

Rural Emergency Hospitals

What is a Rural Emergency Hospital?

Rural Emergency Hospital is a Medicare designation given to rural facilities designed to maintain access to essential emergency and outpatient hospital services within communities that cannot sustain inpatient hospital operations.

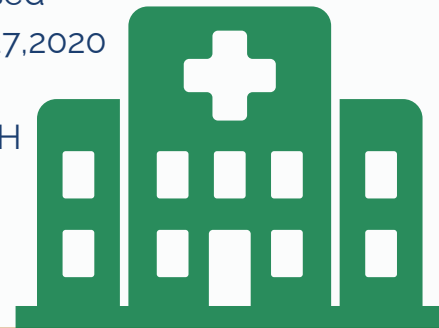
REH Service Requirements

- 24-Hour emergency & observation services
- Laboratory services
- Diagnostic radiologic services
- Discharge planning
- Pharmacy
- Additional outpatient & telehealth services



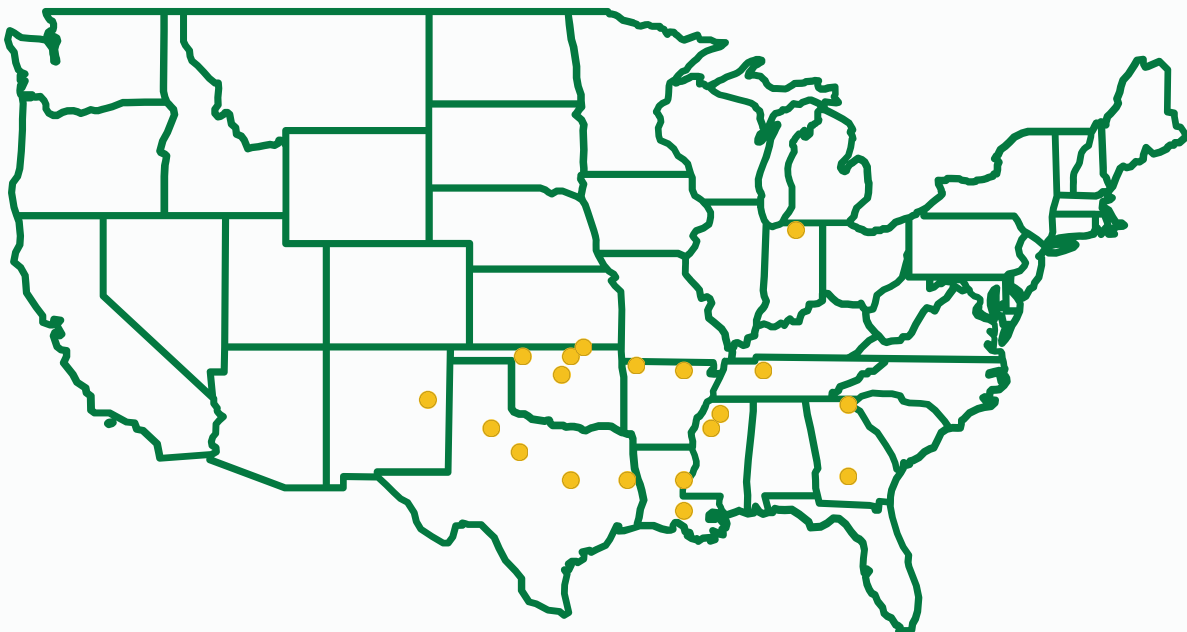
Facilities Eligible for REH Status

- Critical Access Hospitals and rural PPS hospitals with fewer than 50 beds that were in operation on December 27, 2020.
- Facilities that closed after December 27, 2020 are eligible to re-open as an REH if they meet REH Conditions of Participation.



Map of Rural Emergency Hospitals

19 hospitals have converted to a Rural Emergency Hospital as of January 2024



NRHA Proposed Legislative Fix for

Eligibility

REH 2.0

Other Facility Types

Allow providers that furnish REH services, such as Frontier Extended Stay Clinics, and existing converted outpatient campus hospitals to convert to REH status.

Reclassification Date

Remove the reclassification date requirement or open to a prospective date for reclassification for hospitals designated as rural by their state, but not under 42 C.F.R 412.103.

Closed Facilities Eligible

Allow hospitals that closed prior to December 27, 2020 to convert to REH, using 2015 as a retroactive time frame.

Services

Swing Beds

Allow REHs to maintain swing bed services to retain access to post-acute care for REHs not able to operate a distinct part SNF unit.

Inpatient Psychiatric DPUs

Allow REHs to have inpatient psychiatric distinct part units to allow existing inpatient psychiatric units to continue providing needed access to behavioral health care.

Payment

Apply 5% add-on payment to **services paid under other fee schedules such as Clinical Laboratory and Physician Fee Schedules.**

Allow REHs to be eligible for the 340B Drug Pricing Program.

REHs should be added to the 340B statute or rural hospitals already participating in 340B should be grandfathered in upon conversion.

Include REHs as eligible facilities to receive support under the **Small Rural Hospital Improvement Program.**

