LETTER TO HOUSE WAYS AND MEANS COMMITTE FOR CURRENT HOSPITAL ISSUES IN THE MEDICARE PROGRAM

May 29, 2014

To Whom It May Concern,

I am writing this letter to relate how my mother, Sylvia Greenstein, was placed "under observation" when she was in the hospital back in October 2012 for a fractured shoulder. My mother fell on 10/29/12 at home due to dizziness that she reported to the physicians in the Emergency Dept. at North Shore Medical Center in Salem. She was examined by the physicians/nurses in the Emergency Dept at North Shore Medical Center at 19:39. An X-ray was taken and she was found to have a fracture of her left shoulder as a result of this fall. The emergency department physician noted in his report that there was a need for further work up and treatment in the hospital. The doctor felt that the reason for her dizziness should be evaluated. He also wrote in her medical record that her condition was new, serious and that she should be admitted to the hospital. My mother was admitted to an inpatient unit under observation status at 22:18 on 10/29/12 for a three day hospital stay. She was not admitted as a Medicare Part A patient, although another doctor on the inpatient unit wrote "she is a full admission. She remained on the inpatient unit until 11/01/12 at 10:00AM. During her stay she was given IV fluids and a Foley catheter was inserted. One of her blood pressure medications was discontinued as it was felt that it lowered her blood pressure too much and may have contributed to her dizziness.

When I went to visit her in the hospital, the case manager informed us that she was not admitted under Medicare Part A, but was admitted "under observation." The case manager told us that the Interqual Scale by McKesson was used to determine if she should be admitted or placed "under observation". She also said that she could see if my mother's stay might be able to be changed to inpatient status by the utilization review committee. A few hours later, I was informed that the utilization review committee agreed that my mother's admission "under observation" was appropriate. During her hospitalization, my mother was not able to get in and out of bed independently and was not able to ambulate independently. She was not safe to go home where she lived independently. Previous to this fall, my mother was independent in her ability to get dressed / undressed, take a shower, shop for groceries and household items. She frequently utilized a rollator walker to ambulate safely due to arthritis in her spine. She received PT and OT evaluations at the hospital which noted that my mother was only able to walk a distance of 10 feet and that my mother would "continue to benefit from skilled PT services to determine the most appropriate assistive device and increase functional mobility and safety. The occupational therapist recommended short term rehab to address maximal independence with self care and mobility.

My mother was then admitted to rehab center at a skilled nursing facility after three days in the hospital for a one month stay so that she could return to independent living. **She had to pay $10,000.00 out of her pocket** for her rehab stay since the hospital stay was not covered under Medicare Part A. My mother lives off of her social security check for her expenses and thus paying for rehab took away most of her savings.

Since I felt that my mother received medical care while on the inpatient unit, and had a three day hospital stay; I felt that her status should be changed to an inpatient status and be covered under Medicare Part A. I am trying to recover the money for my mother that she spent on her rehabilitation stay. I initiated an appeal with Medicare in February, 2013. A lawyer from the Boston Legal Aid Society has since taken over this appeal case for my mother in the fall of 2013.

Medicare Part A should pay for all hospitalizations that are three days and over. Many elderly live off their social security checks and cannot pay out of pocket for the 20% not covered by Medicare Part B and for necessary rehabilitation. I urge Congress to please consider changing the Medicare rules and cover all hospital stays that are three days or longer and to discontinue this “observation status” term that can cause financial devastation for senior citizens.

Respectfully,
Doreen Grossman