



SWING BED SERVICES

Target Audience: Medicare Fee-For-Service Program (also known as Original Medicare)

The Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

Learn about these topics on swing bed services:

- Background
- Requirements that apply to hospitals
- Requirements that apply to Critical Access Hospitals (CAHs)
- Payments
- Resources
- Lists of helpful websites and Regional Office Rural Health Coordinators

When we use “you” in this publication, we are referring to acute care hospitals and CAHs.

BACKGROUND

Hospitals, as defined in [Section 1861\(e\) of the Social Security Act](#), and CAHs with a Medicare provider agreement that includes Centers for Medicare & Medicaid Services (CMS) approval to furnish swing bed services may use their beds as needed to furnish either acute or post-hospital Skilled Nursing Facility (SNF)-level care. Rural hospitals and CAHs with swing bed approval increase Medicare patient access to post-acute SNF-level care. The statute governing Medicare payment requires a 3-day qualifying stay in any hospital or CAH prior to admission to a swing bed in any hospital or CAH, or admission to a SNF. The Medicare patient's swing-bed stay must fall within the same spell of illness as the qualifying stay. This requirement applies only to patients who are Medicare beneficiaries and seek Medicare coverage of their SNF services.

Swing beds do not have to be located in a special section of the hospital or CAH unless the hospital or CAH requires it. Hospitals paid under the Acute Care Hospital Inpatient Prospective Payment System (IPPS) and CAHs with approval to furnish swing bed services may use any acute care inpatient bed within the hospital or CAH for the provision of swing bed services, with the exception of acute care inpatient beds:

- Within their IPPS-excluded rehabilitation or psychiatric distinct part unit
- In an intensive care-type unit
- For newborns

You must document the change in status from acute care to swing-bed status in the patient's medical record. The medical record must include discharge orders changing the patient's status from acute care services, appropriate progress notes, a discharge summary, and subsequent admission orders to swing-bed status regardless of whether the patient stays in the same hospital or CAH or transfers to another hospital or CAH with swing bed approval.

REQUIREMENTS THAT APPLY TO HOSPITALS

To receive, and retain, approval to furnish post-acute SNF-level care via a swing bed agreement, hospitals must:

- Be located in a rural area, which includes all areas that are not delineated as urbanized by the U.S. Census Bureau based on the most recent census for which data is published (an urbanized area does not include an urban cluster)
- Have fewer than 100 beds (excluding beds for newborns and intensive care-type units)
- Have a Medicare provider agreement as a hospital
- Not have had a swing bed approval terminated within the 2 years previous to submission of the current application for swing bed approval (this requirement applies to all swing bed providers, including CAHs)

- Not have had a nursing waiver granted as specified in the “Code of Federal Regulations” (CFR) at [42 CFR 488.54\(c\)](#)
- Be substantially in compliance with these SNF participation requirements as specified at [42 CFR 482.58\(b\)\(1–8\)](#):
 - Residents’ rights
 - Admission, transfer, and discharge rights
 - Freedom from abuse, neglect, and exploitation
 - Patient activities
 - Social services
 - Discharge planning
 - Specialized rehabilitative services
 - Dental services

REQUIREMENTS THAT APPLY TO CAHs

CAHs must be substantially in compliance with these SNF participation requirements as specified at [42 CFR 485.645\(d\)\(1–9\)](#):

- Residents’ rights
- Facility responsibilities
- Admission, transfer, and discharge rights
- Freedom from abuse, neglect, and exploitation
- Patient activities (with exceptions for director of services)
- Social services
- Comprehensive assessment, comprehensive care plan, and discharge planning (with some exceptions)
- Specialized rehabilitative services
- Dental services
- Nutrition

A CAH may maintain no more than 25 inpatient beds. A CAH with Medicare approval to furnish swing bed services may use any of its inpatient beds for either inpatient or SNF-level services. A CAH may also operate a distinct part rehabilitation or psychiatric unit, each with up to 10 beds; however, it may not use a bed within these units for swing bed services.

