

Chapter 28

Critical Access Hospital (CAH)

This chapter contains basic information and only applies to programs outlined in your organization's participation agreement with South Country Health Alliance (SCHA). For the most up-to-date and detailed information, CAH providers should refer to the below Centers for Medicare and Medicaid Services (CMS) websites.

<https://www.cms.gov/center/cah.asp>

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CAHs.html>

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_176451

CAH Eligibility

SCHA follows CMS and Minnesota Department of Human Services (DHS) guidelines in determining whether a hospital is eligible to be reimbursed as a CAH.

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/CAHs.html>

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c03.pdf>

Reimbursement and Billing

SCHA adheres to guidelines from CMS, and DHS in determining reimbursement for CAHs. An inpatient is a person who has been admitted to a hospital for bed occupancy for purposes of receiving inpatient hospital services. Generally, a person is considered an inpatient if formally admitted as an inpatient with the expectation that he will remain at least overnight.

A CAH may provide and bill for all hospital inpatient services that are deemed reasonable and medically necessary according to the rules and guidelines governing inpatient services provided by acute care hospitals.

Payment for inpatient CAH services is subject to Part A deductible and coinsurance requirement. Inpatient services should be billed as an 11X type of bill.

It is the provider's responsibility to submit CAH rates to SCHA and update SCHA with any changes to the rates prior to the submission of claims for that rate period. Rates may not be made effective prior to SCHA receipt of Interim Rate Letter and SCHA will not reprocess claims due to an Interim Rate Letter not being timely submitted. Additionally, SCHA may follow up with contracted CAH providers on an intermittent basis to verify their current CAH rate. If SCHA does not have a current DHS rate letter on file, SCHA will reimburse provider based on the inpatient and outpatient rates published on the DHS website.

See the *Minnesota Critical Access Hospitals (CAH)* section for billing instructions for CAHs.

One and Three-Day Window Provision

CAHs are exempt from the one- and three-day window provision. Services rendered to a beneficiary while in the outpatient department who then becomes an inpatient are not bundled on the inpatient bill. Outpatient services must be billed as such and on a separate bill from inpatient services. Outpatient services rendered on the date of admission to an inpatient setting are still billed and paid separately as outpatient services.

Outpatient Care

A hospital outpatient is a person who has not been admitted by the hospital as an inpatient but is registered on the hospital records as an outpatient and receives services (rather than supplies alone) from the hospital.

A CAH may provide and bill for all hospital outpatient services that are deemed reasonable and medically necessary according to the rules and guidelines governing outpatient services provided by acute care hospitals.

Option Method II Billing

A CAH may elect the Optional (or Method II) payment methodology under which it bills SCHA for both facility services and professional services to its outpatients on a single claim. A CAH that has elected under Medicare to bill for outpatient professional services in the UB-04 format (paper or electronic) instead of the CMS-1500 format (also known as Option Method II) must bill SCHA accordingly. A CAH that uses the standard method (Method I) with billing to the Medicare carrier must continue to bill on the CMS-1500 format.

Certified Registered Nurse Anesthetist (CRNA) Services

SCHA requires Certified Registered Nurse Anesthetist (CRNA) exemption letters be provided in order for providers to receive the critical access hospital (CAH) rate for services provided. CRNA exemption letters can be submitted to SCHA at ProviderInfo@mnscha.org. If SCHA does not have a CRNA exemption letter on file, claims will pay at current fee schedule rates. Once the CRNA exemption letter is received, it is the provider's responsibility to resubmit any corrected claims in order to receive reimbursement.