36TH ANNUAL AHA RURAL HEALTH CARE | LEADERSHIP CONFERENCE

FEBRUARY 19-22, 2023 | SAN ANTONIO, TX

JW MARRIOTT SAN ANTONIO HILL COUNTRY

American Hospital Association™

Advancing Health in America

AHA Events

Rural Emergency Hospitals

Governor Jeff Colyer

Emily Cook

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Agenda

- Background and history
- Overview of the REH provider type
- Technical Assistance
- Questions and Discussion

Origins of the REH Provider Type

- 30 years of work towards viable rural health care delivery models
  - Sole Community Hospitals in 1983 to Critical Access Hospitals in 1997
- Increasing Rural Hospital Closures
  - 141 rural hospitals have closed since January 2010
- Recognizing the need for other options besides full-service hospitals
- Option between acute care hospital and complete closure

National Advisory Committee for Rural Health and Human Services – REH Brief

National Advisory Committee on Rural Health and Human Services (NACRHHS)

- Examines issues affecting health and well-being of rural Americans and makes recommendations to the HHS Secretary on policy or regulatory matters for the Department
- 2021 Report on Rural Emergency Hospitals recommendations enacted:
  - Flexibility in 24-hour length of stay
  - Calculation of the Additional Facility Payment
  - Flexibility in transfer agreements Level I or II trauma centers and allowing other transfers as clinically indicated
  - Flexible staffing across the various clinical parts of an REH

REH ELIGIBILITY

- REHs met the following conditions as of December 27, 2020
  - Licensed as a CAH or rural hospital with not more than 50 beds
  - Enrolled in Medicare
  - Located in a rural area or reclassified as rural for Medicare payment purposes
- Facilities that closed prior to December 27, 2020 are not eligible for REH
- Facilities that are/were not CAHs or hospitals are not eligible for REH
- Required to operate under applicable state or local licensure laws
  - May impose more stringent requirements than CMS
  - Not all states have licensure categories that will accommodate REHs

REH PAYMENTS

- Medicare payments made at the OPPS rate, plus a 5% add-on
- Fixed monthly payment
  - Calculated by reference to 2019 payments to CAHs
  - CMS estimates add-on payment for 2023 will be $272,866
  - Monthly payment amount for future years based on 2023 payment, increased by the hospital market basket percentage increase

REH PROVIDER TYPE

- REH Requirements:
  - No acute care inpatient services
  - Annual per patient length of stay of 24 hours or less
  - Transfer agreement with a Level 1 or II trauma center
  - Maintain a staffed emergency department 24/7
    - Staffed by a physician, nurse practitioner, clinical nurse specialist or physician assistant immediately available to provide emergency services in the facility
  - Meet new REH CoPs

REH SERVICES

Required Services	Optional Services
Emergency	Outpatient services consistent with the needs of the community
Laboratory	Maternal Health
Radiology/Imaging	Behavioral Health/Substance Use Disorder
Pharmacy	Surgical services
	Outpatient rehabilitation

INCLUSIONS AND EXCLUSIONS

Available Under REH Model	Not Available Under REH Model
Distinct Part Skilled Nursing Unit	Distinct Part Psych Unit
Rural Health Clinic	Distinct Part Rehab Unit
Off-Campus Outpatient Departments	Acute Inpatient Services (including Swing Beds)
	340B Program Participation

Federal Office of Rural Health Policy (FORHP): REH Activities

Research Projects

- Characteristics of Rural Hospitals Eligible for Conversion to REH and Three Hospitals Considering Conversion
- Small Rural Hospitals with Low-Volume Emergency Departments that May Convert to a Rural Emergency Hospital (REH)
- Key Considerations for a Rural Hospital Assessing Conversion to Rural Emergency Hospital

