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MONTANA SWING BED BULLETIN

SWING BED BASICS

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PERFORMANCE IMPROVEMENT NETWORK
A PROGRAM OF MHA

Authorization for Swing Beds

The Social Security Act (the Act) permits certain small, rural hospitals to enter into a swing bed agreement, under which the hospital can use its beds, as needed, to provide either acute or post-acute skilled care. As of July 2021, there were 1,340 Critical Access Hospitals (CAHs) in the United States, the vast majority of which offer Swing Bed services.

The CAH may have no more than 25 inpatient beds that can be used for either inpatient or swing-bed services (1). However, some state's limit the number of swing beds that can be licensed to ensure there are beds available for acute patients.

Reimbursement for Medicare Swing Bed Patients

Swing Bed is a Skilled Nursing-level of service but CAHs are exempt from the SNF PPS in accordance with the Benefits Improvement and Protection Act of 2000 and the Medicare Modernization Act of 2203, and are paid based on 101% of reasonable charges. Swing-bed patients receive a SNF level of care, and the CAH is reimbursed for providing a SNF level of care, however swing-bed patients are not SNF patients. Swing-bed patients in CAHs are considered to be patients of the CAH.

Because CAH Swing Beds are paid at 101% of charges, they are not required to complete a MDS (Minimum Data Set) which is required for Swing Beds in a PPS (acute care) hospital and Skilled Nursing Facility (SNF).

Payors other than traditional Medicare, including Medicaid, pay at a rate established by the payor.

This issue:

COVID-19 Public Health Emergency

CMS has issued a waiver that is in effect during the Covid-19 Public Health Emergency. However, please note the language, “patients who experience dislocations or are affected by COVID-19”. Several hospitals have had a Swing Bed stay denied because they could not show that their hospital, county or region was being adversely impacted by Covid-19 patients. This is not a “get out of jail free card” to bypass Swing Bed admission requirements.

> “3-Day Waiver: During COVID-19 Public Health Emergency CMS authorized SSA Section 1812(f) to waive the 3-day prior hospitalization requirement for a Medicare SNF coverage stay. This gives temporary SNF services emergency coverage without a qualifying hospital stay for patients who experience dislocations or are affected by COVID-19. Find the List of Blanket Waivers on the Current Emergencies webpage” (2)

The State of Montana has also adopted a temporary emergency rule pertaining to swing bed requirements for Medicaid patients requiring skilled care,, Montana Administrative Register 37-964. (3)

The waiver, which is in effect for 120 days from September 17, 2021, waives the requirements at 37.40.405 (1)(b) and (2), and to the extent necessary to facilitate payment under Medicaid, ARM 37.40.401(1)(b)(i) (A through (D). Requirements that are waived include:

- The requirement for the hospital to determine, prior to admission, that there is an available nursing facility bed in a Medicaid-participating nursing facility within a 25-mile radius of the hospital
- The requirement to maintain written documentation of inquiries to nursing facilities about the availability of a nursing facility bed and indicating that if a bed is not available, the hospital will provide swing-bed services to the patient
- The requirement for a Medicaid patient admitted to a swing-bed to be discharged to an appropriate nursing home bed within a 25 mile radius of the swing-bed hospital within 72 hours of an appropriate nursing home bed becoming available.

"A healthy attitude is contagious, but don't wait to catch it from others.

Be a carrier."

TOM STOPPARD
BAYLOR HEALTHCARE SYSTEM

Regulatory Requirements

APPENDIX W

Swing Bed regulatory requirements are included in the State Operations Manual Appendix W. The Swing Bed requirements start at C-1600. However, there are references to Swing Bed thru-out the CoPs and other requirements also apply.

