Kansas Organization of Skilled Care Professionals
Clinical and Nonclinical Strategies in Swing Bed Management

October 8, 2025

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Agenda

- Introductions –Casey Cockrum and Valorie Clouse
- Learning Objectives
- Swing Bed Impact and Integration in the Revenue Cycle
  - Clinical Strategies
  - Non-Clinical Strategies
- Leading Practices
- Case study for Swing Bed Program
- Key Take Aways

Meet the Presenters

Casey Cockrum

Managing Director

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Director

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Learning Objectives

By the end of this session, you will be able to:

- Describe the positive impact a Swing Bed program has on the Revenue Cycle from a Clinical and Non-Clinical perspective
- Explain how to integrate a Swing Bed Program
- Provide the strategic takeaways to support Swing Bed Process Improvement

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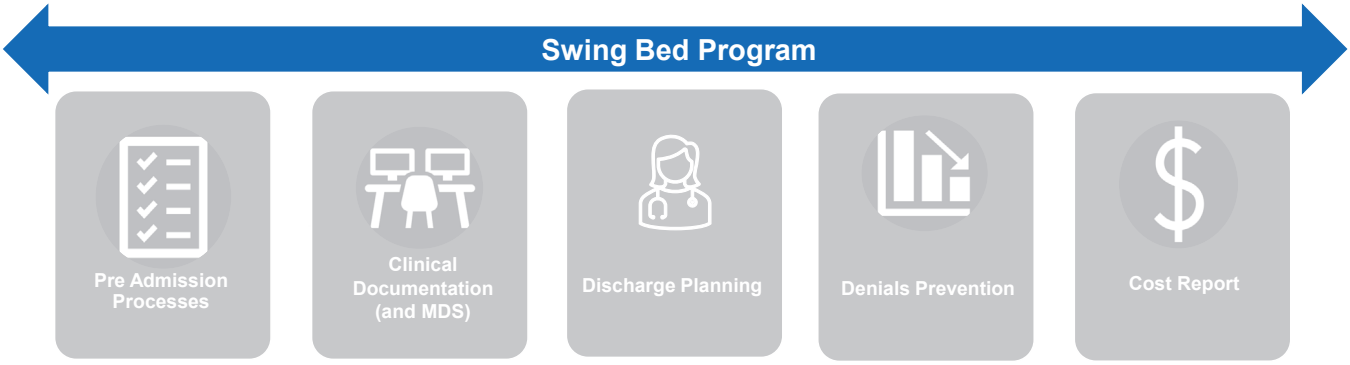
01