Technical Assistance

- Consolidated Appropriations Act FY 2022 - $5 million
- FY2023 -- $5 million

FORHP Three Prong Approach to REH Technical Assistance

1. National Technical Assistance Center
   - Rural Health Redesign Center: https://www.rhrco.org/reh-tac ; REHSupport@rhrco.org
   - Resources for broad dissemination; 1:1 assistance throughout the process of conversion
2. Supplement to Medicare Rural Hospital Flex Grantees
   - Outreach and education
3. Supplement to HRSA partners
   - National Conference of State Legislators:
     - Tracking state activity on establishing laws on REH licensure: https://www.ncsl.org/research/health/rural-emergency-hospitals.aspx
   - National Academy for State Health Policy
     - Developing model licensing language
     - https://www.nashp.org/medicares-new-rural-emergency-hospital-designation-considerations-for-states/

Rural Emergency Hospital

REH

Technical Assistance Center

A Rural Health Redesign Center Program

Funded by the Health Resources & Services Administration

Technical Assistance for REH Consideration

Work of the REH-TAC is funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services

RHRC

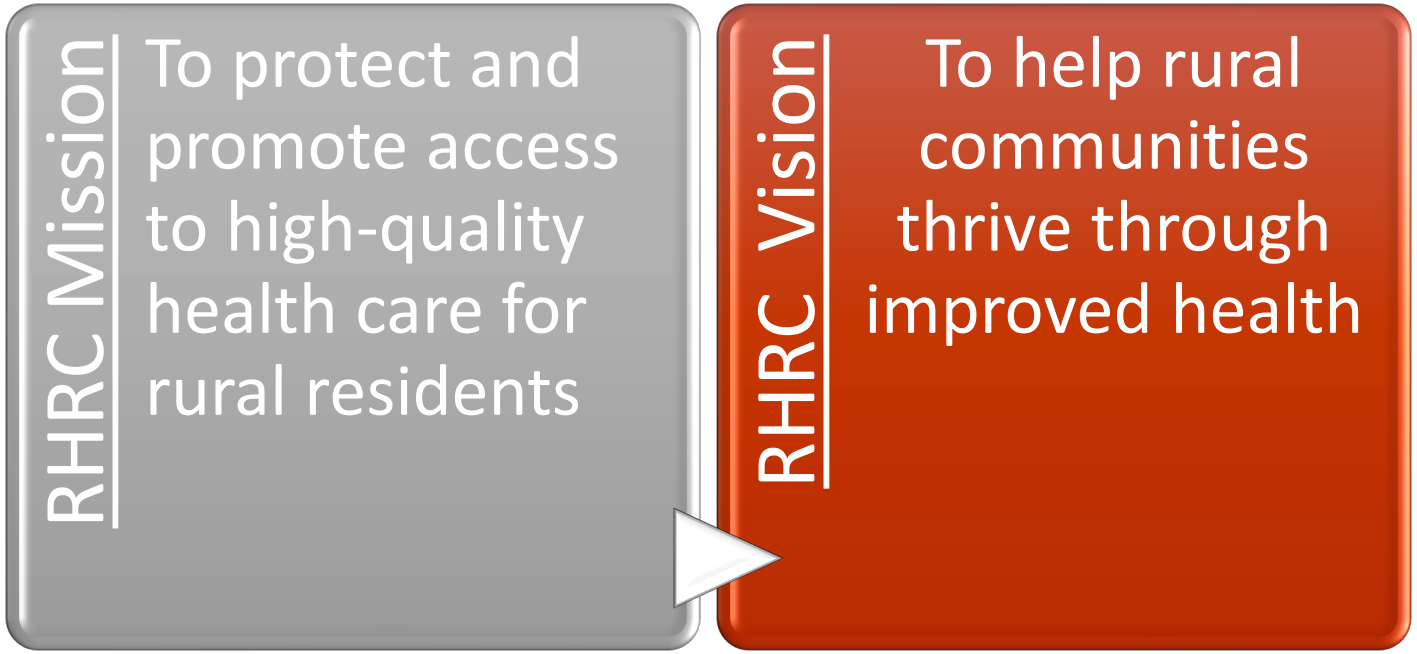
RURAL HEALTH REDESIGN CENTER

Goals for the day:

