

Inpatient, Outpatient or Observation

Are all hospital visits the same?

No. There are 3 types of hospital visits:

- **Inpatients** may:
 - have surgery or other treatments
 - need care that requires a longer time with their health care team
 - be scheduled in advance or come for emergency services
 - expect to stay more than one night
- **Outpatients** may:
 - have tests, treatments or surgery
 - be scheduled in advance or come for emergency services
 - stay a few hours or even overnight
- **Observation patients** usually stay in the hospital:
 - because of a serious change in medical condition
 - while their health care team decides if they need to be an inpatient
 - for less than 24 hours

Can the visit type change during my hospital stay?

Yes. The type of hospital visit depends on the kind of care you need. If there are medical changes while you are in the hospital, your health care team may decide you need to be an inpatient instead of an outpatient or observation patient. You should know whether you are an inpatient, outpatient or observation patient. Ask your health care team if you have any questions.

Do I pay the same amount for each type of visit?

No. Charges and insurance coverage may be different. The amount you pay is based on:

- if you have insurance and the amount your insurance plan pays.
- if you have a 2nd insurance plan that will also pay for your care.
- if you need financial assistance.

For inpatient visits you may have to pay:

- a co-payment or “co-pay” (fee you pay for a medical service). Your insurance plan most likely has a standard co-pay for inpatient visits. It may be listed on your insurance card.
- a deductible (amount of money you have to pay each year before your insurance plan will pay any or all of your health care bills).
- co-insurance (percentage of each health care bill you must pay). Most insurance plans pay only a certain percentage of each bill and you must pay the rest.

For outpatients and observation visits you may have to pay:

- a co-payment for each service and each medication. This means you will likely have a co-pay for each test, treatment and medicine you get while you are in the hospital.
- a deductible.
- co-insurance.

Note: You will get **one bill from the hospital** and **other bills from the health care providers** who cared for you and/or reviewed your test results. You may have to pay a deductible and/or co-insurance payment for each bill.

What if I have Medicare?

Medicare has rules for each type of visit. Ask a social worker or care manager any questions you have about Medicare.

For inpatient visits:

- Medicare Part A pays for inpatient hospital services (the bill you get from the hospital). You will have to pay one co-payment and one deductible (unless you are in the hospital for more than 60 days). If you have a 2nd insurance plan, it may pay your co-payment and deductible.
- Medicare Part B pays 80% of the Medicare-approved amount for each doctor service (each bill from the health care providers who cared for you or supervised tests). If you have Part B, you will have to pay the other 20%. If you have a 2nd insurance plan, it may pay your 20%.

For outpatient visits:

- Medicare Part A does NOT pay for outpatient hospital services.
- Medicare Part B pays for outpatient services including surgery (with up to 6 hours to recover in the hospital). If you have Part B, you will likely have to pay a co-payment for each outpatient hospital service including surgery. Medicare does not have a standard co-pay for outpatient hospital services. The co-pay may be different for each service.
- If Medicare does not pay for a service your health care team decides is needed, we will speak with you about your choices.
- Medicare Part B pays 80% of the Medicare-approved amount for each doctor service. If you have Part B, you will have to pay the other 20%. If you have a 2nd insurance plan, it may pay your 20%.

For observation visits:

- Medicare Part B pays for you to stay in the hospital for observation for up to 48 hours. They pay 80% of the Medicare-approved amount for each doctor service. If you have Part B, you will have to pay the other 20%. If you have a 2nd insurance plan, it may pay your 20%.
- After 48 hours, your health care team will usually be able to decide if you can be discharged (leave the hospital) or if you need to become an inpatient.

Will Medicare pay for a skilled nursing facility after I leave the hospital?

- If you are a hospital **inpatient** for 3 days in a row (not including the day you leave), Medicare may pay to continue your recovery in a skilled nursing facility. The decision will depend on your condition and medical needs.
- If you are **NOT** a hospital **inpatient** for 3 days in a row (not including the day you leave), Medicare will **NOT** pay for you to continue your recovery in a skilled nursing facility.

Who can I speak with if I have questions about my insurance coverage?

Patient Finance Customer Service Representatives are available to speak with you Monday-Friday from 8:00 am - 4:00 pm. Please call 212-263-1481 and leave a message. A representative will get back to you as quickly as possible.