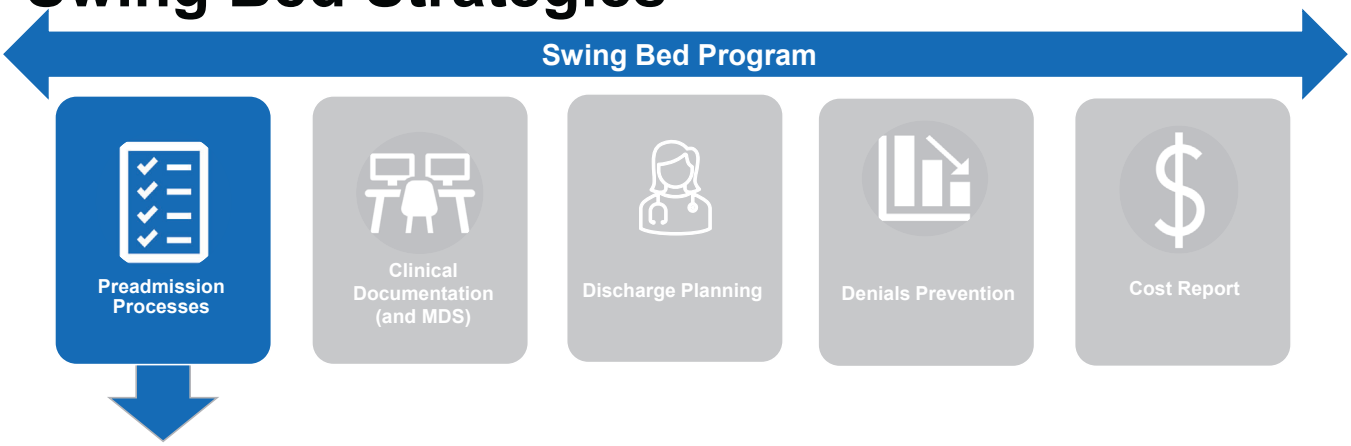
Swing Bed Strategies

Swing Bed Strategies

Swing Bed programs are essential for rural hospitals, offering a flexible way to use existing resources for patients needing skilled nursing or rehabilitation. They help optimize bed utilization, improve patient outcomes, and maximize Medicare reimbursement. Additionally, these programs keep patients within their community, ensuring continuity of care and enhancing patient satisfaction, while supporting the financial stability of rural healthcare institutions.



Swing Bed Strategies

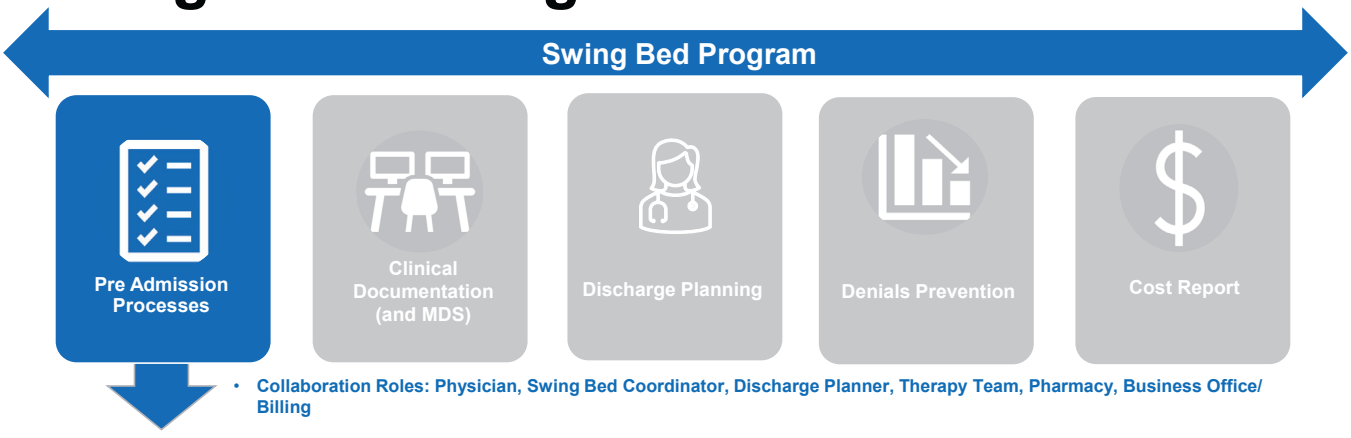


Ownership of the Organization Preadmission Process for Swing Bed

Primary Clinical Owner: Utilization Review Nurse / Case Manager

- **Screens for eligibility** (e.g., 3-day qualifying stay, skilled need, Medicare coverage).
- **Coordinates with acute care team** to identify potential swing bed candidates.
- **Initiates documentation** for transition from acute to swing bed status.
- **Communicates with payers** for authorization (especially for non-Medicare patients).

