

The Value of an Advocate



When a person travels to a new place on vacation, they often hire a guide. This guide is very familiar with the location and can help focus on key points, while at the same time helping to avoid potential trouble spots.

The Caregiver Resource Center's role is similar, in that we provide one-on-one customized services, offering patients and their families a spectrum of education and guidance; in navigating the complex and often confusing healthcare maze.

We provide services across the continuum of care; which includes the doctor's office, ED, hospital, short-term rehab, hospice, and long term care nursing home.

Some Benefits of Our Services

- ✓ We are a well respected company serving the community since 1990
- ✓ Spectrum of health & mental health advocacy
- ✓ Together we focus on a client's abilities, needs, wishes, & the "what-ifs"

"Helping Seniors, People with Special Needs & Their Families"

Typical Calls We Receive

- Spouse is concerned their wife is being discharged too soon from the hospital
- Daughter needs help with dad's hospitalization
- Senior in the hospital isn't sure if they should go to short term rehab, or go home
- Woman seeks an advocate prior to surgery
- Attorney calls seeking help for their client who is being discharged from the hospital, without a discharge planning meeting
- Physician requests assistance for a patient who has no family

Serving the Community since 1990

The Caregiver Resource Center



Concierge Case Management & Advocacy

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Understanding CT & Medicare's Observation Status

CT Law Took Effective 10/1/2014

"An Act Concerning Notice of a Patient's Observation Status"



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Medicare's Observation Status

Since March 2017, federal law has required acute care hospitals to provide oral and written notification to patients who are classified as outpatients or Observation Status patients for more than 24 hours. Notice of non-inpatient status must be provided within 36 hours.

If you or a loved one are a Medicare beneficiary, then it's important that you are aware of Medicare's "Observation Status", which has the potential to greatly impact your life if you enter a hospital.

The following information is for educational purposes only and is intended to provide an overview of the key components related to Medicare's "Observation Status".

Medicare Observation Definition

Observation Services are those services furnished by a hospital on its premises, including the use of a bed, periodic monitoring by nursing and other staff, and any other services that are reasonable and necessary to evaluate a patient's condition or to determine the need for a possible (inpatient) admission to the hospital.

- Hospitals can utilize any specialty inpatient areas (e.g. ICU or CCU) to provide observation services (e.g., telemetry).
- While the Medicare suggested time for observation status is 24 to 48 hours, many hospital stays have been extended up to 14 days.

Inpatient vs. Observation Status

Medicare Payment Advisory Commission published by Kaiser Health News, reported the number of observation patients increased nearly 90% through 2012, surpassing 1.8 million patients nationally.

Medicare beneficiaries are increasingly being admitted for treatment at hospitals on "observation status" (covered by Medicare Part B), instead of as inpatients (covered by Medicare Part A).

Medicare Part A (Hospital coverage) covers inpatient hospital services. This usually means you pay a one time deductible for all of your hospital services for the first 60 days that you are in the hospital. As an inpatient, Medicare Part B (Medical Insurance) covers most of your doctor services.

Under "observation status", you are responsible to pay 20% of the Medicare approved amount for doctor services after paying your Part B deductible.

The potential impact is great. For a hospital stay classified as observation status" under Medicare Part B, you are required to pay a copayment for each individual outpatient hospital service (e.g. medication). You will also be responsible to pay 20% of the total Medicare approved amount after you have meet your Part B deductible.

To qualify for skilled nursing care (SNF), a beneficiary must have had a 3 day inpatient hospitalization. A patient's time spent on "observation status" does not meet this three day requirement. The cost of a SNF may be as high as \$550 per day.

CT "Observation Status" Notice

According to the Center for Medicare Advocacy, "On 6/12/2014, CT Governor Daniel Malloy signed into law a requirement that started 10/1/2014, for CT hospitals to give oral and written notice to patients placed on observation status for 24 hours or more."

Similar laws currently exist in other states.

Specifically, Connecticut's law requires:

1. A written statement that the patient is not admitted to the hospital, but is under observation status;
2. A written statement that observation status may affect the patient's Medicare, Medicaid or private insurance coverage for hospital services, including medications and pharmaceutical supplies, or home or community-based care, or care at a skilled nursing facility upon the patient's discharge; and
3. A recommendation that the patient contact his or her health insurance provider or the Office of the Healthcare Advocate to better understand the implications of placement in observation status.

For more information, or to request advocacy services contact:

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