- Introduce the RHRCO as an organization
- Explain the TA Services we offer and our approach
- Provide a timeline of activities
- Provide insights into REH-TAC engagement to date
- Answer Questions

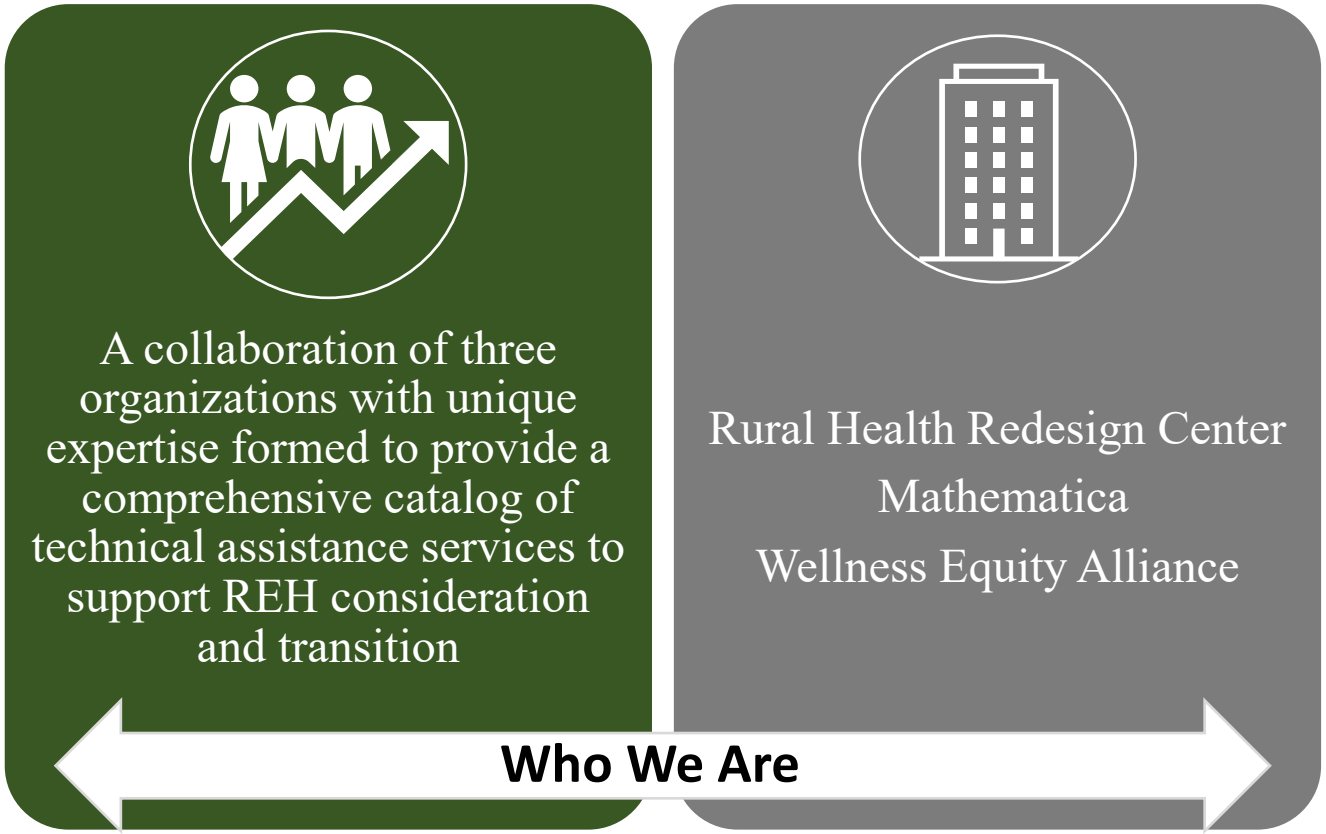
RURAL HEALTH REDESIGN CENTER

The Rural Health Redesign Center Organization (RHRCO) was established in May of 2020 for the purpose of advancing rural health care both within Pennsylvania and beyond. It operates as a 501(c)3, not-for-profit organization.



