

CMS proposes cost-reporting instructions implementing COVID-related IME bed counting rules

April 20, 2021

On April 30, 2020, CMS relaxed its bed-counting regulations so that teaching hospitals that temporarily increased their number of available beds to respond to the influx of COVID-19 patients would not experience reductions in IME payment amounts. Specifically, for the duration of the COVID-19 public health emergency (PHE), a hospital's available bed count "is considered to be the same as it was on the day before the COVID-19 PHE was declared." CMS revised § 412.105(d)(1) to exclude "beds temporarily added during the time frame that the Public Health Emergency . . . is in effect."

To implement this policy change, CMS recently requested approval from the Office of Management and Budget (OMB) for certain proposed amendments to the hospital cost reporting form (CMS-2552-10) and its accompanying instructions. Specifically, CMS proposes to add a new line 34 to Worksheet S-3 specifically for COVID-19 PHE bed days. The draft instructions indicate that any temporary expansion of COVID-19 PHE acute care bed days available will in turn be excluded from the calculation of the hospital inpatient bed days available on Worksheet E, Part A, line 4.

Once the updated cost reporting form has gained approval, teaching hospitals that already filed cost reports for portions of 2020 when the PHE was in effect may wish to amend those cost reports to account for any COVID-related bed day increases.

For additional information on other COVID-related GME-related waivers and flexibility, see past GME @ Dentons articles, CMS relaxes Medicare GME-related rules during COVID-19 pandemic and CMS relaxes resident moonlighting rules during COVID-19 emergency. Please do not hesitate to reach out to the GME @ Dentons team during this emergency for any assistance we can provide with respect to your residency programs.

Your Key Contacts



Susan Banks

Partner, Denver

D +1 303 634 4329

susan.banks@dentons.com