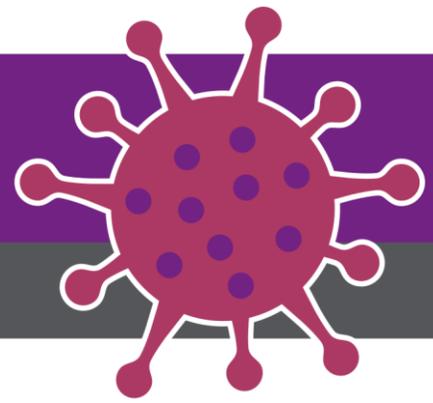


CORONAVIRUS DISEASE 2019 (COVID-19)



Proper Tracking & Reporting of Hospital Beds



Audience: Revenue Excellence – Reimbursement & Revenue Integrity Staff

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What's Changed: CMS issued a Covid waiver to hold hospitals harmless from the negative IME reimbursement impacts of increasing available beds in response to Covid outbreaks.

Proper Tracking & Reporting of Hospital Beds

We appreciate your support as we work Together to ensure the safety of our patients, and community at large

As a result of anticipated increased inpatient utilization in response to COVID-19, hospitals across the country including Trinity Health will be evaluating how they can properly and efficiently provide care to patients. As part of this response, hospitals may be activating nursing units, patient rooms, and additional beds which may have been inactive in recent years.

The Medicare cost report as well as various state Medicaid cost reports require the reporting of available beds and available bed days. It is important that the Reimbursement teams for the various regional health ministries (RHMs) coordinate with their respective Director of Nursing and Director of Plant Operations to document any changes, openings and closings of beds, along with effective dates. This will allow bed days availability to be properly reported on the cost report. This communication / documentation should be completed now and in real time, throughout the crisis. This will accurately capture the information related to such changes, rather than rely a retrospective review during cost report filing time.

- One of the Public Health Emergency (PHE) waivers issued by CMS was to hold teaching hospitals harmless from a reduction in IME payments caused by a temporary increase in the number of available hospital beds to accommodate an expected influx of COVID-19 patients, CMS announced that beds temporarily added during the PHE for COVID-19 will be excluded from the calculations to determine IME payment amounts in accordance with 42 CFR § 412.105(d)(1). Therefore, knowing of and tracking Covid-related bed increases will help to document these temporary bed additions, for exclusion from your cost report available bed days, so that IME reimbursement is not adversely impacted.

In the Medicare cost report instructions for bed days available – Worksheet S-3 Part I, column 3 – it states, "If there is an increase or decrease in the number of beds available during the period, multiply the number of beds available for each part of the cost reporting period by the number of days for which that number of beds was available." This requirement reflects the importance of recording the actual dates that additional beds are available. While accurate reporting, from a compliance standpoint, is important for all hospitals; this is especially significant concerning reimbursement settlement ramifications for teaching hospitals (those with interns & residents) for Indirect Medical Education (IME) payment calculations.

Please seek additional assistance for this issue from System Office Reimbursement resources. If you have any questions related to available beds and bed days available, please contact Ed Coyle or Mike Tomkovich.