RHRC
RURAL HEALTH REDESIGN CENTER

Rural Health Redesign Center: REH Technical Assistance Center



Leveraging collective experience and a commitment to improving the lives within rural communities, we are equipped to provide thorough technical assistance in alignment with the terms of our cooperative agreement with the Health Services and Resources Administration (HRSA).

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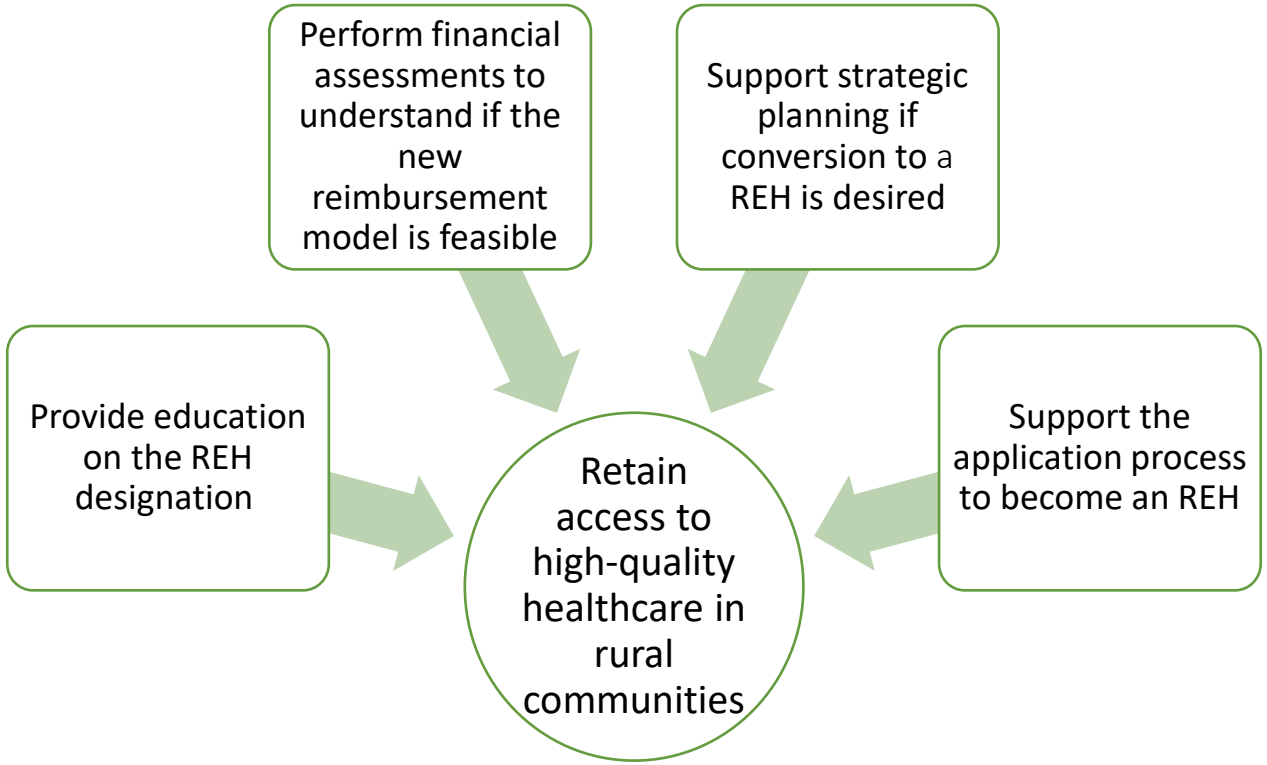
Rural Health Redesign Center: REH Technical Assistance Center

