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FACT SHEET

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Swing Bed Services



What's changed?

- Added information about covered CAH swing bed services (page 5)

Substantive content changes are in dark red.

Section 1861(e) of the [Social Security Act](#) allows certain small, rural hospitals and critical access hospitals (CAHs) approved to provide swing bed services to use their beds for acute care or post-hospital skilled nursing facility (SNF) care. These rural hospitals and CAHs increase Medicare patient access to post-acute SNF care.

We require a 3-day qualifying inpatient hospital or CAH stay before admitting a patient to a swing bed in any hospital or CAH. The Medicare patient's swing bed stay must normally be within the same spell of illness as the qualifying stay.

Together we can advance health equity and help eliminate health disparities in rural populations. Find these resources and more from the [CMS Office of Minority Health](#):

- [Rural Health](#)
- [Data Stratified by Geography \(Rural/Urban\)](#)
- [Health Equity Technical Assistance Program](#)

Swing Bed Designation

A hospital or CAH doesn't have to keep their swing beds in a special facility section unless the hospital or CAH requires it. Approved swing bed hospitals or CAHs may use any acute care inpatient bed within the facility to provide swing bed services, except the acute care inpatient beds used for:

- Inpatient prospective payment system (IPPS)-excluded rehabilitation or psychiatric distinct part units (DPUs)
- Intensive care-type units
- Newborns

Document acute care discharge and admission to swing bed status in the patient's medical record. The medical record must include:

- Acute care discharge orders, including discharge summary
- Admission orders to swing bed status (whether patient stays in the same hospital or CAH or transfers to an approved swing bed hospital or CAH)
- Appropriate progress notes

Rural Hospital Requirements

To get and retain post-acute swing bed SNF-level care approval, hospitals must:

- Be in a rural area, including all areas not defined as urban by the most recently published U.S. Census Bureau data (an urban cluster area isn't included)
- Have less than 100 beds, excluding beds for newborns and intensive care-type units
- Have a Medicare hospital provider agreement
- Not had swing bed approval terminated within 2 years before application resubmission
- Not had a 24-hour nursing waiver granted under [42 CFR 488.54\(c\)](#)

- Comply with these SNF participation requirements under [42 CFR 482.58\(b\)\(1–7\)](#):
 - Residents' rights
 - Admission, transfer, and discharge rights
 - Freedom from abuse, neglect, and exploitation
 - Social services
 - Discharge summary
 - Specialized rehabilitative services
 - Dental services

CAH Requirements

CAHs must comply with SNF participation requirements under [42 CFR 485.645\(d\)\(1–8\)](#):

- Residents' rights
- Admission, transfer, and discharge rights
- Freedom from abuse, neglect, and exploitation
- Social services
- Comprehensive assessment, comprehensive care plan, and discharge planning (CAHs aren't required to use the Resident Assessment Instrument (RAI) or comply with frequency, scope, and number of assessments) requirements
- Specialized rehabilitative services
- Dental services
- Nutrition

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

Swing Bed Payments

We pay hospitals offering swing bed SNF-level services (excluding CAHs) under the [SNF Prospective Payment System](#) (PPS). The SNF PPS covers all patient-provided services under a Medicare Part A covered SNF stay (ancillary, routine, and capital), except some separately payable Part B services.

We pay CAHs for swing-bed services under Section 1883(a)(3) of the [Social Security Act](#) and [42 CFR 413.114\(a\)\(2\)](#).

We exempt CAH swing bed services from the SNF PPS and pay them based on 101% at reasonable cost of the services. **CAHs may bill for:**

- Bed and board, nursing, and other related services
- Use of CAH facilities
- Medical social services
- Drugs and biologicals
- Supplies, appliances, and equipment for inpatient hospital care and treatment and diagnostic or therapeutic items or services they, or others, provide under arrangement

[Critical Access Hospital](#) and [Rural Providers & Suppliers Billing](#) booklets have more information.

Resources

- [Medicare Benefit Policy Manual, Chapter 8](#)
- [Medicare Claims Processing Manual, Chapters 3, 4, 6, & 19](#)
- [Rural Health Clinics Center](#)
- [State Operations Manual, Appendix A \(for Hospitals\)](#)
- [State Operations Manual, Appendix W \(for CAHs\)](#)
- [Swing Bed Providers](#)

Regional Office Rural Health Coordinators

Get contact information for [CMS Regional Office Rural Health Coordinators](#) who offer technical, policy, and operational help on rural health issues.

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