Swing Bed Strategies

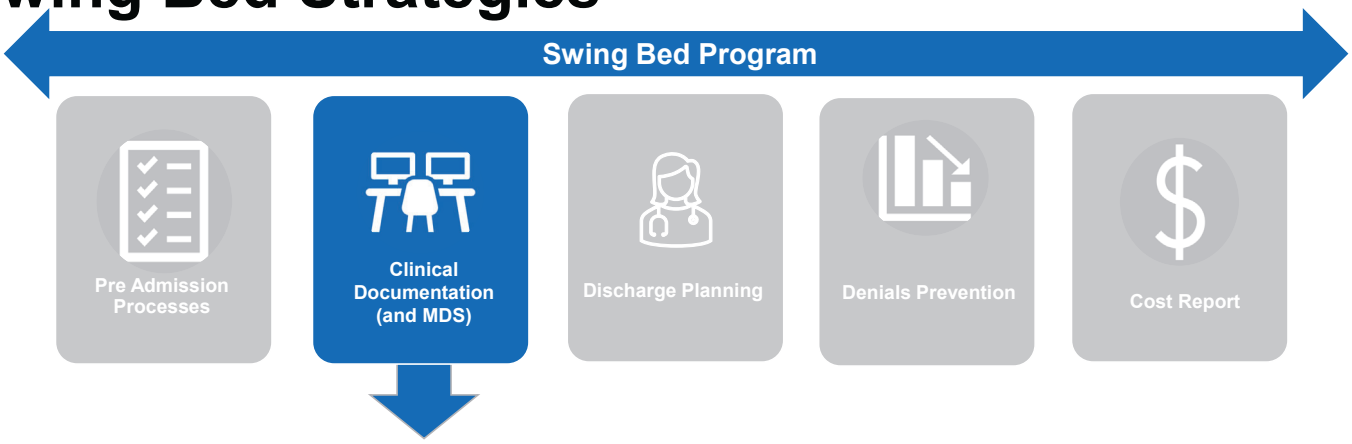


- **Collaboration Roles: Physician, Swing Bed Coordinator, Discharge Planner, Therapy Team, Pharmacy, Business Office/ Billing**

Leading Practice

- **Develop and maintain standardized preadmission protocol that includes:**
- **A checklist for eligibility and documentation**
- **Defined roles and responsibilities**
- **Timelines for assessments and transition**
- **Communication templates for referring facilities and families**

Swing Bed Strategies



Ownership of the Organization Clinical Documentation Process for Swing Bed

Primary Clinical Owner: Nursing Staff (RNs/LPNs)

- **Daily Documentation**:
  - Skilled nursing notes (e.g., wound care, IV therapy, rehab progress)
  - Medication administration records
  - Vital signs and clinical assessments
- **Care Plan Updates**:
  - Reflect changes in condition, goals, and interventions
- **Compliance**:
  - Ensure documentation supports medical necessity and aligns with CMS guidelines

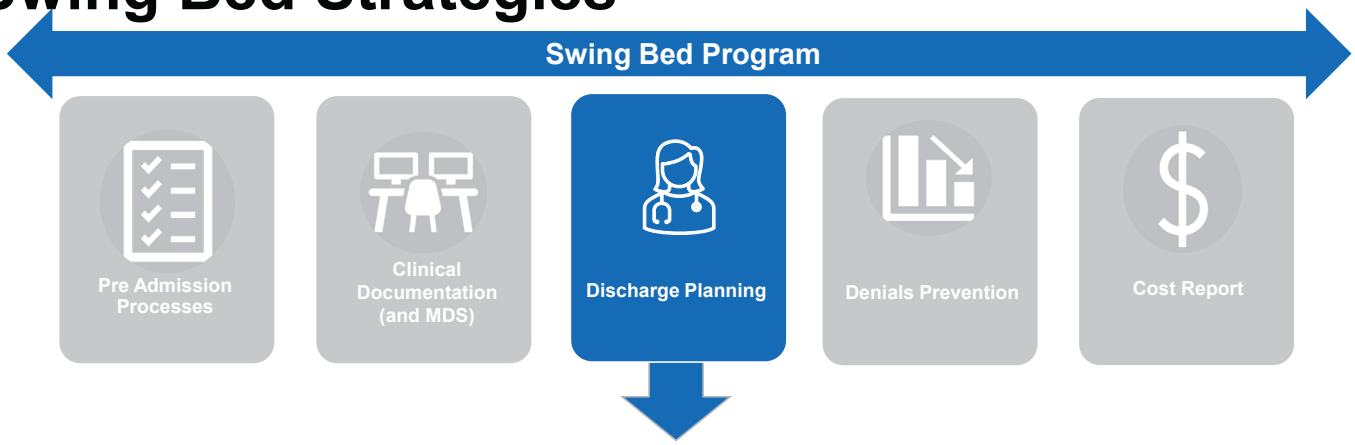
Swing Bed Strategies

- **Owner: Physician, Nursing, Therapy Team, Case Management/ UR Nurse, Discharge Planner, Swing Bed Coordinator**

Leading Practices

- **Centralized Documentation Protocol**:
  - Use EMR templates to standardize entries across disciplines.
- **Interdisciplinary Documentation Huddles**:
  - Weekly reviews to ensure alignment of care plans and progress notes.
- **Real-Time Documentation**:
  - Encourage bedside charting to improve accuracy and timeliness.
- **Audit Feedback Loops**:
  - Share findings from internal audits to improve documentation quality.
- **Training & Competency Checks**:
  - Regular education on CMS swing bed requirements and skilled criteria.

