverage, any changes to benefits or costs for the new year also start on January 1.
- **January 1–March 31: Medicare Advantage Open Enrollment Period (MA OEP):** If you're in a Medicare Advantage Plan, between, you can drop your plan and switch to another Medicare Advantage Plan with or without drug coverage, or to Original Medicare.
- Plan formularies, pharmacy networks, premiums, and other costs can change each year. **REVIEW YOUR PLAN EACH YEAR!**

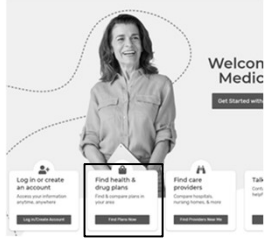
[Medicare.gov: Your Yearly Plan Review](#)

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Medicare.Gov (Plan Enrollment & Comparison)

- o www.Medicare.Gov is the official Medicare website and the best way to compare all available Medicare Part D or Advantage Plans (Part C) in your area.
 - o Use the 'Find health & drug plans' tab and set up a MyMedicare account to review plan options during the Annual Open Enrollment Period.
- [Using the Medicare.gov Plan Finder Tool](#)



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Consolidated Resources – Medicare Options

General/Options:

- o www.Medicare.Gov
- o [OCI Wisconsin Guide to Health Insurance for People with Medicare](#)
- o [Your Medicare Coverage Choices](#)
- o [Comparing Medicare Coverage Options](#)
- o [Medicare.gov: Your Yearly Plan Review](#)
- o [Using the Medicare.gov Plan Finder Tool](#)

Supplement (Medigap)

- o [Medicare Supplement \(Medigap\) Information](#)
- o [Choosing a Medigap Policy](#)
- o [OCI Medicare Supplement Insurance Policies List 2025](#)

Part C (Advantage):

- o [OCI Medicare Advantage in Wisconsin](#)
- o [Understanding Medicare Advantage Plans](#)
- o [Understanding Your Medicare Advantage Plan's Provider Network](#)
- o [Advantage Plan Terminations – What are my options?](#)

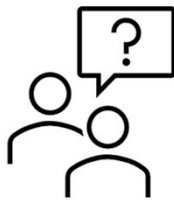
Part D (Prescriptions):

- o [Your Guide to Medicare Drug Coverage](#)
- o [How will Medicare Part D Affect Your Current Insurance - 2026](#)
- o [OCI Medicare Part D - Things to Know Before Signing Up](#)

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Questions?



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Medicare Coverage of Skilled Care

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Medicare Coverage - Skilled Nursing Facility (SNF) Care

Medicare (Part A) will cover SNF care only if all of these are true:

- The skilled care is occurring in a Medicare-certified SNF
- The beneficiary has Medicare Part A and has days left in their benefit period
- The beneficiary has a qualifying inpatient hospital stay (typically 3 days)
- They enter the SNF within a short time (30 days) of leaving the hospital
- A doctor or other healthcare provider determines they need daily skilled care or therapy to improve or maintain their current condition, or to prevent or delay it from getting worse.

[Getting Started: Medicare & Skilled Nursing Facility Care](#)
[Medicare Coverage of Skilled Nursing Facility Care](#)
[SNF Care Coverage](#)

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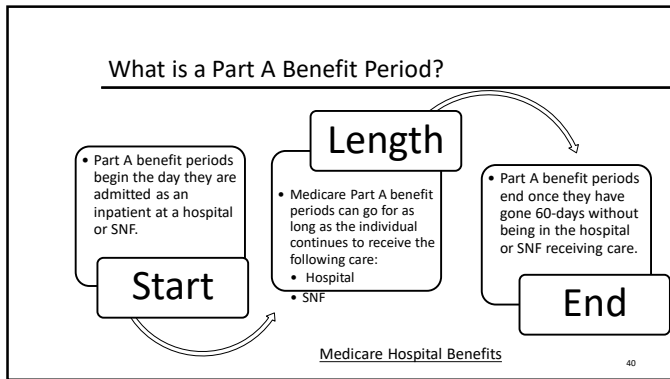
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Medicare Coverage - Skilled Nursing Facility (SNF) Care Continued

