

*This is an article I wrote for a venture-backed project. It's for a website that supports senior caregivers. It's written in language understandable to a layperson. Its purpose is to assist caregivers when a hospital attempts to discharge their seniors prematurely.*

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## CONTENT TOPIC: What To Do If You Think A Hospital is Discharging Your Senior Loved One Too Soon

### Summary and Key Points

- You have the right to dispute or appeal a discharge ordered by a hospital. If you believe there are valid reasons for your loved one to remain in the hospital longer, you can dispute the release.
- You should carefully consider why you are disputing the discharge. There are some disadvantages to remaining in a hospital if it isn't really necessary.
- There are multiple reasons why it might be appropriate to dispute or appeal a hospital discharge.
- You may be able to get a discharge delayed if you work together with the hospital doctors, social workers, discharge planners, or hospital administration. If this fails or if you prefer to skip this step, you can file a Medicare discharge appeal.
- You must follow specific timelines and procedures to file a Medicare discharge appeal.
- If filed timely and correctly, Medicare will resolve your appeal quickly.
- This article primarily refers to Original Medicare. Other health insurance (including Medicare Part C/Medicare Advantage) rules and procedures for discharge disputes or appeals will vary; however, they'll likely be somewhat similar.

### Introduction

Discharge is the process of transferring (moving) from a hospital to another place or another level of medical care.

What can occur when the hospital wants to discharge a patient:

1. The discharge takes place. Generally, a patient will be medically stable. Or,
2. The hospital postpones the discharge.

When discharge finally happens, all these things should be ready:

1. **Insurance coverage arrangements** - Always understand how much the insurance will pay.

2. **Additional financial arrangements** - Most insurance, including Original Medicare, won't pay for 100% of costs at the post-discharge facility. How much you'll pay will depend on the main insurance policy and any additional medical policies, such as a [Medicare Supplement policy \(also known as Medigap coverage\)](#).
3. **Availability of appropriate caregivers** - If the discharge is to home, decide which friends or relatives are available to provide care. Also, consider the availability of professional caregivers (like nurses or physical therapists). If the discharge is to a facility, they'll usually make arrangements for needed caregivers.
4. **Medical supplies and equipment** – Be sure these items will be delivered on time if the hospital discharges your senior home. Facilities will usually arrange for needed medical supplies or equipment.
5. **Room and board availability (other than at home)** - Facilities in your desired location may not have space available when your loved one is ready for discharge. That's why it's essential to confirm that a local facility you approve of reserves a bed.
6. **Access to essential continuing medical care** – For discharges to home, ensure that the hospital schedules all follow-up appointments. These appointments include all doctor visits and other healthcare-related visits. If the release is to a facility, verify that the facility has access to all the necessary health care professionals.

In reality, things can go awry when a patient is being discharged (see the above list of six items). If you believe your loved one is being released from a hospital too soon, you need to know what to do. This article offers suggestions on handling this situation if Original Medicare covers your loved one.

1. Original Medicare is also sometimes called “fee-for-service” Medicare or “traditional” Medicare.
2. Many of the same concepts and procedures for disputing or appealing hospital discharges apply for most other insurance (including Medicare Advantage), but details of the process will vary.

### **How Is a Hospital Discharge Decision Made?**

Many factors are taken into account when the hospital decides to release a patient, and multiple people in different roles are involved:

1. The treating doctors decide if the patient is medically stable for discharge.
2. Hospital discharge planners follow a patient's course throughout a hospital stay to determine when a patient can safely be released. Discharge planners are usually nurses or social workers. Discharge planners consider medical status, availability of other care facilities, and insurance coverage when recommending discharge.
3. When recommending discharge, social workers consider psychological status, availability of social and family/friend supports, room and board options, and finances.
4. The medical insurance company (Medicare, Medicaid, or private insurance) follows the patient's status while in the hospital. The insurance company uses specific medical criteria to determine when a patient should be discharged. The insurance company has the right to stop paying the

hospital and doctors for all care once the insurance company deems the patient ready for discharge.

### **Sometimes You Might Want Your Loved One to be Discharged Rather than Remain in the Hospital**

Sometimes it's wise to accept and prepare for a hospital discharge decision. This is especially true when your loved one is medically stable and all other issues are in order. Remaining in a hospital longer than is necessary can result in bad outcomes for multiple reasons such as:

1. Contracting a severe infection from staying too long in the hospital.
2. Ongoing exposure to potentially unnecessary services and procedures that lead to complications.
3. Medical errors – Every year at hospitals, many errors in care occur that lead to illness, disability, or even death.

Also, you should consider costs. Even if you dispute or appeal a discharge and win, you still may incur expenses for the additional days. This is because Original Medicare does not pay for 100% of hospital costs. As a result, you might have to pay part of the cost depending on which Medicare supplement insurance your loved one has (if any).