Swing Bed Strategies

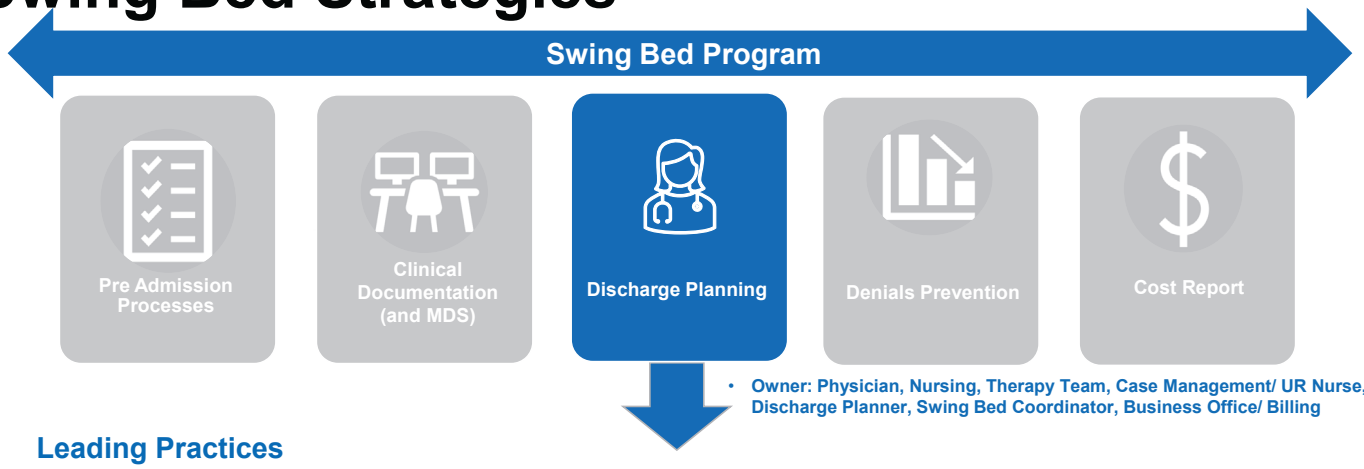


Ownership of the Organization Discharge Planning Process for Swing Bed

Primary Clinical Owner: Case Manager / Discharge Planner

- **Initiates discharge planning** within 48–72 hours of swing bed admission.
- **Coordinates with interdisciplinary team** to set discharge goals.
- **Communicates with patient and family** about discharge options and preferences.
- **Arranges post-discharge services** (e.g., home health, DME, follow-up appointments).
- **Documents discharge plan** in EMR and ensures compliance with CMS guidelines.