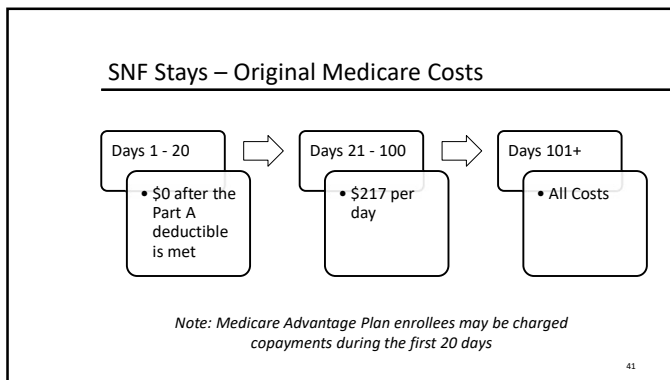
- **They need skilled services for either:**
 - An **ongoing condition** that was also treated during their qualifying 3-day inpatient hospital stay (even if it wasn't the reason they were admitted to the hospital)
 - A **new condition** that started while they were getting SNF care for the ongoing condition
- The skilled services must be **reasonable and necessary** for the diagnosis or treatment of their condition.
- After they leave the SNF, if they re-enter the same or another SNF within 30 days, they may not need another qualifying 3-day inpatient hospital stay to get more SNF benefits.
 - *This is also true if they stop getting skilled care while in the SNF and then start getting skilled care again within 30 days.*

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Medicare Final Rule Changes in 2026

- The **3-day hospitalization requirement will be waived** for the following episodes of care, beginning January 1, 2026. ([Link](#))
- Episodes start with a hospital inpatient stay, called an anchor hospitalization, or a hospital outpatient procedure, called an anchor procedure, for one of these 5 surgical procedures:
 - Lower extremity joint replacement (LEJR)
 - Surgical hip femur fracture treatment (SHFFT)
 - Spinal fusion
 - Coronary artery bypass graft (CABG)
 - Major bowel procedure

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Wisconsin 30 Day SNF Mandate

- o Wisconsin State Law requires individual Medicare Supplements (Medigap) Policies issued in Wisconsin to cover 30 days of skilled nursing facility care.
 - o To utilize this 30-day nursing home benefit the resident must be receiving skilled care, which is medically necessary services certified by the attending physician and recertified every 7 days.
 - o No prior hospital stay is required, and the nursing home does not need to be Medicare-certified but must be state-licensed.
 - o The 30-day benefit can be utilized whether a nursing home stay is Medicare covered or not Medicare covered if all other requirements are met.
- (The 30-day benefit would be applied following the 100 Medicare covered days for a Medicare covered stay)*

[WI Supplement 30 Day SNF Mandate.pdf](#)

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Example 1:

Mrs. Perkins got 10 days of Medicare-covered SNF care after she was hospitalized when she broke her leg. Her Medicare-covered SNF care ended when she stopped needing skilled care. She chose to go home rather than pay for non-medical long-term care. After 10 days, her doctor decided she needed more skilled care for her broken leg and she was readmitted to the SNF. Medicare will cover this SNF stay. She has 90 days of coverage left in her benefit period.

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Consolidated Resources - SNF

- o [Getting Started: Medicare & Skilled Nursing Facility Care](#)
- o [Medicare Coverage of Skilled Nursing Facility Care](#)
- o [SNF Care Coverage](#)
- o [Medicare Hospital Benefits](#)
- o [WI Supplement 30 Day SNF Mandate.pdf](#)

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Medicare Appeals: Skilled Care

Medicare Appeals
Filing an appeal | Medicare

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Skilled Care Appeals – Original Medicare

Notice of Medicare Non-Coverage	Filing a Fast Appeal	Appeal Overview
<ul style="list-style-type: none"> Must be provided to a beneficiary at least two days before the covered services end. Indicates that the skilled care will no longer be Medicare covered. 	<ul style="list-style-type: none"> Contact the BFCC-QIO by no later than noon of the calendar day following receipt of the notice to request an expedited (fast) appeal. BFCC-QIO in WI - Commence Health Timeline: <ul style="list-style-type: none"> 24-72 Hours 	<ul style="list-style-type: none"> BFCC-QIO receives a request for expedited appeal. BFCC-QIO contacts the provider by the end of the day and the provider will give the beneficiary a "Detailed Explanation of Non-Coverage." The BFCC-QIO will then make a decision based on information a beneficiary provides and medical records.

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Skilled Care Appeals – Medicare Advantage Key Differences & Process

Level 1: Reconsideration from the Plan

- The normal timeline for a coverage appeal is 60 days. They can request a fast appeal if your plan determines, or your doctor tells your plan, that waiting for a standard service decision may seriously jeopardize your:
 - Life,
 - Health, or
 - Ability to regain maximum function.
- The time to complete fast appeals may be extended by up to **14 days**.

Level 2: Review by IRE

- This is when the appeal process first leaves the plan.
- If your plan decides against your initial reconsideration, you may send an Independent Review Entity (IRE) information about your case.
- They must get this information within 10 days after the date you get the notice telling you your case file has been sent to the IRE.
- Timeline: Fast Appeal **72 hours**.

