



CMS Final OPPS Rule – Includes REH Payment Information & CAH CoPs

November 2, 2022

CMS released the final rule for the Outpatient Prospective Payment System (OPPS) yesterday. Click [here](#) for the final rule, [here](#) for a CMS fact sheet and [here](#) for a CMS Fact Sheet on the new Rural Emergency Hospital (REH) provider type.

The REH provider type is effective January 1, 2023. CAHs or rural hospitals with no more than 50 beds that were participating in Medicare at the time the legislation was enacted (12/27/20) may apply to convert and enroll in Medicare as a REH. REHs will be paid for furnishing REH services at a rate that is equal to the OPPS payment rate, for the equivalent covered outpatient department services, increased by 5 percent. REHs may provide outpatient services that are not otherwise paid under the OPPS (such as services paid under the Clinical Lab Fee Schedule), as well as post-hospital extended care services, furnished in a unit of the facility that is a distinct part of the facility licensed as a skilled nursing facility – these services will be paid under the applicable fee schedule only and will not receive an additional 5% increase. REHs will also receive a monthly facility payment of approximately \$272,866 for CY 2023. In future years this facility payment would increase by the hospital market basket. The final rule also includes REH CoPs.

CMS also included some changes to the CAH CoPs that were proposed in a separate proposed rule (click [here](#)) that the CAH Coalition commented on in August (click [here](#)). Notably, the proposed changes to the distance requirements and the review procedure for determining distance are not included in the final rule. The changes to CAH CoPs located on pages 1597-1602, include:

- Patient's rights – requires CAHs to notify patients of their rights and how to file a grievance
- Confidentiality of Patient Records – patient's right to access information
- Restraint and Seclusion – written policies and procedures; requesting additional comments on burdens
- Death Reporting Requirements – requires facilities to report the death of a resident association with seclusion or restraint to the CMS regional office.

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