TA Services Provided (to the Serious versus the Curious)



The overarching goal is to provide TA to at risk organizations that may not have the resources to identify if REH is in the best interest of their communities

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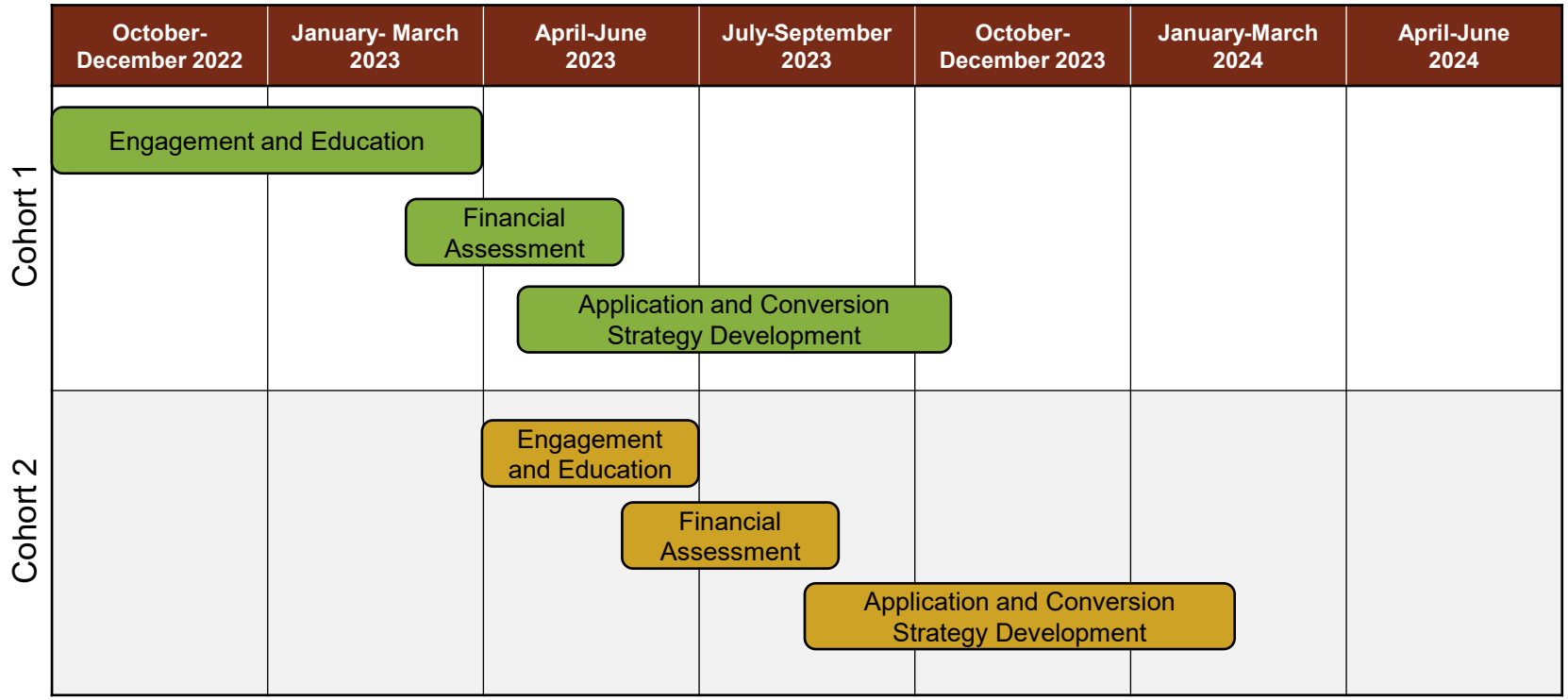
Rural Health Redesign Center: REH Technical Assistance Center

