

**MEDICAID SWING BED PROGRAM
JANUARY 2017**

Applicable Rules:

Administrative Rules of Montana at 37.40.401-421 pertain to the Medicaid requirements and payments for services in Swing bed hospitals.

Participation Requirements:

- * Be a licensed hospital, licensed medical assistance facility (MAF) or critical access hospital (CAH), which is Medicare certified to provide swing bed services.
- * Enroll as a Medicaid swing bed hospital provider.
- * Have fewer than 50 hospital beds, excluding beds for newborn and intensive care, beds in a distinct part psychiatric or rehabilitation unit, beds in a separately certified nursing facility, and beds that are not consistently utilized by the hospital.
- * Be located in a rural area of the state.

Admission Requirements:

- * Swing beds are to be used only when there is no appropriate nursing facility bed available, within a 25 mile radius of the swing bed hospital or critical access hospital that can meet the resident's needs.
- * Swing bed hospitals and critical access hospitals must canvas all of the nursing facilities within the 25-mile radius to determine the availability of an appropriate nursing facility bed prior to admission of the individual to the swing bed.
- * Swing bed hospital and critical access hospital must include in medical record documentation that supports that no nursing facility bed was available in order to document the appropriateness of the admission into the swing bed and the billing to Medicaid.
- * Medicaid recipient must meet level of care requirements based on screening completed by the Mountain Pacific Quality Health.

Transfer Requirements:

Medicaid recipient must be discharged to an appropriate nursing facility bed within the 25-mile radius of the swing bed hospital/critical access hospital when such bed becomes available.

Waiver of Transfer:

Physician may request in writing a waiver of the 25 mile transfer requirement if;

- * The recipient's condition would be endangered by the transfer to an appropriate nursing facility bed, or
- * The individual has a medical prognosis or terminal condition where by his/her life expectancy is six months or less.
- * Senior and Long Term Care Division evaluate this information and will either approve or deny this request for a waiver in writing to the swing bed hospital.

Medicaid Reimbursement Rate:

Medicaid swing bed hospital per diem rate is the state wide average Medicaid per diem rate paid to all nursing facilities for routine services for the previous calendar year. Rates are computed annually and are the same for each swing bed provider:

FY 2017 (1/1/17-12/31/17)	\$ 170.11	\$174.40 (Direct Care Wage)
FY 2016 (1/1/16-12/31/16)	\$ 166.78	\$171.04 (Direct Care Wage)

Billing:

Swing bed providers bill the per diem rate established by Medicaid on the Form MA-3. Beginning March 4, 2010 swing bed facilities may now bill Montana Medicaid electronically for per diem charges. Services that is included in the swing bed per diem rate and the services that can be billed in addition to the per diem are the same as for nursing facility providers.

Providers:

There are currently 44 Montana facilities enrolled in the Medicaid swing bed program.

Contacts:

For reimbursement rates contact Steve Blazina at 406-444-4129.

For waivers of the transfer requirements contact Beranda Liedle at 406-444-3997.