> "CAH swing-bed care is regulated by both the CAH requirements and the swing-bed requirements at 42 CFR Part 485."(4)

> "The CAH must have a procedure for assigning and coordinating the nursing care for every CAH patient. A registered nurse must either provide directly, or assign to other staff, the required nursing care for each CAH patient, including patients receiving swing bed services."(5)

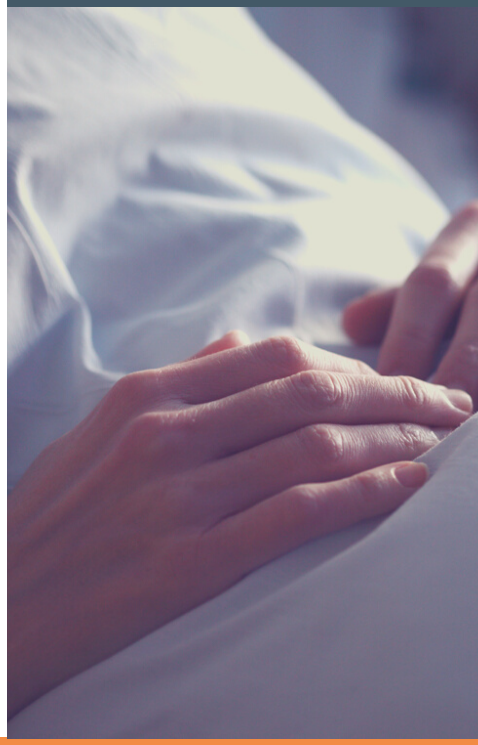
> "The CAH must maintain a medical record for each inpatient and outpatient evaluated or treated in any part or location of the CAH. A unit record for both inpatients and outpatients may be used; however, when two different systems are used they must be appropriately cross referenced. When a patient reimbursement status changes from acute care services to swing bed services, a single medical record may be used for both stays as long as the record is sectioned separately. Both sections must include admission and discharge orders, progress notes, nursing notes, graphics, laboratory support documents, any other pertinent documents, and discharge summaries."(6)

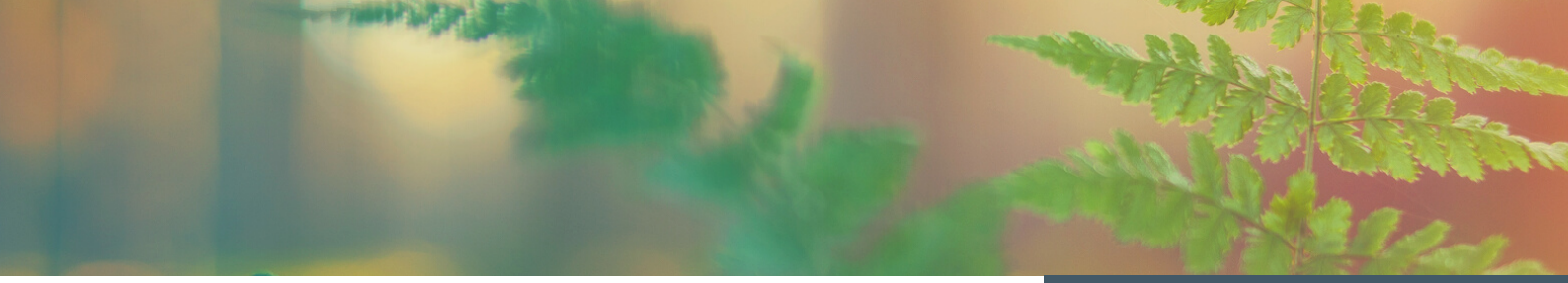
There are twelve (12) tags in Appendix W related to Swing Bed, although as already mentioned, other CoPs also apply to Swing Bed.

C-1600: Special Requirements
C-1602: Eligibility
C-1606: Payment
C-1608: SNF Services
C-1610: Admission, Transfer and Discharge Rights
C-1612: Freedom from abuse, neglect and exploitation
C-1616: Social Services
C-1620: Comprehensive assessment, comprehensive care plan, and discharge planning
C-1622: Specialized Rehabilitative Services
C-1624: Dental Services
C-1626: Nutrition

IMPORTANT NOTE

Although the CAH Swing Bed program may have a variety of payors including Medicare, Medicare Advantage Plans, Medicaid, Blue Cross, etc. the CoPs apply to ALL Swing Bed patients in the CAH, regardless of payor.





