

Returning Home

Hospitals are trying to prevent unnecessary admissions within 30 days after discharge. All hospitals in NY State are required to develop a written discharge plan.

All Discharge Plans **MUST**:

- ◆ Be agreed to and signed by the patient or health care proxy before discharge.
- ◆ Detail what post-hospital care is required and what arrangements have been made to provide it, including: physical, occupational therapy and nursing home options for temporary rehabilitation or permanent residence placement.
- ◆ Include information about the patient's schedule for follow-up treatment, and arrangements for special equipment or supplies needed at home, observe prescribed restrictions on such activities as lifting, climbing stairs or taking a bath.

Do NOT leave the hospital until you fully understand and approve your hospital discharge plan. Your signature is required for discharge.

If you are not ready to leave, you have the right to appeal.

(See Appeals & Grievances section)

At Home

Preparations for returning home are vital.



- ◆ Make sure you have necessary items such as medical supplies, walkers, hospital beds, shower chairs, and oxygen. Other supplies including special foods should be ready.
- ◆ Home modifications and safety precautions such as adequate lighting, grab bars and secure carpeting should be installed.
- ◆ Make sure you and your caregivers are aware of symptoms, including intense pain, fever or shortness of breath which should be reported immediately to your doctor.
- ◆ Call your county Office for the Aging to inquire about community services.
1-800-342-9871

Medicare will pay for home care if your doctor signs a home health certification stating that you are homebound and require at least intermittent skilled nursing care. You must receive this home care from a Medicare Certified Home Health Agency (CHHA).

Patient's Rights Medicare Helpline
1-800-333-4374

Take this Brochure to the Hospital



STATE  **WIDE**

New York StateWide Senior Action Council, Inc
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www.nysenior.org

Funded through a grant from the NYS Office for the Aging

Before Going to the Hospital



Here is a list of important information to bring with you to the hospital:

- Insurance Information
- Emergency Contact Information
- Name and Contact Information of your Primary Doctor
- Recent Lab, X-ray and other Test Results
- A Current List of your Medications with Dosages and Frequency Taken
- A List of your Known Medicine and Food Allergies
- A Copy of your Health Care Proxy and Advance Directives



Important Phone Numbers

Patient's Rights Medicare Helpline	1-800-333-4374
IPRO Medicare Hotline Quality of care & other issues	1-800-331-7767
IPRO Medicare Hotline Appeal/Discharge/Non-coverage	1-800-446-2447
NY State Dept. of Health Hospital Complaint Line	1-800-804-5447
Emergency after 5:00 pm or weekends	1-518-402-1003

During Your Hospital Stay

While in the hospital, it is important to know how the hospital will bill Medicare during your stay.

Ask the hospital if you are considered an inpatient, outpatient or in observation status.

Why is your status important?

Your status determines whether Medicare Part A or Medicare Part B will provide health insurance coverage.

- ◆ Medicare Part A pays for your visit as an Inpatient.
- ◆ Medicare Part B pays for your visit as an Outpatient.
- ◆ Medicare Part B also pays for your visit as a patient under "Observation Status."

The Center for Medicare and Medicaid Services (CMS) states that "**Observation Status**" can last up to 48 hours.



A patient will be financially responsible for nursing home care or rehabilitation if they have not been officially admitted to the hospital first for three days. **This can cost thousands of dollars out of pocket per month.** Make sure you ask questions so that you understand your status and your coverage.

Appeals and Grievances

An appeal is a formal request for a review of the decisions made by the hospital regarding Medicare payment or healthcare coverage.

- ◆ If a patient disagrees with a hospital's discharge decision, he can file an appeal with IPRO, the not-for-profit Medicare Quality Improvement Organization (QIO) for NY State.
- ◆ A patient filing an appeal with IPRO has 24 hours - from the time IPRO makes a decision - to leave the facility. Medicare will provide coverage during this appeal process.

A grievance is a written or verbal complaint regarding your quality of care.

- ◆ If dissatisfied with the quality of care you received in the hospital, you should report this concern to a doctor or nurse.
- ◆ If problems are not resolved, a complaint can be made to the Patient Representative in the hospital.
- ◆ If you are still not satisfied you can file a complaint with the NY State Dept. of Health.

