

CORONAVIRUS DISEASE 2019 (COVID-19)

Hospital Operation of Swing Beds (Skilled Nursing Facility)



Audience: Clinicians, Finance, Long-term Care colleagues, TIS

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Expanded Access Waiver

On May 11 CMS announced a waiver that creates the opportunity for hospitals to be reimbursed for care of Covid patients who no longer need acute care, but for whom a post-acute skilled nursing facility (SNF) level of care is indicated but is not available.

The following is the CMS waiver and a summary of the conditions that must be met and steps the hospital needs to take to be able to rely upon the waiver.

Expanded Access to Long-term Care Services

CMS has offered Expanded Ability for Hospitals to Offer Long-term Care Services (“Swing-Beds”) for Patients Who do not Require Acute Care but do Meet the Skilled Nursing Facility (SNF) Level of Care Criteria as Set Forth at 42 CFR 409.31. (New since 4/30 Release) Under section 1135(b)(1) of the Act, CMS is waiving the requirements at 42 CFR 482.58, “*Special Requirements for hospital providers of long-term care services (“swing-beds”)*” subsections (a)(1)-(4) “*Eligibility*”, to allow hospitals to establish SNF swing beds payable under the SNF prospective payment system (PPS) to provide additional options for hospitals with patients who no longer require acute care but are unable to find placement in a SNF.

In order to qualify for this waiver, hospitals must:

- Not use SNF swing beds for acute level care
- Comply with all other hospital conditions of participation and those SNF provisions set out at 42 CFR 482.58(b) to the extent not waived.
- Be consistent with the state’s emergency preparedness or pandemic plan.

Hospitals must call the CMS Medicare Administrative Contractor (MAC) enrollment hotline to add swing bed services. The hospital must attest to CMS that:

- They have made a good faith effort to exhaust all other options;

- There are no skilled nursing facilities within the hospital's catchment area that under normal circumstances would have accepted SNF transfers, but are currently not willing to accept or able to take patients because of the COVID-19 public health emergency (PHE);
- The hospital meets all waiver eligibility requirements; and
- They have a plan to discharge patients as soon as practicable, when a SNF bed becomes available, or when the PHE ends, whichever is earlier.

This waiver applies to all Medicare enrolled hospitals, except psychiatric and long-term care hospitals that need to provide post-hospital SNF level swing-bed services for non-acute care patients in hospitals, so long as the waiver is not inconsistent with the state's emergency preparedness or pandemic plan. The hospital shall not bill for SNF PPS payment using swing beds when patients require acute level care or continued acute care at any time while this waiver is in effect. This waiver is permissible for swing bed admissions during the COVID-19 PHE with an understanding that the hospital must have a plan to discharge swing bed patients as soon as practicable, when a SNF bed becomes available, or when the PHE ends, whichever is earlier.

Actions Needed

The hospital must first determine that there are no SNF facilities in the hospital catchment area that are able to accept discharges, but are declining due to the Covid public health emergency. The hospital also must confirm that the plan is consistent with the state's emergency preparedness or pandemic plan.

To use the waiver the hospital must

- call the CMS Medicare Administrative Contractor (MAC) enrollment hotline to add swing bed services and attest to the requirements outline in the waiver
- identify acute care beds that can be converted and dedicated to the provision of skilled nursing services
- identify staff for the beds and staff to perform assessments and complete the other tasks unique to a skilled nursing facility
- provide SNF services to patients who need a skilled level of care post-discharge. The patients most likely to qualify are patients who need presumptive care.
- Have established a system to document the SNF care appropriately and bill for SNF services.
 - SNF PPS requires completion of the minimum data set (MDS). The MDS is a federally mandated process for clinical assessment of all residents and is a process that entails a comprehensive, standardized assessment of each resident's functional capabilities and health needs and are conducted by trained nursing home clinicians on all patients at admission and discharge, in addition to other time intervals.
 - Completion of the MDS requires the knowledge of someone specially trained to complete the MDS.
 - The MDS must be completed electronically. CMS does provide a federal free application (Raven) that offers the ability to collect MDS assessments in a database and transmit to the National Assessment Collection Database.

- The hospital will need a system that can generate a PDPM HIPPS code that includes five different case-mix adjusted rate components in order to produce an appropriate bill matching the complexity of the patient.

Prior to contacting the local MAC to request to use the waiver the hospital should confirm with system office Integrated Clinical Services and Revenue Excellence that the hospital is able to

- Meet the requirements of the waiver including satisfying the conditions of participation for a SNF that have not been waived;
- Confirm the hospital is set up to "admit" patients as SNF patients and bill SNF services ;
- Establish a discharge plan to discharge SNF patients as soon as practicable when a SNF bed becomes available or the public health emergency ends (whichever is earlier); and
- Confirm that the hospital is able to complete the MDS and generate the appropriate bill.