

# Rural Emergency Hospitals

Rural Emergency Hospitals (REHs) are a new provider type established by the Consolidated Appropriations Act, 2021, to address concerns over rural hospital closures and provide rural hospitals a potential alternative to closure. REHs provide emergency and certain outpatient medical and health services to patients that generally stay less than 24 hours.

**As of January 1, 2023, Medicare pays REHs an additional 5% over the Hospital Outpatient Prospective Payment System (OPPS) rate to deliver REH services, including emergency hospital, observation, and other outpatient services to Medicare patients.**

Medicare-covered REH services include all covered outpatient department services required or elected to be provided by the REH, including relevant radiology, laboratory, outpatient rehabilitation, surgical, maternal health, and behavioral health. Copayments for REH services are based on the standard OPPS rate (excluding the 5% increase).

## Apply to be a REH

Eligible CAHs and small rural hospitals can apply to enroll as an REH to provide REH services. There's no application fee. Termination of the existing CAH or rural hospital enrollment will take effect after the request for REH enrollment is approved.

To convert to an REH, submit a change of information online via Medicare's Provider Enrollment, Chain, and Ownership System (PECOS) or a paper CMS-855A application to your Medicare Administrative Contractor (MAC) and follow instructions for providing the additional information. **Get REH Medicare Provider Instructions to become an REH.**

The Health Resources and Services Administration (HRSA's) **REH Technical Assistance Center** can help your facility decide whether an REH is the best care model for your community and provide support to help successfully convert to this new provider type.

Go to [the CMS webpage for Rural Emergency Hospitals for more information and links to other REH specific resources.](#)



## What facilities qualify to be a REH?

Congress established the following requirements that a facility must meet to qualify as an REH:

- Enrolled in Medicare\*; and
- Operating as a Critical Access Hospital (CAH) as of December 27, 2020; or
- Operating as a small rural acute care, tribally operated, or Indian Health hospitals with no more than 50 certified beds as of December 27, 2020, and either located in a rural county (or equivalent local unit), using the Metropolitan Statistical Areas defined by the Office of Management and Budget, or treated as being located in a rural area.

*\*Eligible facilities that were enrolled as of December 27, 2020, but that closed after such date, can still qualify if they re-enroll in Medicare and meet all applicable REH requirements*

Once enrolled as an REH, a facility must meet the following requirements:

- Must not exceed an annual per patient average length of stay of 24 hours of services
- Must meet the specified **REH Conditions of Participation** (CoPs)
- Must meet staff training and personnel requirements, which include:
  1. A staffed emergency department 24 hours a day, 7 days a week, with staffing requirements like those for critical access hospitals (CAHs)
  2. A physician, as defined in Section 1861(r) (1) of the Social Security Act (the Act), nurse practitioner, clinical nurse specialist, or physician assistant, as those terms are defined in Section 1861(aa)(5) of the Act, available to provide rural emergency hospital services in the facility 24 hours a day.
- Must have a transfer agreement in effect with a Medicare-certified Level I or Level II trauma center
- Must not provide, starting as of the date of enrollment as an REH, any inpatient services, except those delivered in a distinct part unit licensed as a skilled nursing facility (SNF)