### **Why Might You Feel Your Loved One Isn't Ready for Discharge?**

There are a number of reasons you might arrive at this conclusion:

1. The doctors have advised you that they don't think your loved one is medically ready for discharge.
2. Another healthcare professional has advised you that they believe discharge is happening too soon. These other professionals could include a social worker, nurse, or physical/occupational therapist.
3. Personal knowledge of your loved one – you know them best. You know what they can and cannot tolerate, and how they are doing compared to their baseline level of functioning. You will often have a sense of whether they are well enough to be discharged. Or, you might know of other issues that make postponing the discharge a good idea.
4. Financial and insurance issues – Insurance coverage (payment) arrangements might not yet be firmly in place. Your senior might not yet have maximal insurance coverage arranged for medical care or room and board at the facility they're going to after discharge.
5. Caregiver issues - these usually arise when the hospital discharges a patient to a home setting. The hospital may expect you or another friend/family member to provide supervision and care for your senior at home, but this might not be doable for a variety of reasons:
  - Work or school schedules
  - Other obligations

- Personal health issues
  - Unwillingness to help
6. Medical supply or equipment issues – these usually arise if the hospital discharges a patient home when the supplies or equipment won't or can't be available or delivered to the home in time. Examples include:
    - Wound care items
    - Incontinence supplies
    - Oxygen supplies
    - Assistive devices, such as wheelchairs or walkers
    - Home modifications that are necessary for your senior's safety, such as ramps or hand grab bars
  7. Follow-up appointments with essential healthcare professionals, such as appropriate specialists, have not yet been made.
  8. Discharge to a skilled nursing or rehabilitation facility – Medicare won't pay for care at these facilities upon hospital discharge unless a patient has been in the hospital for three days. So, if your loved one is discharged to these types of facilities sooner, you may have to pay the full price, which is very expensive. Be aware that Original Medicare has special rules regarding how they count the days. So, be sure you understand which days count toward the needed three days; a social worker or discharge planner should be able to explain this to you.

#### **Steps to Take if You Feel a Discharge Is Too Early**

1. Talk with the doctors who are caring for your senior. If they agree with you, see if they can intervene.
2. Discuss your concerns with the social worker or discharge planner. There might be an issue they weren't aware of that will postpone the discharge date.
3. Discuss your concerns with the hospital administrator to see if they agree with you and will intervene. Hospitals need to have patients staying there to make a profit. Also, Original Medicare can apply financial penalties when hospitals discharge patients too soon. As a result, the hospital has some incentive to keep your loved one there, so the hospital administrator might help you postpone the discharge.
4. "Safe Discharge" – Hospitals are required to follow Medicare rules for safe discharge. The latter means it must be safe (from medical, social, availability of care, and other perspectives) for the patient to go where the hospital intends to release them. If you believe the planned discharge is unsafe, incorporate this issue into your discussions with the above people.
5. If the above steps fail or if you wish to bypass any of the above steps, you can file an Original Medicare discharge appeal.

#### **How to File an Original Medicare Discharge Appeal**

A Medicare hospital discharge appeal is known as a “fast dispute.” [File the Original Medicare discharge appeal as follows:](#)

1. Within two days of hospital admission and before being discharged, the hospital will give you a notice titled “An Important Message from Medicare about Your Rights.” This notice will tell you how to contact your Beneficiary and Family Centered Care-Quality Improvement Organization (BFCC-QIO). The BFCC-QIO can assist you in filing a discharge appeal, and they will be the ones who decide (grant or deny) your appeal.
  - You should be able to find the contact information for your location’s BFCC-QIO in the “An Important Message from Medicare about Your Rights” document that you’ll receive. Alternatively, you can [reach Medicare by online chat or phone](#).
2. The hospital must give you a notice before discharge that explains how to file an appeal. Follow these instructions to file an appeal, and if you wish, request the BFCC-QIO to assist you in the appeal filing process.
3. You must file the appeal no later than the day of the scheduled discharge.
4. Different rules and procedures apply if you’re enrolled in Medicare Part C/Medicare Advantage. If you want to file a discharge appeal, you’ll usually need to ask your Medicare Advantage plan how to proceed.

### **The Discharge Appeal Process**

After you file an appeal, the Original Medicare [appeal process](#) works as follows:

1. The BFCC-QIO notifies your Medicare plan and the hospital of your appeal.
2. Medicare or the hospital will give you a “Detailed Notice of Discharge” document explaining why they feel they should discharge your loved one.
3. The BFCC-QIO will ask for your opinion. You can provide the BFCC-QIO with the reasons why you feel they should delay the discharge. You’ll likely want to include comments about why the hospital is not providing a “safe discharge” (see above discussion of this term).
4. Within one day of receiving all information, the BFCC-QIO will notify you of its decision.

### **Possible BFCC-QIO Outcomes**

The BFCC-QIO will either approve or deny your appeal.

1. If they approve the appeal, the hospital stay will continue as long as it remains medically necessary. Be aware that Medicare will only continue to pay for the newly extended hospital stay if either of these conditions are met:
  - Original Medical already approved the original part of the hospital stay; or
  - The original part of the admission was for an emergency or was for urgently needed care.

2. If they deny the appeal – all hospital charges must be paid by you starting with noon the day after the BFCC-QIO issues its denial.

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