Regulatory Requirements

CHANGES TO APPENDIX W

CMS revised the regulatory requirements in October 2019 with additional changes in November of 2019. The rules were published in Appendix W in February of 2020. However, there are no Interpretative Guidelines. CMS has indicated that they have no intention of writing Interpretative Guidelines, and instead refer to Appendix PP for Long Term Care facilities. Unfortunately navigating Appendix PP can be somewhat challenging.

The following CoPs are either new or deleted CoPs since 2018.

C-1602: Culturally Competent Trauma Informed Care
Requirement to provide culturally competent, trauma informed care and include in the plan of care.

C-1608: Physician Choice
Patient right to choose a physician, and receive information about how to contact providers involved in care, including consultants.

C-1610 and C-1620: Discharge
There were numerous changes including:
· Medication reconciliation at discharge
· Discharge plan of care
· Specific information required to be provided to the next post-acute care provider
· Choice of post-acute care provider and provision of resource and quality data to assist in making the choice
· Notification of ombudsman at discharge

C-1612: Abuse
Requirements for staff training to recognize abuse and specific timelines for reporting abuse both internally and to external agencies. These mirror the Long Term Care requirements.

STAY UP TO DATE

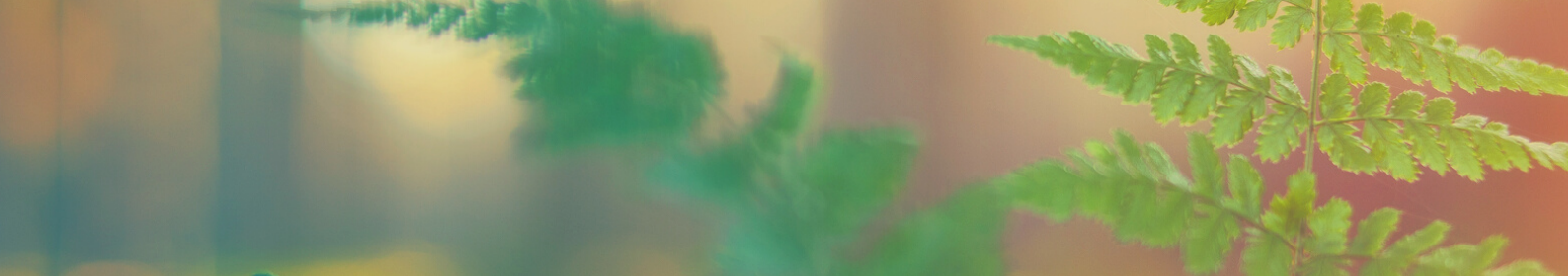
It's important to know when regulatory requirements change. Recommendations for keeping up with changes include:

1
Assign someone in the organization to check Appendix W, Appendix PP, Medicare Benefits Manual Chapters 6 and 8 – periodically for changes.

2
Check the CMS web site periodically for changes. https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance

3
Sign up for alerts and notifications from CMS.

4
Subscribe to Federal Register. https://public.govdelivery.com/accounts/USGPOOFR/subscriber/new



Regulatory Requirements

CHANGES TO APPENDIX W (Continued)

C-1620: PASARR
Requirement to review the PASARR, if one has already been completed, and incorporate in the plan of care if appropriate. There is no requirement to complete a PASARR if one has not been done. However, some Medicaid programs do require a Level 1 PASARR prior to admission.

C-1620: Inter-disciplinary Plan of Care
Several changes and clarifications regarding the multi-disciplinary plan of care including who is required to have input into the plan.

C-1624: Dental Services
Clarification regarding routine and emergency dental care, including providing adequate nutrition and hydration while waiting for dental services. Requirement for the hospital to have a policy for replacement of lost or damaged dentures.

C-1626: Nutrition
Requirement to provide adequate hydration and nutrition.

Deleted:
The CoPs related to activities, right to work and full-time social worker were deleted. However, if the patient has a long length of stay, or needs activities for mental or psychosocial well-being, the facility is still required to provide activities. The real difference is that a "formal" activities program is not required.

