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FACT SHEET

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Swing Bed Services



What's Changed?

Note: No substantive content updates.

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 normally 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. During the COVID-19 Public Health Emergency (PHE), we waive the 3-day stay and same spell of illness requirements.

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

3-Day Waiver During COVID-19

Section 1812(f) of the [Social Security Act](#) authorizes us to waive the 3-day prior hospitalization requirement for a Medicare SNF coverage stay during the PHE. This gives temporary SNF services emergency coverage without a qualifying hospital stay for patients who experience dislocations or are affected by COVID-19. Find the [List of Blanket Waivers](#) on the [Current Emergencies](#) webpage.

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 ([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 ([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. However, during the PHE, we waive the limit on the number of swing beds and the 96-hour length of stay (LOS). 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. [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](#)
- [State Operations Manual, Appendix A \(for Hospitals\)](#)
- [State Operations Manual, Appendix W \(for CAHs\)](#)
- [Swing Bed Providers](#)

Other Helpful Websites

- [American Hospital Association Rural Health Care](#)
- [CMS Rural Health](#)
- [National Association of Rural Health Clinics](#)
- [National Rural Health Association](#)
- [Rural Health Clinics Center](#)
- [Rural Health Information Hub](#)

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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