RHRC
RURAL HEALTH REDESIGN CENTER

Enrollment and Engagement Timeline

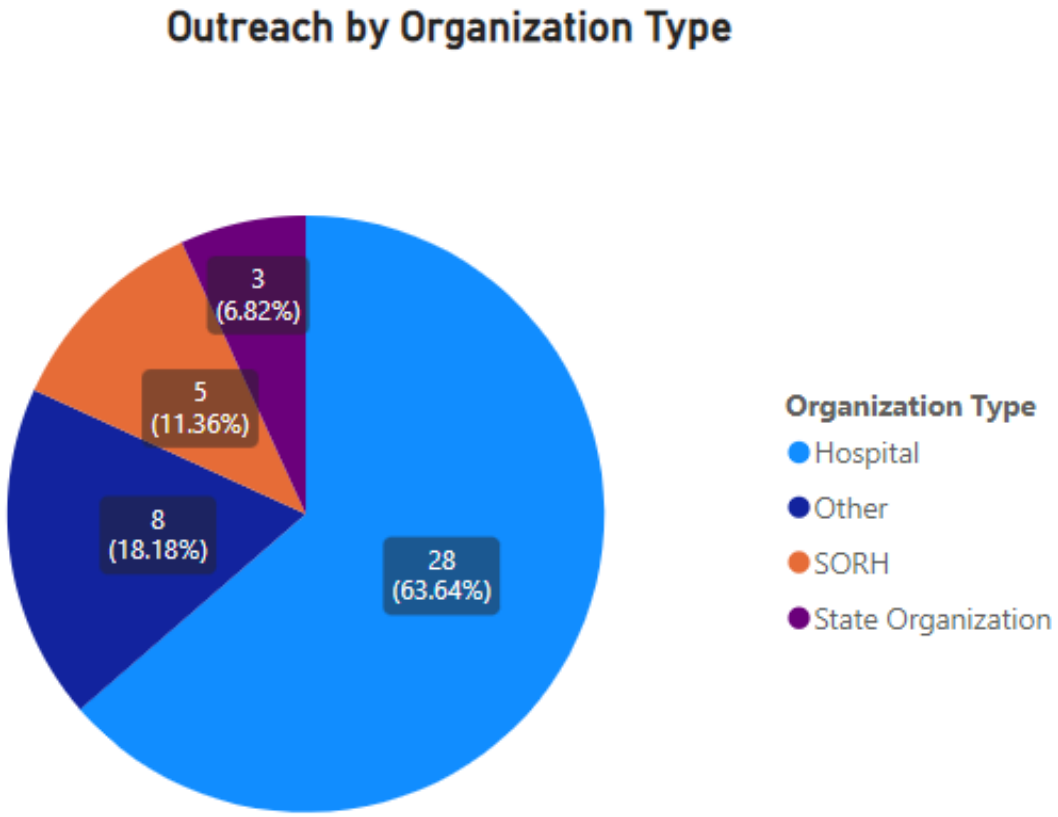
(Cohorts 1 and 2)



