

96-Hour Physician Certification Requirement for Critical Access Hospitals

THE ISSUE

There is a Medicare **condition of participation** related to length of stay for critical access hospitals (CAHs), which requires CAHs to provide acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient. There also is a separate, and distinct, **condition of payment** for CAHs that requires a physician to certify that a beneficiary may reasonably be expected to be discharged or transferred to another

hospital within 96 hours after admission to the CAH.

Although the Centers for Medicare & Medicare Services (CMS) enforces the condition of participation, the agency historically had not enforced the condition of payment. However, CMS has published guidance, in relation to its new two-midnight admissions policy, that implies the agency will begin enforcing this condition of payment going forward.

AHA POSITION

The AHA supports the Critical Access Hospital Relief Act (S. 258/H.R. 169), which would remove the 96-hour piece of the physician certification requirement as a condition of payment. CAHs would still be required to satisfy the condition of participation requiring a 96-hour annual average length of stay.

WHY?

- **While CAHs typically maintain an annual average of 96 hours per patient, they offer some medical services that have standard lengths of stay greater than 96 hours.** Therefore, in those cases, the CAH will not satisfy the condition of payment because a physician will be unable to reasonably certify that the beneficiary's stay will be less than 96 hours.
- **If this condition of payment is enforced by CMS, CAHs will no longer receive payment from CMS for medical services requiring a beneficiary stay of longer than 96 hours – an untenable situation for providers and patients alike.** Medicare payments account for roughly 47 percent of total revenues for CAHs and any changes in these payments are difficult to absorb.
- **If CAHs are forced to eliminate these “96-hour plus” services, the resulting financial pressure on CAHs would severely affect their ability to operate and care for beneficiaries in rural communities.**
- **This unenforced condition of payment is in statute.** Therefore, a legislative change is required in order for it to be modified or removed.
- **CAHs play an essential, and often life-saving, role in our nation's health care landscape. It is imperative that the condition of payment be removed so that CAHs may continue to provide these important health care services to rural America.**