Swing Bed Strategies

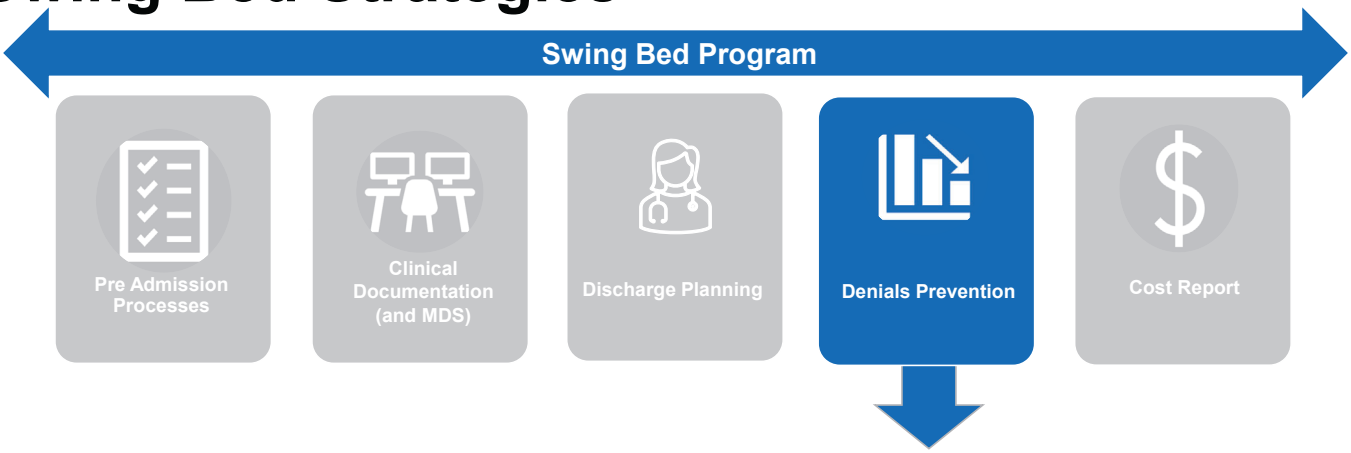


- **Owner: Physician, Nursing, Therapy Team, Case Management/ UR Nurse, Discharge Planner, Swing Bed Coordinator, Business Office/ Billing**

Leading Practices

- **Early Initiation**: Start discharge planning within 48 hours of swing bed admission.
- **Interdisciplinary Meetings**: Hold weekly care conferences to align goals and timelines.
- **Patient-Centered Approach**: Engage patients and families in decision-making.
- **Documentation Consistency**: Use EMR templates to standardize discharge summaries and care plans.
- **Follow-Up Protocols**: Implement post-discharge calls or surveys to monitor outcomes and prevent readmissions.

Swing Bed Strategies

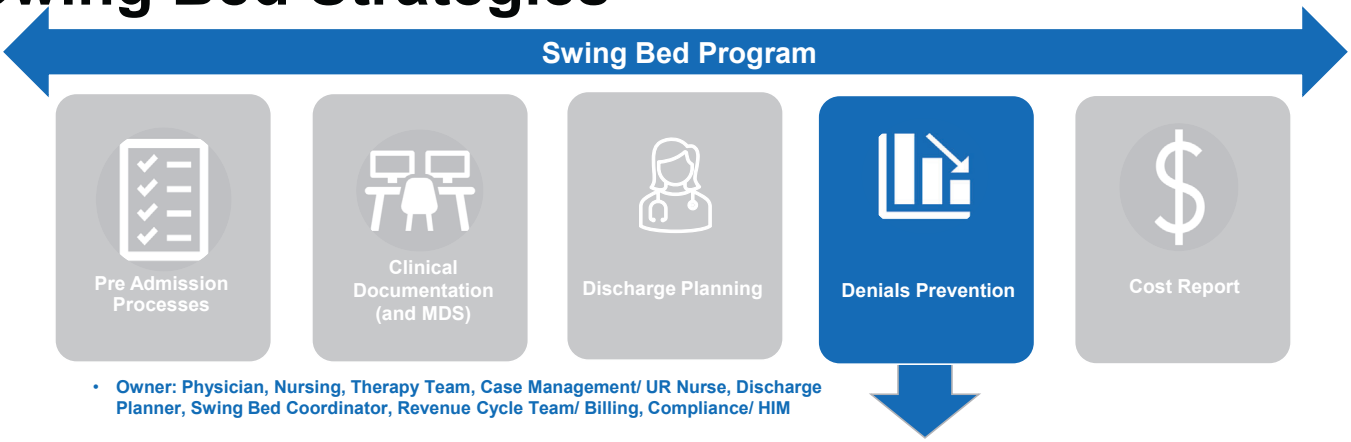


Ownership of the Organization Denials Prevention Process for Swing Bed

Primary Clinical Owner: Utilization Review Nurse/ Case Manager

- **Reviews medical necessity** for swing bed admissions and continued stay.
- **Ensures documentation supports skilled criteria** (e.g., daily skilled nursing or therapy).
- **Tracks payer requirements** and benefit days.
- **Coordinates appeals** for denied claims.
- **Communicates with providers and staff** about documentation gaps.

