EvidenceCare

Medicare 2 Midnight Rule

+ Supplemental Medicare Criteria

AdmissionCare

Regulatory Background

Why does the Medicare 2 Midnight Rule exist?

- Patients complained about extended observation stays at a hospital
- At the time this led to higher copays and not qualifying for SNF placement.
- It was determined that Inpatient care is warranted if the patient is expected to require a hospital stay that crosses two midnights AND the medical record supports this reasonable expectation.
- However, the 2 MDN rule **does not simply involve passage of a second midnight** in the hospital. The patient needs to have medical necessity of that second midnight.

Physician Responsibility

The admitting physician is responsible for documenting the patient's medical necessity and expectation that the patient may require hospital care that crosses two midnights.

Expectation should be based on:

- Complexity of medical factors (such as patient history and comorbidities)
- Severity of signs and symptoms
- Current medical needs
- Risk of an adverse event

<u>The factors contributing to a particular clinical expectation must be documented in the medical record to be in compliance.</u>

How does AdmissionCare support the Medicare 2 Midnight Rule?

AdmissionCare supports physicians with making compliant 2 Midnight determinations by embedding within your admission process industry-standard criteria to document a patient's:

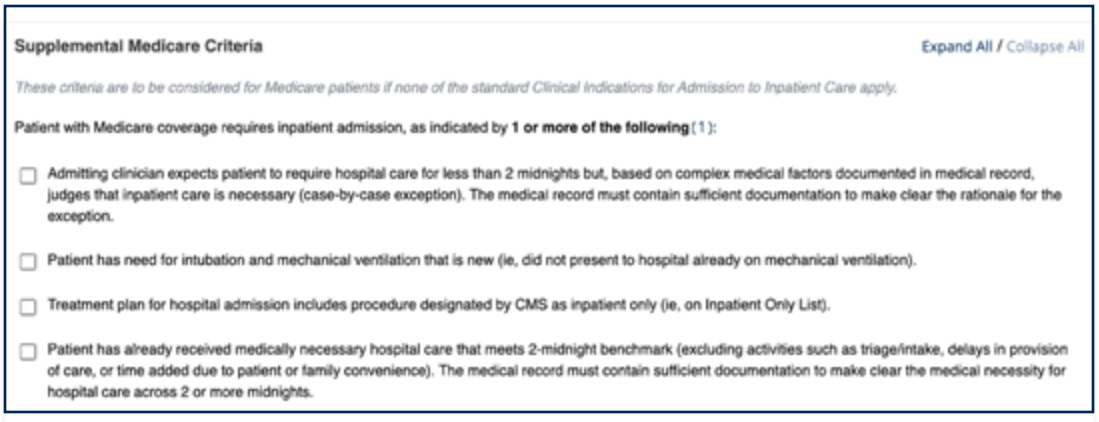
- Complexity of medical factors
- Severity of illness
- Co-morbidities
- Risks for adverse outcome

When a patient meets Inpatient criteria utilizing MCG's guidelines, the expectation is that care will likely extend beyond 2 days.

Supplemental Medicare Criteria

In MCG's latest edition, they have added Supplemental Medicare Criteria to further support compliant bed status determinations for patients with Medicare and Medicare Advantage plans. These criteria are accessible within AdmissionCare.

However, these criteria should only be used in specific clinical scenarios. See next page for examples.



<u>Click Screenshot</u>
<u>(to watch a quick video on this new feature)</u>

- Physicians should FIRST utilize Clinical Indications to determine if a patient meets medical necessity to expect a 2 midnight stay.
- The Supplemental Medicare Criteria should only be used for specific clinical scenarios.

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Indication #1: Admitting clinician expects patient to require hospital care for less than 2 midnights but, based on complex medical factors documented in medical record, judges that inpatient care is necessary (case-by-case exception). The medical record must contain sufficient documentation to make clear the rationale for the exception.

It is key with usage of this indication to sufficiently document the severity of the patient's current condition and the concern that without aggressive treatment the patient could have loss of life or significant morbidity.

Examples

- Significant risk of an adverse event that would require intense resource utilization or monitoring.
- Patient with life-threatening hyperkalemia and EKG changes that warrant inpatient admission is a valid determination even if they get dialyzed and are expected to be discharged the next day.
- A patient with severe complications from heart failure is expected to be stabilized in less than 48 hours. However, due to the patient's complex medical history and current unstable condition, inpatient care is necessary to monitor and provide intensive treatment.
- High-risk medication needed to control blood pressure or difficult to control life-threatening cardiac dysrhythmias.

Indication #2: Patient has need for intubation and mechanical ventilation that is new (i.e., did not present to hospital already on mechanical ventilation).

- This indication is self-explanatory.

Indication #3: Treatment plan for hospital includes procedure designated by CMS as Inpatient Only.

- Physicians can access the procedures on the Inpatient Only list that are associated with the Guideline by clicking on the link.
- Patient's must be going directly from the ED to the OR for this procedure to qualify (it can't be unsure if the procedure will be part of the patient's care plan).

Indication #4: Patient has already received medically necessary hospital care that meets 2-midnight benchmark (excluding activities such as triage/intake, delays in provision of care, or time added due to patient or family convenience). The medical record must contain sufficient documentation to make clear the medical necessity for hospital care across 2 or more midnights.

Examples

- A patient admitted for a respiratory infection remains in guarded condition or is not getting better after an appropriate time in observation (depending on contractual language, usually up to 48 hours.)
- A patient with complications during treatment for DKA, such as hypoglycemia requiring close monitoring, further insulin adjustment and continued need for supplemental oxygen to maintain O2 sats for a comorbid condition.

Converting a patient from OBS to INPT is only appropriate if medical necessity for INPT status is determined to be met when the change is made.

- Conversions can be based on treatments required and complications that arose during the observation timeframe.
- The documentation must support the continued need for extended inpatient services.
- Convenience does not qualify for inpatient or, at times, even observation.