OTHER REGULATORY REQUIREMENTS

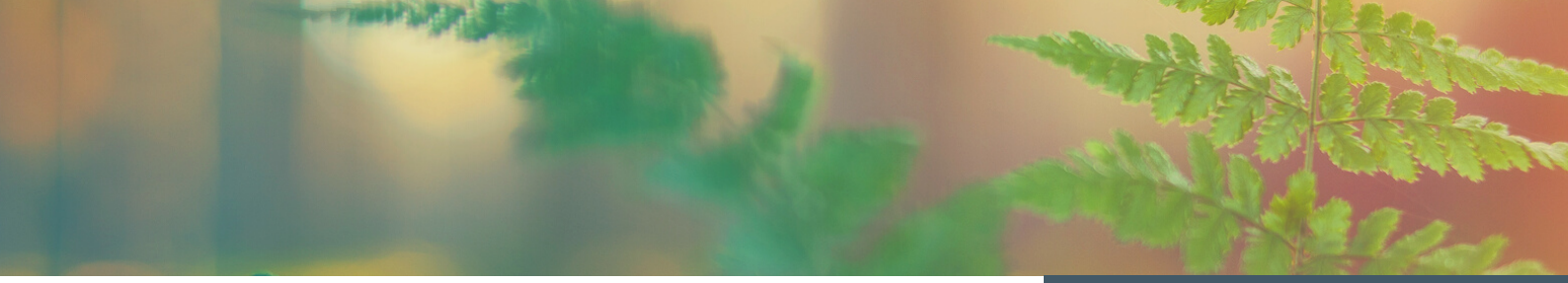
There are two other important regulatory references for Swing Bed:

- Medicare Benefits Manual Chapter 6, SNF Inpatient Part A Billing and SNF Consolidated Billing (Rev.10569, 01-14-21)
- Medicare Benefits Manual Chapter 8 Coverage of Extended Care (SNF) Services Under Hospital Insurance (Rev. Issued 10-04-19)

Chapter 6, as the title implies, is primarily related to billing practices. Chapter 8 includes detailed information about admission criteria and certification for Swing Bed patients who have Medicare as the primary payor.

IMPORTANT NOTE

The billing requirements in Chapter 6 and the Swing Bed criteria in Chapter 8, apply only to Medicare.



Test Your Knowledge

Answer each T (true), F (false), M (maybe).

1. A CAH can license all 25 beds as inpatient or swing.
   Answer: _____

2. All patients in a Swing Bed are paid at 101% of cost.
   Answer: _____

3. Regulatory requirements can be found in Appendix W.
   Answer: _____

4. CMS updates regulatory requirements at least annually.
   Answer: _____

5. Patients must be given a choice of physicians and also how to contact their providers including consultants.
   Answer: _____

6. Swing Beds are no longer required to have a formal activities program.
   Answer: _____

7. The ombudsman must be notified at the time of discharge from Swing Bed.
   Answer: _____

8. Criteria for admission to Swing Bed can be found in the Medicare Benefits Manual Chapter 6.
   Answer: _____

9. Third party payors such as Medicaid, Blue Cross, etc. must follow the same admission and continued stay criteria as Medicare.
   Answer: _____

10. Swing Bed Patients no longer need a 3-day qualifying stay under the Public Health Emergency waiver.
    Answer: _____

Citations

1. State Operations Manual Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (Rev. 200, 02-21-20) C-0902 §485.620(a)
2. MLN006951 June 2021
3. MAR 37-964 Emergency Rule Notice regarding waiver of swing beds (mt.gov)
4. State Operations Manual Appendix W (Rev. 200, 02-21-20)
5. State Operations Manual Appendix W (Rev. 200, 02-21-20); C-1046 §485.635(d) Standard: Nursing Services
6. State Operations Manual Appendix W (Rev. 200, 02-21-20); C-1102 §485.638(a) Standard: Records System

Answer Key

1. Maybe
2. False
3. True
4. False
5. True
6. True
7. True
8. False
9. False
10. Maybe

October Issue

Pre-Admission Processes and Understanding Swing Bed Criteria

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