PAYMENTS

Effective with cost reporting periods beginning on or after July 1, 2002, hospitals offering swing bed services (excluding CAHs) are paid for their SNF-level services under the SNF PPS. The SNF PPS covers all costs (ancillary, routine, and capital) related to covered services furnished to Medicare patients under a Medicare Part A covered SNF stay, with the exception of certain specified services that are separately billable under Part B. For more information about the SNF PPS, visit the [SNF PPS webpage](#) and refer to the [Skilled Nursing Facility Prospective Payment System booklet](#).

Swing bed services offered by CAHs are exempt from the SNF PPS. These CAHs are paid for their SNF-level services based on 101 percent of the reasonable cost of the services. For more information about CAH billing and payment, refer to [Critical Access Hospital](#) and [Medicare Billing Information for Rural Providers and Suppliers](#).

RESOURCES

Swing Bed Services Resources

For More Information About...	Resource
Swing Bed Services	CMS.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html Chapter 8 of the Medicare Benefit Policy Manual (Publication 100-02) Chapter 6 of the Medicare Claims Processing Manual (Publication 100-04)
Code of Federal Regulations	eCFR.gov/cgi-bin/ECFR?page=browse
Compilation of Social Security Laws	SSA.gov/OP_Home/ssact/title18/1800.htm
All Available Medicare Learning Network® (MLN)	MLN Catalog
Medicare Information for Patients	Medicare.gov

Hyperlink Table

Embedded Hyperlink	Complete URL
Section 1861(e) of the Social Security Act	https://www.ssa.gov/OP_Home/ssact/title18/1861.htm#act-1861-e
42 CFR 488.54(c)	https://www.ecfr.gov/cgi-bin/text-idx?SID=efeb9797d1c6ad8aa29113fc0f5bf1fc&mc=true&node=pt42.5.488&rgn=div5#se42.5.488_154
42 CFR 482.58(b)(1–8)	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=efeb9797d1c6ad8aa29113fc0f5bf1fc &mc=true&r =PART&n=pt42.5.482#se42.5.482_158
42 CFR 485.645(d)(1–9)	https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=efeb9797d1c6ad8aa29113fc0f5bf1fc&mc=true&r=PART&n=pt42.5.485#se42.5.485_1645
SNF PPS Webpage	https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFFPS
Skilled Nursing Facility Prospective Payment System Booklet	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243671.html
Critical Access Hospital	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243364.html
Medicare Billing Information for Rural Providers and Suppliers	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243515.html
Chapter 8 of the Medicare Benefit Policy Manual	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08.pdf
Chapter 6 of the Medicare Claims Processing Manual	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c06.pdf
MLN Catalog	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf

HELPFUL WEBSITES

American Hospital Association Rural Health Care

<http://www.aha.org/advocacy-issues/rural>

Critical Access Hospitals Center

<https://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html>

Disproportionate Share Hospitals

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh.html>

Federally Qualified Health Centers Center

<https://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html>

Health Resources and Services Administration

<https://www.hrsa.gov>

Hospital Center

<https://www.cms.gov/Center/Provider-Type/Hospital-Center.html>

Medicare Learning Network®

<http://go.cms.gov/MLNGenInfo>

National Association of Community Health Centers

<http://www.nachc.org>

National Association of Rural Health Clinics

<https://narhc.org>

National Rural Health Association

<https://www.ruralhealthweb.org>

Rural Health Clinics Center

<https://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>

Rural Health Information Hub

<https://www.ruralhealthinfo.org>

Swing Bed Providers

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPSS/SwingBed.html>

Telehealth

<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth>

Telehealth Resource Centers

<https://www.telehealthresourcecenter.org>

U.S. Census Bureau

<https://www.census.gov>

REGIONAL OFFICE RURAL HEALTH COORDINATORS

To find contact information for CMS Regional Office Rural Health Coordinators who provide technical, policy, and operational assistance on rural health issues, refer to [CMS.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf](https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf).

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