



## Rural Emergency Hospitals

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July 27, 2021

CAHs and small rural hospitals may convert to rural emergency hospitals (REHs) and furnish rural emergency hospital services for Medicare payment beginning on January 1, 2023. Click [here](#) for the OPPS proposed rule - see pages 665-677.

### REH

This new provider category will provide emergency department services, observation care and, at the election of the REH, other medical and health services on an outpatient basis, as specified through rulemaking. REHs may not provide acute care inpatient services (other than post-hospital extended care services furnished in a distinct part unit licensed as a SNF). The REH will be required to have a staffed emergency department 24 hours a day, 7 days a week, with staffing requirements similar to those for CAHs.

### Payment

An REH will receive a 5 percent increase over the payment rate the provider would otherwise receive through the OPPS and an additional facility payment to be paid in twelve monthly installments. (see page 669 for calculation of the facility payment).

### Stakeholder Input Requested

CMS has raised numerous questions in the following categories:

- Type and Scope of Services Offered
  - What are barriers and challenges to delivering ED services?
  - Should virtual or telehealth services be allowed
- Health and Safety Standards, Including Licensure and CoP
  - Which ED services should be mandated?
- Health Equity
  - How can it be advanced through the care and discharge planning process?
- Collaboration and Care Coordination
- Quality Measurement
- Payment Provisions
- Enrollment Process

Comments are due within sixty days of publication in the Federal Register – likely around September 19.

