Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

This publication provides the following information about swing bed services:

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

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 Skilled Nursing Facility (SNF)-level care.

Rural hospitals and CAHs with swing bed approval increase Medicare patient access to post-acute SNF-level care and maximize the efficiency of operations by meeting unpredictable demands for acute and long-term care.

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 bed within the hospital or CAH for the provision of swing bed services, with the exception of acute care beds:

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

Medicare patients must receive acute care as a hospital or CAH inpatient for a medically necessary stay of at least 3 consecutive calendar days to qualify for coverage of SNF-level services.
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 United States (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); and
- Be substantially in compliance with the following SNF participation requirements as specified at 42 CFR 482.66(b)(1–8):
  - Residents’ rights;
  - Admission, transfer, and discharge rights;
  - Resident behavior and facility practices;
  - Patient activities;
  - Social services;
  - Discharge planning;
  - Specialized rehabilitative services; and
  - Dental services.

REQUIREMENTS THAT APPLY TO CAHS

CAHs must be substantially in compliance with the following SNF participation requirements as specified at 42 CFR 485.645(d)(1–9):

- Residents’ rights;
- Admission, transfer, and discharge rights;
- Resident behavior and facility practices;
- 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; and
- 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 https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS and refer to the Medicare Learning Network® (MLN) publication titled “Skilled Nursing Facility Prospective Payment System” on the CMS website.
CAHs that offer swing bed services 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 two MLN publications: “Critical Access Hospital” and “Medicare Billing Information for Rural Providers and Suppliers” on the CMS website.

RESOURCES

The chart below provides swing bed services resource information.

### Swing Bed Services Resources

<table>
<thead>
<tr>
<th>For More Information About…</th>
<th>Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>Swing Bed Services</td>
<td><a href="https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html">https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/SwingBed.html</a> on the CMS website</td>
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<tr>
<td></td>
<td>Chapter 8 of the “Medicare Benefit Policy Manual” (Publication 100-02) on the CMS website</td>
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<td></td>
<td>Chapter 6 of the “Medicare Claims Processing Manual” (Publication 100-04) on the CMS website</td>
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<tr>
<td>All Available MLN Products</td>
<td>“MLN Catalog” on the CMS website</td>
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<tr>
<td>Provider-Specific Medicare Information</td>
<td>MLN publication titled “MLN Guided Pathways: Provider Specific Medicare Resources” on the CMS website</td>
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<tr>
<td>Medicare Information for Patients</td>
<td><a href="https://www.medicare.gov">https://www.medicare.gov</a> on the CMS website</td>
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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
http://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
http://narhc.org

National Rural Health Association
http://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/SNFPPS/SwingBed.html

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

U.S. Census Bureau
http://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 https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/Downloads/CMSRuralHealthCoordinators.pdf on the CMS website.


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