

S 2082

Two-Midnight Rule Coordination and Improvement Act of 2014

Congress: 113 (2013–2015, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Mar 5, 2014

Current Status: Read twice and referred to the Committee on Finance.

Latest Action: Read twice and referred to the Committee on Finance. (Mar 5, 2014)

Official Text: <https://www.congress.gov/bill/113th-congress/senate-bill/2082>

Sponsor

Name: Sen. Menendez, Robert [D-NJ]

Party: Democratic • **State:** NJ • **Chamber:** Senate

Cosponsors (17 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Fischer, Deb [R-NE]	R · NE		Mar 5, 2014
Sen. Brown, Sherrod [D-OH]	D · OH		Mar 12, 2014
Sen. Gillibrand, Kirsten E. [D-NY]	D · NY		Mar 13, 2014
Sen. Schumer, Charles E. [D-NY]	D · NY		Mar 13, 2014
Sen. Mikulski, Barbara A. [D-MD]	D · MD		Mar 24, 2014
Sen. Casey, Robert P., Jr. [D-PA]	D · PA		Mar 25, 2014
Sen. Klobuchar, Amy [D-MN]	D · MN		Mar 25, 2014
Sen. Franken, Al [D-MN]	D · MN		Mar 26, 2014
Sen. Kirk, Mark Steven [R-IL]	R · IL		Apr 10, 2014
Sen. Heinrich, Martin [D-NM]	D · NM		May 14, 2014
Sen. Booker, Cory A. [D-NJ]	D · NJ		May 20, 2014
Sen. Merkley, Jeff [D-OR]	D · OR		Jun 19, 2014
Sen. Stabenow, Debbie [D-MI]	D · MI		Jul 29, 2014
Sen. Baldwin, Tammy [D-WI]	D · WI		Jul 30, 2014
Sen. Walsh, John E. [D-MT]	D · MT		Jul 31, 2014
Sen. Cantwell, Maria [D-WA]	D · WA		Sep 17, 2014
Sen. Murray, Patty [D-WA]	D · WA		Sep 17, 2014

Committee Activity

Committee	Chamber	Activity	Date
Finance Committee	Senate	Referred To	Mar 6, 2014

Subjects & Policy Tags

Policy Area:

Health

Related Bills

Bill	Relationship	Last Action
113 HR 3698	Related bill	Dec 11, 2013: Referred to the House Committee on Ways and Means.

Two-Midnight Rule Coordination and Improvement Act of 2014 - Directs the Secretary of Health and Human Services (HHS) to develop appropriate criteria with regard to the two-midnight rule for payment under title XVIII (Medicare) of the Social Security Act for a short inpatient hospital stay.

(The two-midnight rule allows Medicare coverage of only hospital stays for which a physician admits to a hospital a beneficiary expected to require care that crosses two midnights, but generally denies coverage of care expected to require less than a two-midnight stay.)

Requires the criteria developed by the Secretary to: (1) account for medical necessity and the appropriateness of an inpatient stay that is less than the two-midnight benchmark, and (2) be developed in consultation with interested stakeholders.

Directs the Secretary to develop a budget-neutral Medicare payment methodology for hospitals for short inpatient hospital stays.

Allows the methodology to be: (1) a reduced payment amount than would otherwise apply to inpatient hospital services if paid for under the Medicare prospective payment schedule, or (2) an alternative payment methodology.

Directs the Secretary to develop: (1) general equivalency maps to link the relevant International Statistical Classification of Diseases and Related Health Problems (ICD)-10 codes (used to report medical diagnoses and inpatient procedures) to relevant Current Procedural Terminology (CPT) codes, and the relevant CPT codes to relevant ICD-10 codes, in order to permit comparison of inpatient hospital services and hospital outpatient department services; and (2) a second crosswalk between Diagnosis-Related Group (DRG) codes for inpatient hospital services and Ambulatory Payment Class (APC) codes for outpatient hospital services.

Prohibits the Secretary from enforcing the two-midnight rule for admissions occurring: (1) before October 1, 2014; and (2) on or after that date until October 1, 2015, or the new two-midnight rule criteria are implemented, if sooner (applicable date).

Prohibits a Medicare review contractor from denying a claim for inpatient hospital services furnished by a hospital, or inpatient critical access hospital services furnished by a critical access hospital, on the basis of the two-midnight rule for discharges occurring before the applicable date for: (1) medical necessity due to the length of an inpatient stay in such hospital or due to a determination that the services could have been provided on an outpatient basis; or (2) requirements for orders, certifications, or recertifications, and associated documentation relating to such matters.

Declares that nothing in this Act shall be construed to preclude the Secretary from continuing the conduct by Medicare administrative contractors of the Medicare Probe and Educate program for hospital admissions during the delayed enforcement of the two-midnight rule.

Prohibits the Secretary from increasing the sample of claims selected for prepayment review under the Medicare Probe and Educate program above the number and type established by the Secretary as of November 4, 2013, such as 10 claims for most hospitals and 25 claims for large hospitals.

Actions Timeline

- **Mar 5, 2014:** Introduced in Senate
- **Mar 5, 2014:** Read twice and referred to the Committee on Finance.