Mathematica

RHRC RURAL HEALTH REDESIGN CENTER

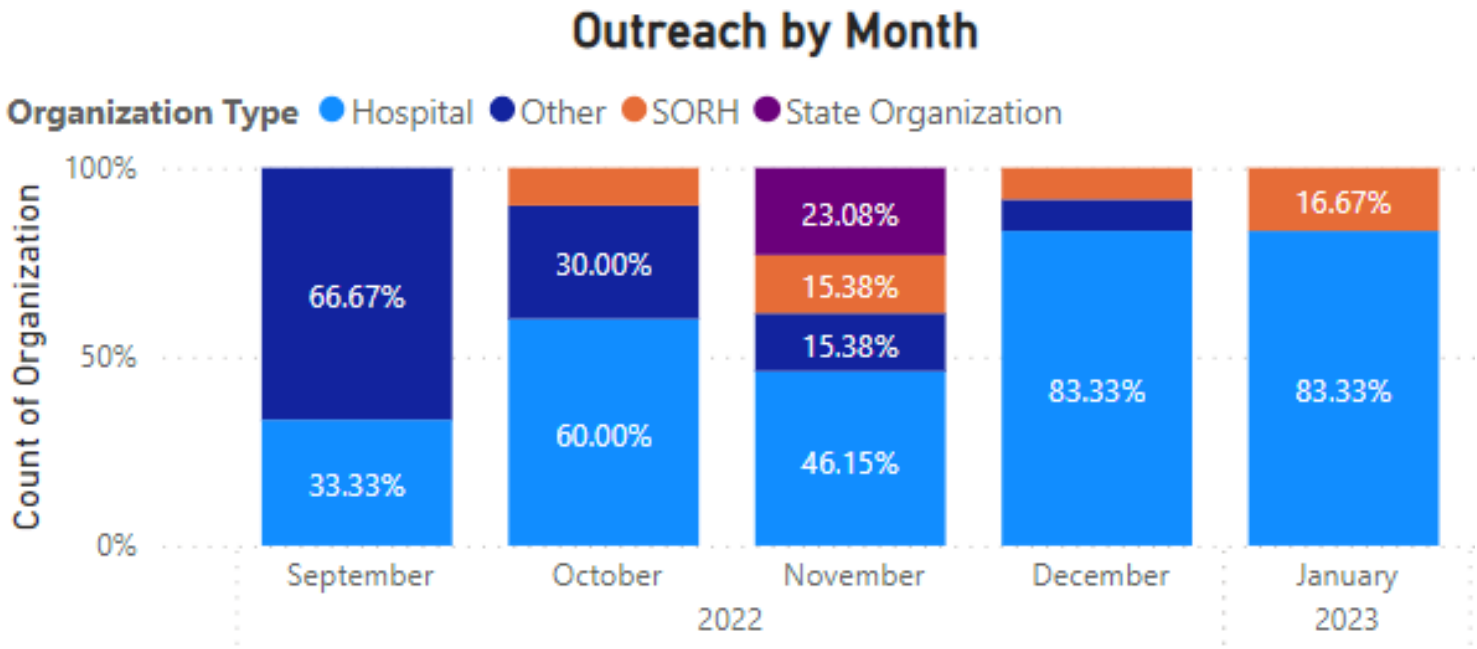
REH-TAC Outreach Activity by Organization Type (as of January 25th)



SORH = State Offices of Rural Health

RURAL HEALTH REDESIGN CENTER

REH-TAC Outreach Activity by Month (as of January 25th):



