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## Hospital Swing Beds

**Background:** Hospital Swing Beds are beds used by hospitals or Critical Access Hospitals (CAHs) to serve individuals needing the type of care generally provided at a Skilled Nursing Facility (SNF) when the hospital beds are not needed for acute care patients. “Swing-bed” is a reimbursement term that means the care and Medicare reimbursement rate “swings” from acute care to post-acute SNF care. A “swing-bed hospital” means an acute care hospital or CAH participating in Medicare has an approval from the Centers for Medicare & Medicaid Services (CMS) to provide post-acute skilled nursing care.

**Certification and Regulation:** The Health Facility Licensing & Certification Program (HFLC) within OHA’s Health Care Regulation & Quality Improvement Section is responsible for evaluating and certifying each participating hospital or CAH for compliance with the Medicare swing-bed requirements. CMS has the final approval for swing bed authorization and reimbursement.

If the swing-beds are voluntarily terminated or terminated by CMS, that action does not affect the continuing operation of the provider as a CMS certified hospital or CAH; it terminates the approval to operate and receive reimbursement for the swing-beds only.

**Eligibility:** The eligibility requirements for swing-beds are found in in the CMS State Operations Manual.

Hospitals - CMS Condition of Participation: §482.58 Special requirements for hospital providers of long-term care series (“swing-beds”). The hospital eligibility requirements generally state that a hospital must:

- Have a Medicare provider agreement.
- Have fewer than 100 hospital beds, excluding beds for IPPS-excluded rehabilitation or psychiatric distinct part units (DPUs), newborns, and beds in intensive care type inpatient units.
- Be located in a rural area, as determined by CMS.

- Not have in effect a 24-hour nursing waiver.
- Not have had a swing-bed approval terminated within two years preceding application.

CAHs – CMS Condition of Participation: 42 CFR §485.645 Special Requirements for CAH Providers of Long-Term Care Services (“Swing-Beds”). The CAH eligibility requirements generally state that a CAH must:

- Have or be applying for a Medicare provider agreement.
- Be certified as a CAH by CMS.
- Not provide more than 25 inpatient beds. (This excludes any bed that is part of a licensed distinct-part SNF at the time of application.)

**Bed Location:** A hospital or CAH does not have to locate their swing-beds in a special section of the facility unless the hospital or CAH requires it. The hospital or CAH may use any acute care inpatient bed within the hospital or CAH to provide swing bed services, except the acute care inpatient beds that are used for:

- IPPS-excluded rehabilitation or psychiatric distinct part units (DPUs)
- Intensive care-type units (these beds could be used for swing services in a CAH)
- Newborns

**Patient Care Requirements:** The hospital or CAH must also comply with these additional SNF participation requirements as listed 42 CFR Part 483 Requirements for States and Long-Term Care Facilities:

- Residents’ rights
- Admission, transfer, and discharge rights
- Freedom from abuse, neglect, and exploitation
- Social services
- Comprehensive assessment  
Note: A CAH is SNF PPS exempt and is not required to use the resident assessment instrument (RAI) specified by the State or to comply with the requirements for frequency, scope, and number of assessments.
- Comprehensive care plan
- Discharge planning
- Specialized rehabilitative services
- Dental services
- Nutrition for assisted nutrition and hydration
- Patient Activities Program

**Admissions:** There are additional requirements to be aware of when admitting patients to a swing bed.

- To qualify for Skilled Nursing Facility (SNF) extended care services coverage, Medicare beneficiaries must meet the “3-day rule” before SNF admission. The 3-

day rule requires the beneficiary to have a medically necessary 3-day-consecutive inpatient hospital stay and does not include the day of discharge, or any pre-admission time spent in the emergency room (ER) or in outpatient observation in the 3-day count.

- The Medicare patient's swing-bed stay must be within the same spell of illness as the qualifying stay. There is no length of stay restriction for a swing-bed patient in a hospital or CAH.
- A physician's order is required to admit the patient to a swing-bed because the patient is being discharged from acute care status and admitted to post-acute SNF-level care.
- Acute care discharge orders including a discharge summary is required prior to swing-bed admission.

For more information on Swing-Beds visit the [CMS Swing-Bed Provider page](#).

If you need this information in an alternate format, please call our office at (971) 673-0540 or TTY 711.