Levels 3-5: Further Appeals

- If the IRE decides against the beneficiary they can pursue additional appeals within the following levels, in order:
 - Office of Medicare Hearings and Appeals (Administrative Law Judge)
 - Medicare Appeals Council (Administrative Law Judge)
 - Judicial Review in Federal District Court

Appeals in Medicare health plans | Medicare

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Consolidated Resources - Appeals

- o CMS Publication: [Medicare Appeals](#)
- o Medicare Website:
 - [Filing an appeal | Medicare](#)
 - [Fast appeals | Medicare](#)
- o Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO): [Commence Health BFCC-QIO - Wisconsin](#)

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Prescription Drug Coverage Considerations for SNF residents

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Prescription Drug Coverage for SNF residents

- o SNF residents may have unique prescription drug coverage concerns, potentially caused by **long term care pharmacies** utilized by facilities
- o This may result in beneficiaries having:
 - Limited Part D Plan or Medicare Advantage Plan choices
 - As prescriptions may not be on any of the in-network plan drug formularies

What can beneficiaries do if they are in this situation?

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Transition Fills

A **transition fill** is typically a one-time 30-day supply of a prescription for a Part D enrollee. Transition fills allow enrollees to get temporary coverage for drugs that are not on their plan's formulary or that have certain coverage restrictions (such as prior authorization or step therapy).

Typically, when can a Part D enrollee get a transition fill?

- Their current PDP is taking their prescription off of their formulary or adding a coverage restriction for the next calendar year.
- Their new PDP does not cover a Medicare-covered prescription they have been previously been taking.

[Transition Fills - Medicare Rights Center](#)

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Coverage Exceptions

- An exception request is a type of coverage determination.
- The two types are:
 - Formulary Exception
 - Tiering Exception
- A Part D enrollee, an enrollee's prescriber, or an enrollee's representative may **request a coverage exception through their plan**.
- Exceptions requests are granted when a plan sponsor determines that a **requested drug is medically necessary** for an enrollee.
- An enrollee's prescriber must **submit a supporting statement** to the plan sponsor supporting the request.

[CMS Coverage Exceptions](#)

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Formulary Exceptions

A **formulary exception** can be requested to obtain a Part D drug that is not included on a plan sponsor's formulary, or to request to have a utilization management requirement waived (e.g., step therapy, prior authorization, quantity limit) for a formulary drug.

- The **prescriber's supporting statement** must indicate that the non-formulary drug is necessary for treating an enrollee's condition because all covered Part D drugs on any tier would not be as effective or would have adverse effects.
- Timeline:
 - 24 hours for expedited requests
 - 72 hours for standard requests

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Tiering Exceptions

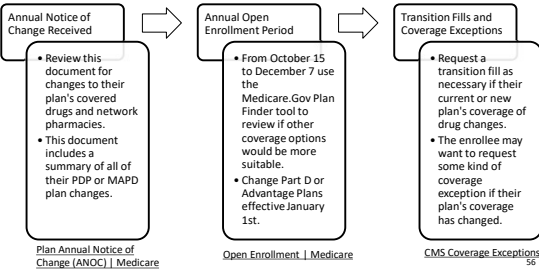
A **tiering exception** can be requested to obtain a non-preferred drug at the lower cost-sharing like the drugs in a preferred tier.

- o The **prescriber's supporting statement** must indicate that the preferred drug(s) would not be as effective as the requested drug for treating the enrollee's condition, the preferred drug(s) would have adverse effects for the enrollee, or both.
- o Timeline:
 - 24 hours for expedited requests
 - 72 hours for standard requests

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Navigating Formulary Changes



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Consolidated Resources – Prescription Coverage Considerations

- o [CMS Coverage Exceptions](#)
- o [Plan Annual Notice of Change \(ANOC\) | Medicare](#)
- o [Open Enrollment | Medicare](#)
- o [Transition Fills - Medicare Rights Center](#)


Other Part D Resources:

- o [Your Guide to Medicare Drug Coverage](#)
- o [How will Medicare Part D Affect Your Current Insurance - 2026](#)
- o [QCI Medicare Part D - Things to Know Before Signing Up](#)
- o [Medicare.gov: Your Yearly Plan Review](#)

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Questions?



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**State of Wisconsin Board on Aging
and Long Term (BOALTC)**

<https://boaltc.wi.gov>

<p>Long Term Care Ombudsman Program Helpline & Volunteer Ombudsman Program 1-800-815-0015 BOALTC@wisconsin.gov</p>	<p>Medigap Helpline 1-800-242-1060 BOALTCMedigap@wisconsin.gov</p> <p>Medigap Part D & Prescription Drug Helpline 1-855-677-2783 BOALTCRxHelpline@wisconsin.gov</p>
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THANK YOU!

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