

CMS Certification Requirement Changes on January 1, 2015

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The 2014 Inpatient Prospective Payment System Rule, also known as the Two Midnight Rule, introduced the requirement for the certification of all inpatient admissions. This requirement caused a great deal of confusion in hospitals around the country as the Centers for Medicare and Medicaid Services (CMS) had great difficulty elucidating their requirements for certification. As a result, many hospitals developed forms and EHR templates to try to meet certification, while others educated their physicians on the requirement and asked them to enhance their documentation.

Because of the ongoing confusion, in the 2015 Outpatient Prospective Payment System Rule CMS stated, "However, as we look to achieve our policy goals with the minimum administrative requirements necessary, and after considering previous public comments and our experience with our existing regulations, we believe that, in the majority of cases, the additional benefits (for example, as a program safeguard) of formally requiring a physician certification may not outweigh the associated administrative requirements placed on hospitals." And with this statement, the requirement for admission certification was abolished. In its place, though, CMS reimposed the requirement for certification of long-stay and outlier cases, indicating that certification shall be furnished no later than the 20th day of the stay. They also emphasized that although admission certification is no longer required, every inpatient admission must contain an admission order and "that inpatient orders be signed prior to discharge by a practitioner familiar with the case and authorized by the hospital to admit inpatients," except critical access hospitals (CAHs) which must obtain the signature no later than one day before the claim is submitted for payment.

So what does this mean for hospitals? First, as indicated, an inpatient admission does not begin without an order from a practitioner qualified by state law and hospital rules to admit a patient to the hospital. If your nurse practitioners, physician assistants, or residents have admitting privileges, their admission order no longer needs cosignature. If the admission order is given verbally, the order must be authenticated prior to discharge (or as noted above for CAHs.) Second, inpatient admission is still only appropriate for patients who are expected to require hospital care that will exceed two midnights or who are having an "inpatient only" surgery. The medical record must portray an illness that is expected to require two midnights of hospital care with the planned care outlined by the physician. There is no need for a doctor to document "I expect two midnights" nor was there ever such a need.

For patients who remain in the hospital as day 20 of the hospitalization approaches, there must be documentation in the medical record to justify why that patient continues to require care in the hospital as opposed to a lesser setting, such as a skilled nursing facility or at home. This documentation should be in the record every day of a patient's stay, but hospitals should review the documentation as day 20 approaches to ensure that the conditions and treatment that require hospital care are clearly described. There is no need for a form, a template, or any specific wording in these notes; a comprehensive physician progress note will meet the requirement. The other elements of certification, the estimated

time the patient will need or needed in the hospital and the discharge plans, are part of every medical record so they require no special attention.

The rest of the two Midnight Rule remains intact and, as a reminder, the moratorium on Recovery Audit Contractors looking at short inpatient admissions expires on April 1, 2015, so we expect short stay audit activity to resume shortly thereafter. Zero, one and two day inpatient admissions are all being reported on the PEPPER report and these are sure to be target areas as is medical necessity. It is still unclear what effect the Recovery Audit contracting difficulties will have on audit activity but even if it is important to remember that any admission after March 31, 2015 is eligible for audit for the next three years.

You can read the section on certification in the 2015 OPSS Rule starting on page 229 here:

<http://www.gpo.gov/fdsys/pkg/FR-2014-11-10/pdf/2014-26146.pdf>