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GOING TO THE HOSPITAL? MEDICARE COVERAGE DEPENDS ON YOUR ADMISSION STATUS



By Sean D. Curran, Esq.

If you are sent to the hospital and the medical staff runs multiple tests to determine what is wrong, you very well may be admitted under "observation" status. If

you end up staying several days or weeks longer, you may get a surprise bill from the hospital for your stay. Your first reaction, if you are on Medicare, is likely that there must be some mistake because Medicare should have covered these expenses. However, under Medicare rules, when a Medicare recipient occupies a hospital bed under observation status, the patient is considered an outpatient. As an outpatient, Medicare Part A does not cover the hospital stay; Medicare Part B only pays for the medical costs that accrue during the patient's hospital stay. Observation status also affects an elderly patient's eligibility to receive Medicare support for rehabilitative care after hospital treatment. Inpatient status versus observation status has a huge impact on what medical expenses the patient will incur, as well as eligibility for skilled nursing facility care. Specifically, if you are admitted to a hospital under "inpatient" status and spend two nights there, Medicare will cover your rehabilitation at a skilled nursing facility for up to 100 days.

Alternatively, you would be personally responsible for any rehabilitative care if you were discharged from a hospital to a skilled nursing facility as an observation patient.

The experience of thousands of individuals who have been surprised by huge hospital bills inspired a recent Medicare law that requires hospitals to notify patients that they may incur huge out-of-pocket expenses if they stay more than 24 hours without being formally admitted. On August 6, 2016, Congress passed the *Notice of Observation Treatment and Implication for Care Eligibility Act* (the NOTICE Act), which requires hospitals to provide oral and written notification to patients who are under observation for more than 24 hours of their observation status within 36 hours of being placed under observation status. The purpose of the Act is to "provide Medicare beneficiaries with accurate real-time information with respect to their classification, the services and benefits available to them, and the respective cost-sharing requirements they are subject to." However, you still must be vigilant in managing your admission status to avoid unwanted surprise expenses.

For additional information, please contact Sean D. Curran at 610.406.5377; email: sean@curraneelaw.com.

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