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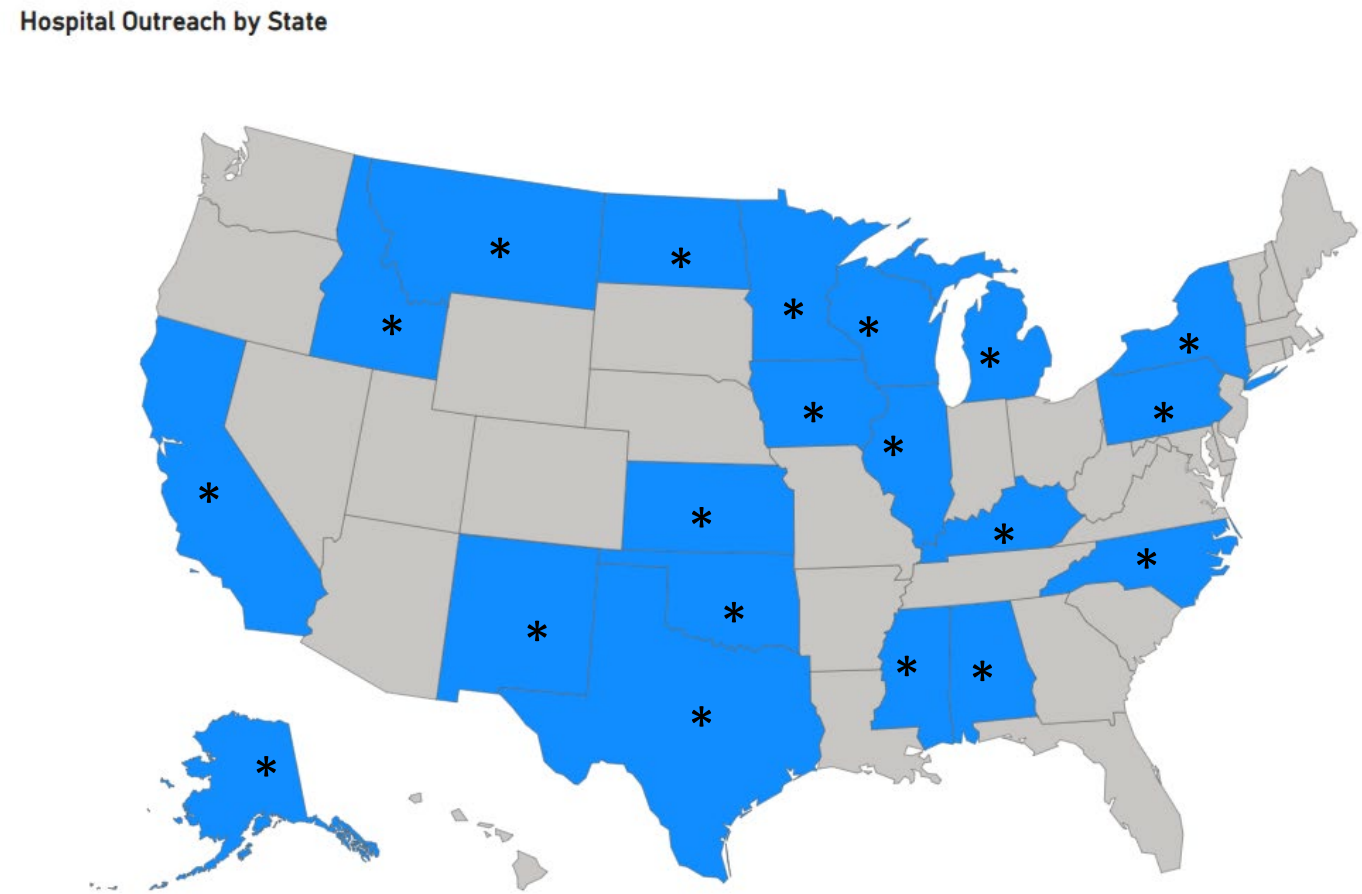
REH-TAC outreach by State (as of January 25th)



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REH-TAC Learnings to Date (as of January 25th):

Identified Conversion Barrier

EMS capacity in rural communities
Loss of 340(B) Revenue for the CAH
Loss of Swing Bed Revenue for the CAH
No Swing Bed Alternative in the Community

CMS Clarifications

Consideration for Indian Health Services
Protection for necessary provider CAHs to convert back to a CAH after REH designation
REH Impact on Medicare Advantage
Specifics on the quality requirements for a REH
Transition Plan Specifications

Legislative Considerations

Consideration for Frontier Extended Stay Clinics becoming REHs.
Consideration for rural hospitals that have converted to outpatient campuses of larger organizations
Eligibility to reopen hospitals that closed prior to December 27, 2020.
Flexibility for some level of inpatient care
Other Inpatient Distinct Units such as Psych - current regs state only distinct SNF.
Post December 27, 2020 bed size reductions to less than 50 beds
REH 340B Eligibility

Rural Health Redesign Center: REH Technical Assistance Center

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Contact Information

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Interested in receiving support from the REH-TAC?

Scan the QR code and complete our brief request form. →

Learn more about this project or access the intake form at www.rhrco.org/reh-tac

Work of the REH-TAC is funded by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services

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Questions?