



By Tim Linscott
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HR Bill 3991, dubbed the 'Critical Access Hospital Relief Act,' introduced by Congressman Adrian Smith (R-NE), was introduced in early February.

This bill was introduced as a means of repealing the 'burdensome 96-hour rule now being enforced by the Centers for Medicare and Medicaid Services,' according to press release from Smith's office on Feb. 5.

HR Bill 3991 would remove the 96-hour physician certification requirement for inpatient critical access hospital services.

The 96-hour rule currently requires a physician, which includes physician assistants and advanced practice registered nurses, to sign a "certification statement" upon admission that the patient's length of stay will not exceed 96 hours.

Although the bill will help some hospitals in a rural setting, according to Jim LeBrun, Perkins County Health Services Administrator, the bill won't do too much to the overall patient care at the facility.

"Less than two percent of our patients exceed the 96-hour rule when admitted to Perkins County Hospital due to our certification as a Skilled Nursing Facility (SNF)," LeBrun said.

LeBrun called the requirement to do away with the 96-hour rule 'short and to the point.'

"We are satisfied with HR 3991 as written," he said.

If the act were not to pass, it still won't have much of an impact on the services or financial standing of PCHS.

"If our medical staff providers complete a physician's certification, PCHS will not lose any money if this HR 3991 does not pass," LeBrun said.

If Perkins County Health Services does not have a physician's certification on file, the Centers for Medicare and Medicaid Services could deny payment for that patient's inpatient stay.

In the past CMS has accepted the medical staff providers' documentation of the criteria for admitting their patient to an acute care bed provided by PCHS.

Staying proactive and looking to the future has helped PCHS stay ahead of the curve in these situations, such as the 96-hour rule.

“A number of years ago, PCHS implemented a process to monitor and manage inpatient length of stay. To date, PCHS has not lost any funding from Medicare or Medicaid due to our Average Length of Stay (ALS) exceeding 96 hours in any fiscal year,” LeBrun said.

Average is the key word in “Average Length of Stay,” according to LeBrun.

Wisconsin Physician Services (WPS) is PCHS’s fiscal intermediary for Centers for Medicare and Medicaid Services (CMS).

WPS has sent two letters the past few years stating PCHS’s Average Length of Stay (ALS) exceeded the 96-hour rule. According to hospital officials, in both instances, PCHS was able to prove the ALS was below the 96-hour rule.

A critical access hospital that participated in Medicare as a rural primary care hospital (RPCH) on Sept. 30, 1997 and had in effect an approval from CMS to use its inpatient facilities to provide post-hospital Skilled Nursing Facility (SNF) care, may continue in that status under the same terms, conditions, and limitations that were applicable at the time those approvals were granted.

Perkins County Hospital participated in Medicare as a rural primary care hospital on Sept. 30, 1997 and had in effect an approval from CMS to use its inpatient facilities to provide post-hospital SNF care.

Looking at what each individual patient needs is important to PCHS staff and administration.

“Our medical staff providers have consistently evaluated each patient, identified their medical needs, and then made a determination if our nursing staff and licensed professionals have the core competency skill sets and resources to care for their patient at Perkins County Hospital,” LeBrun said.

The majority of the patients transferred to a larger hospital are transferred directly from the emergency department at PCHS.

The medical staff providers typically admit patients to PCHS as ‘observation’ patients or as ‘acute care’ patients.

Based on the medical staff providers’ medical judgment, patients can be put in a transitional phase from the ‘observation’ status to ‘acute care’ status, and from ‘acute care’ status to ‘swing bed’ status for those patients who meet skilled care criteria.

Perkins County Hospital is licensed as a Critical Access Hospital and meets the requirement for swing bed status providing skilled nursing facility care.

A critical access hospital may use inpatient facilities to provide post-hospital skilled nursing facility care for qualifying patients and be paid for skilled nursing facility level services when the hospital meets the following requirements:

- The facility has been certified as a Critical Access Hospital (CAH) by the Centers for Medicare and Medicaid Services.

Perkins County Hospital is certified by CMS and licensed by the State of Nebraska as a Critical Access Hospital.

- The facility operates up to 25 beds for either acute (CAH) care or Skilled Nursing Facility (SNF) swing bed care (any bed of a unit of the facility that is licensed as a distinct-part SNF is not counted under the first criteria).

Perkins County Hospital operates 20 beds for either acute care or skilled nursing facility swing bed care.

- The facility has been granted swing bed approval by CMS.

Perkins County Hospital has been granted swing bed approval by CMS.

“We are confident our medical staff providers practice medicine based on their patient’s medical needs. Medical staff provider’s decisions to transfer a patient to a larger hospital, to admit a patient to ‘observation’ status or ‘acute’ status, or to potentially admit a patient to swing bed status are based on each patient’s condition, qualifications and medical necessity,” LeBrun explained.