Hospital discharge checklist

What to ask, check, and set up before someone you care for leaves the hospital. Checked against Medicare.gov and CMS on November 9, 2026.

Every day in the hospital

How Medicare pays after the hospital depends on one word: inpatient or outpatient. Ask early and ask often.

- ☐ Ask: are they an inpatient, or an outpatient under observation? A night in a hospital bed does not settle it. Ask again each day.
- ☐ Under observation for more than 24 hours? The hospital must give a written Medicare Outpatient Observation Notice (the MOON) and explain it. Ask for it.
- ☐ Admitted, then switched to observation? The hospital gives a Medicare Change of Status Notice. Some people can ask for a fast appeal; the notice says how.
- ☐ Keep the Important Message from Medicare. It comes within 2 days of admission and again before discharge, and it has the number for an appeal.
- ☐ Get the name and direct number of the case manager or discharge planner.

If rehab in a nursing home is likely

Original Medicare pays for a skilled nursing facility only after an inpatient stay of at least 3 days in a row. Observation days and emergency room time do not count.

- ☐ Count the inpatient days. The day of admission counts; the day of discharge does not. Ask whether there will be 3 before discharge.
- ☐ On a Medicare Advantage plan? Ask the plan whether it needs the 3 days and whether it must approve the stay first.
- ☐ Ask which nursing homes have accepted the referral. You can choose among them, and the hospital must tell you if it has a financial interest in one.
- ☐ The move generally has to happen within 30 days of leaving the hospital, and a doctor must say daily skilled care is needed.

What Original Medicare pays at a skilled nursing facility in 2026

Days 1 to 20: $0 a day.

Days 21 to 100: $217 a day.

Day 101 on: you pay all costs.

Before discharge day: ask the case manager

- ☐ Where are they going: home, home with home health, rehab, or somewhere new?
- ☐ What help will they need, day and night, and who will give it?
- ☐ Which medicines are new, which stopped, and which changed? Ask for the list in writing.
- ☐ What equipment is ordered (walker, commode, hospital bed), and when does it arrive?
- ☐ Is home health ordered? Which agency, and when is the first visit?
- ☐ When is the follow-up appointment, and with whom?
- ☐ Which warning signs mean call the doctor, and which mean call 911?
- ☐ Who do we call with questions after we leave?

What to bring home and set up

- ☐ The discharge papers and the medicine list, kept together.
- ☐ New prescriptions filled; old bottles that changed set aside.
- ☐ Equipment delivered and working before the first night.
- ☐ A clear path to the bathroom, and a bed on the first floor if stairs are hard.
- ☐ Phone numbers on the fridge: the doctor, the home health agency, the pharmacy.
- ☐ The follow-up appointment booked, with a ride.
- ☐ Someone checking in every day for the first week.

What Medicare covers at home

Home health: part-time skilled care for someone who is homebound, ordered by a doctor. Not 24-hour care, and not help with daily tasks alone.

Equipment: Part B covers equipment a doctor orders for use at home, from a Medicare-enrolled supplier. Usually 20 percent after the Part B deductible.

If the discharge feels too soon

A Medicare patient can ask an independent reviewer, the Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO), for a fast appeal.

- ☐ Find the QIO's phone number on the Important Message from Medicare.
- ☐ Call no later than the planned discharge day, before leaving the hospital.
- ☐ While the QIO reviews, they can stay without paying for the extra days, apart from the usual deductibles and copays.
- ☐ The QIO decides within about a day of getting the records. If it agrees with the hospital, charges start at noon the day after the decision.
- ☐ Missed the deadline? You can still ask, but other rules apply and you may owe for days past the planned discharge.
- ☐ Later, if Medicare-covered nursing home, home health, or hospice care is ending, a notice comes at least 2 days before. Call the QIO by noon the day before it ends.

Who to call

The hospital case manager

Plans the discharge and arranges rehab, home health, and equipment. Ask for a direct number.

Name and number: _____

Your BFCC-QIO

Decides a fast appeal of a Medicare discharge. The number is on the Important Message from Medicare.

1-800-MEDICARE, 1-800-633-4227

Questions about coverage, plans, and claims. Open 24 hours, every day except some federal holidays. TTY 1-877-486-2048.

Your State Health Insurance Assistance Program (SHIP)

Free, unbiased Medicare counseling, one on one, in every state. shiphelp.org

Eldercare Locator, 1-800-677-1116

Finds the local Area Agency on Aging for meals, rides, and caregiver help. Call or text on weekdays. eldercare.acl.gov

Notes: names, numbers, medicines, dates

Read it online, with answers to common questions and a link to every rule:
trycarepair.com/resources/hospital-discharge-checklist

General information about Medicare's rules, not medical or legal advice. Medicare Advantage plans can work differently; call the plan. In an emergency, call 911. Free to print, copy, and hand out. Checked November 9, 2026.