



## Swing Bed Services



## What's Changed?

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- Added information on temporary emergency coverage for SNFs without qualifying hospital stay due to COVID-19 Public Health Emergency (PHE) and the same spell of illness
- Information on waiving limitation on number of swing beds (25) and 96-hour Length of Stay (LOS) during COVID-19 PHE

You'll find substantive content updates in dark red font.

## Introduction

Hospitals, defined in [SSA Section 1861\(e\)](#), and Critical Access Hospitals (CAHs) approved to provide swing bed services may 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.

Medicare normally requires a 3-day qualifying inpatient hospital or CAH stay before admitting a patient to a swing bed in any hospital or CAH, or admission to a SNF. Also, the Medicare patient's swing bed stay must normally be within the same spell of illness as the qualifying stay. **However, during the COVID-19 PHE, CMS waives the 3-day stay and the same spell of illness requirement.**

## Background

A hospital or CAH doesn't have to locate 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 hospital or CAH 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 same hospital or CAH or transfers to an approved swing bed hospital or CAH)
- Appropriate progress notes

### 3-Day Waiver During COVID-19 Public Health Emergency

CMS authorized [SSA Section 1812\(f\)](#) to waive the 3-day prior hospitalization requirement for a Medicare SNF coverage stay. 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.

## Hospital Requirements

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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 most recent, 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 Medicare hospital provider agreement
- Not have had swing bed approval termed within 2 years before application resubmission
- Not have had 24-hour nursing waiver granted under [42 CFR Section 488.54\(c\)](#)
- Comply with these ([42 CFR Section 482.58\(b\)\(1–7\)](#)) SNF participation requirements:
  - Residents' rights
  - Admission, transfer, and discharge rights
  - Freedom from abuse, neglect, and exploitation
  - Patient activities
  - Social services
  - Discharge planning
  - Specialized rehabilitative services
  - Dental services

## CAH Requirements

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

- Residents' rights
- Admission, transfer, and discharge rights
- Freedom from abuse, neglect, and exploitation
- Patient activities
- Social services
- Comprehensive assessment, comprehensive care plan, and discharge planning (CAHs aren't required to use 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 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.

## Payments

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Medicare pays 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.

Medicare exempts CAH swing bed services from the SNF PPS and pays them based on 101% of reasonable cost of the services. Find more information in the [Critical Access Hospital](#) and [Rural Providers & Suppliers Billing](#) booklets.

## Resources

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- [Medicare Benefit Policy Manual, Chapter 8](#)
- [Medicare Claims Processing Manual, Chapter 6](#)
- [State Operations Manual Appendix A \(for Hospitals\)](#)
- [State Operations Manual Appendix W \(for CAHs\)](#)
- [Swing Bed Providers](#)

## Rural Providers 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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