Swing Bed Strategies



- **Owner: Physician, Nursing, Therapy Team, Case Management/ UR Nurse, Discharge Planner, Swing Bed Coordinator, Revenue Cycle Team/ Billing, Compliance/ HIM**

Leading Practices

- **Real-Time Documentation Review**: UR nurse reviews charts daily to catch gaps before submission.
- **Standardized Templates**: Use EMR templates that prompt for skilled criteria documentation.
- **Interdisciplinary Education**: Train all staff on Medicare guidelines and payer-specific requirements.
- **Denial Tracking System**: Maintain a log of denials with root causes and corrective actions.
- **Appeals Protocol**: Establish a workflow for timely and evidence-based appeals.

Swing Bed Strategies

Ownership of the Organization Cost Report Process for Swing Bed

Primary Clinical Owner: Reimbursement Analyst / Cost Report Preparer

- **Prepares and submits the Medicare cost report** annually.
- **Allocates costs** for swing bed services based on departmental usage and time studies.
- **Ensures compliance** with CMS cost reporting rules for Critical Access Hospitals (CAHs) or PPS hospitals.
- **Tracks swing bed utilization**, including:
  - Total swing bed days
  - Medicare swing bed days
  - Charges and costs associated with swing bed services

Swing Bed Strategies

- **Owner: Revenue Cycle Team/ Billing, Clinical Operations (Nursing, Therapy), HIM, IT/ EMR Support, Compliance**

Leading Practices

- **Maintain Accurate Data Sources**: Use EMR and billing systems to track swing bed days by payor, services, and charges.
- **Time Studies for Cost Allocation**: Conduct periodic time studies to allocate nursing and therapy costs accurately.
- **Collaborate Early**: Engage clinical and billing teams during the cost report preparation—not just at year-end.
- **Audit Readiness**: Keep documentation organized for potential MAC (Medicare Administrative Contractor) reviews.
- **Monitor Reimbursement Trends**: Analyze swing bed profitability and impact on overall cost-based reimbursement.

02
Swing Bed Case Study

Swing Bed Case Study

Overview: The **Swing Bed programs** aim to shorten the distance between healing and home. It allows a small but mighty rural hospital to use beds for either acute or skilled nursing care with Medicare Part A covering post-hospital skilled care services—by reinvigorating the **Swing Bed Program** through processes developed by Forvis Mazars.

Challenges Faced:

- Lack of standardized and workflow processes for UR/CM and Swing Bed Admissions
- Gap in utilization of a screening tool for appropriate swing bed admission
- Limited awareness of swing bed services.
- Inconsistent policies across facilities.
- Difficulty demonstrating program value.

Solutions Implemented:

- Completed a UR/CM Department and Swing Bed Gap analysis with policies and workflow reviews
- Created a **Swing Bed Reinvigoration Plan**
  - Provided a system wide Swing Bed education on the basics to the benefits of Swing Bed
  - Implemented a Swing Bed tracker for referrals, admissions, and other key KPIs

Outcomes:

- Increased Appropriate Admissions & Throughput
- Timely MDS Completion
- Decreased Readmission Rates
- Decreased Denials
- Decreased Avoidable Days

03
Key Takeaways

Key Takeaways

Support for Rural Hospitals:
Swing Bed programs are essential for rural hospitals, offering a flexible way to use existing resources for patients needing skilled nursing or rehabilitation. They help optimize bed utilization, improve patient outcomes, and maximize Medicare reimbursement.

Positive Impact on Revenue Cycle:
Swing Bed programs have a significant positive impact on the revenue cycle from both clinical and non-clinical perspectives.

Integration of Swing Bed Programs:
Effective integration of Swing Bed programs involves preadmission processes, clinical documentation, discharge planning, denials prevention, and cost reporting.

Leading Practices:
Maintaining standardized preadmission protocols, real-time documentation, interdisciplinary documentation huddles, and audit feedback loops.

Case Study Outcomes:
Implementing a Swing Bed program can lead to increased swing bed admissions, timely MDS completion, decreased acute readmission rates, and reduced denials and avoidable days.

Thank You!

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