

Sandi Gaglio, Founder & CEO of SBG Senior Life Consultants, was guest speaker at the Danbury Commission on Aging, April 10, 2018. She is a geriatric care manager, patient advocate, and senior health consultant. She spoke about protection from insurance and Medicare abuse.

Her key points:

- Patients often find out about insurance problems after they happen.
For example, a drug is not covered, or a hospital expense will not be paid.
Medicare and hospitals say "It's your responsibility."
But you have rights and entitlements that cannot be challenged or denied.
- It's best to know in advance how your insurance plan works.
Not all hospital social workers know how insurance works, or are able to explain it.
Ms. Gaglio can inform people of what to expect if they are not aware at the outset.
Abuse happens when you don't know the rules!
- Your insurer determines how long you can stay in a hospital or a rehabilitation center.
Often the allowed stay is based on patient's progress toward cure or rehabilitation.
Sometimes the insurance company will not pay if the patient is not making the desired progress.
- A common hospital insurance problem is the difference between being "observed" vs. being "admitted."
Medicare Part A will pay only if you are admitted. If you are observed, Part B covers it.
Hospitals get payment for anyone who is observed but not admitted.
- Rehabilitation centers are sometimes a source of insurance problems.
Skilled rehabilitation means required hands-on care by medical experts.
Patient's expected progress often determines what the insurance will cover.
If the patient does not return to original condition and is discharged,
then "custodial care" rather than skilled care is needed.
Custodial care is home care for daily living activities.
- A hospital might recommend that a patient go to a skilled rehabilitation facility.
The facility administers therapy, but there is confusion regarding the number of days Medicare will cover.
If it is fewer days than needed the patient is released, goes home, but can't take care of himself.
During the therapy the patient must show progress in order for Medicare to continue to pay.
- Insurance abuse can happen when a patient is discharged.
The facility is required by law to give written notice of discharge to the patient or responsible party,

and to discuss discharge planning with the patient.

The plan must ensure that, somehow, care will be in place after the patient is discharged.

- If your insurance runs out before safe discharge is possible, the facility wants you out!
But you have the right to appeal. All facilities have a department that handles appeals.
Sandi Gaglio acts as advocate for persons during appeal.
If you are still at the facility while appeal is in process they can't discharge you.
If you win, all covered services will be paid.
If you lose the appeal, the facility can bill you for services,
or they might demand payment from your family or even threaten lawsuit.
But no one is legally responsible for a relative—not even for taking one into their home
for care after being discharged from a hospital or rehabilitation facility.
- Ms. Gaglio's conclusion: "Be your own advocate. See your treatment record. Know the rules."
You are entitled to tell your doctor, "Only give me services that are covered by my insurance."