

# TIPS TO TAKE WITH YOU TO THE HOSPITAL



The tips below are important information for people who are on Medicare and need to receive care in a hospital. Keep this tip sheet and take it with you if you or a loved one needs hospital care.

## 1 When you are staying in the hospital, ask whether you are being admitted as an “inpatient.”

If you are an “inpatient,” Medicare Part A will pay for all of your necessary hospital care for up to 60 days, including medications. You or your insurance company will only pay a deductible amount. If you are a hospital inpatient for at least 3 days, Medicare will pay for necessary skilled nursing care to help you recover after the hospital stay.

In some cases, a person going into the hospital may be put in “**observation status**” for a short period of time. (This is most common when you go into the hospital after visiting the Emergency Room.) **You are considered an “outpatient” while you are**

**in observation status.** As an “outpatient”, you may have to pay part of the cost of any services or prescription drugs you get while in the hospital. (Some of this may be covered under other insurance you have.) However, any days that you spend in observation status do NOT count toward the 3-day hospital stay requirement for skilled nursing care. That means that if you are in observation status for 3 days, then need to transfer to a skilled nursing facility, Medicare will NOT pay for that skilled nursing facility stay. (And your Medicare Supplement plan will not pay, either.)

Note: “observation status” is only meant to be used for short term hospital stays – usually 24 to 48 hours. If a patient is put in observation status for long periods of time (like 2 weeks), this could be an error, abuse, or fraud – contact the Boulder County SMP Program for help - (303) 441-1546.

## 2 Ask for an itemized statement of all of the services you receive while you are in the hospital.

Save that statement to compare with any bills that you receive from the hospital and with your Medicare Summary Notice or Explanation of Benefits from your insurance plan. Make sure that there are not any charges listed for services or products that you did not receive.

### If you feel that you are being discharged too early, you can appeal.

The hospital is required to give you a written notice at least 48 hours before you will be discharged. You must be given at least 4 hours after receiving that notice to decide whether you want to appeal. An ‘appeal’ is a request to have Medicare pay for you to stay longer. To file an appeal, contact your state’s Quality Improvement Organization (QIO).

**In Colorado the QIO is (888) 317-0891**

The Boulder County SMP (Senior Medicare Patrol) Program educates consumers about health care fraud, waste, and abuse. If you have questions about a claim on your Medicare Summary Notice or Explanations of Benefits, call the Boulder County SHIP SMP Medicare Counselor program at **(303) 441-1546**.

Information about the the SMP program is also available on our website: [www.boco.org/medicare](http://www.boco.org/medicare)



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