



Rural Emergency Hospital Technical Assistance

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Health Resources and Services Administration (HRSA)

Vision: Healthy Communities, Healthy People



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
 - 143 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



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
- FY 2023 -- \$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 Health Redesign Center: REH Technical Assistance Center

Who We Are



A collaboration of three organizations with unique expertise formed to provide a comprehensive catalog of technical assistance services to support REH consideration and transition

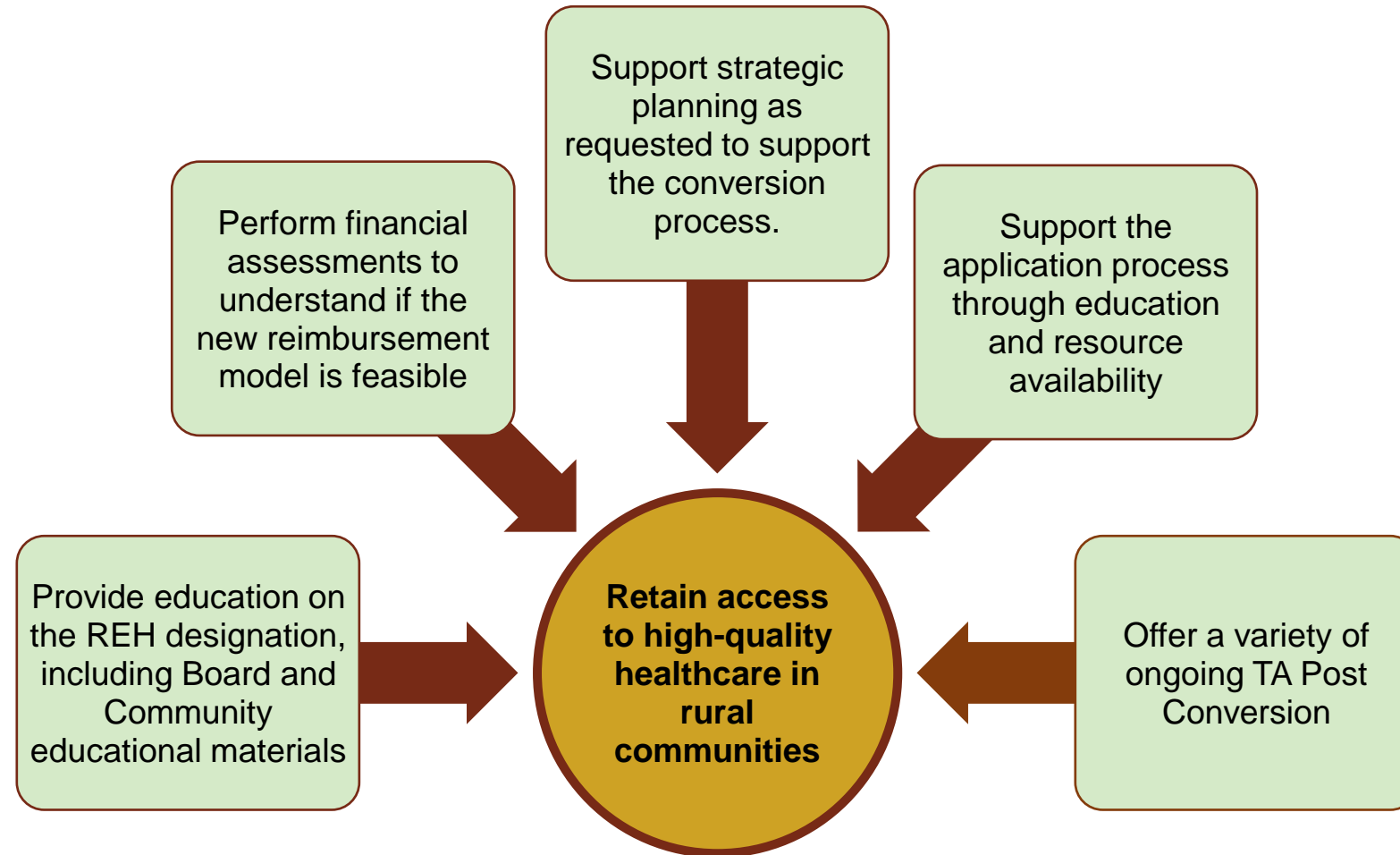


Rural Health Redesign Center
Mathematica
Wellness Equity Alliance

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).

Rural Health Redesign Center: REH Technical Assistance Center

What We Do: TA Services Provided



Rural Health Redesign Center: REH Technical Assistance Center

Our Approach

Work cooperatively with HRSA, State Offices of Rural Health, and Flex Coordinators to identify interested hospitals

Respond quickly to direct inquiries made through our support line:
REHSupport@rhrco.org

Protect the identify of each hospital organization we work with through a NDA

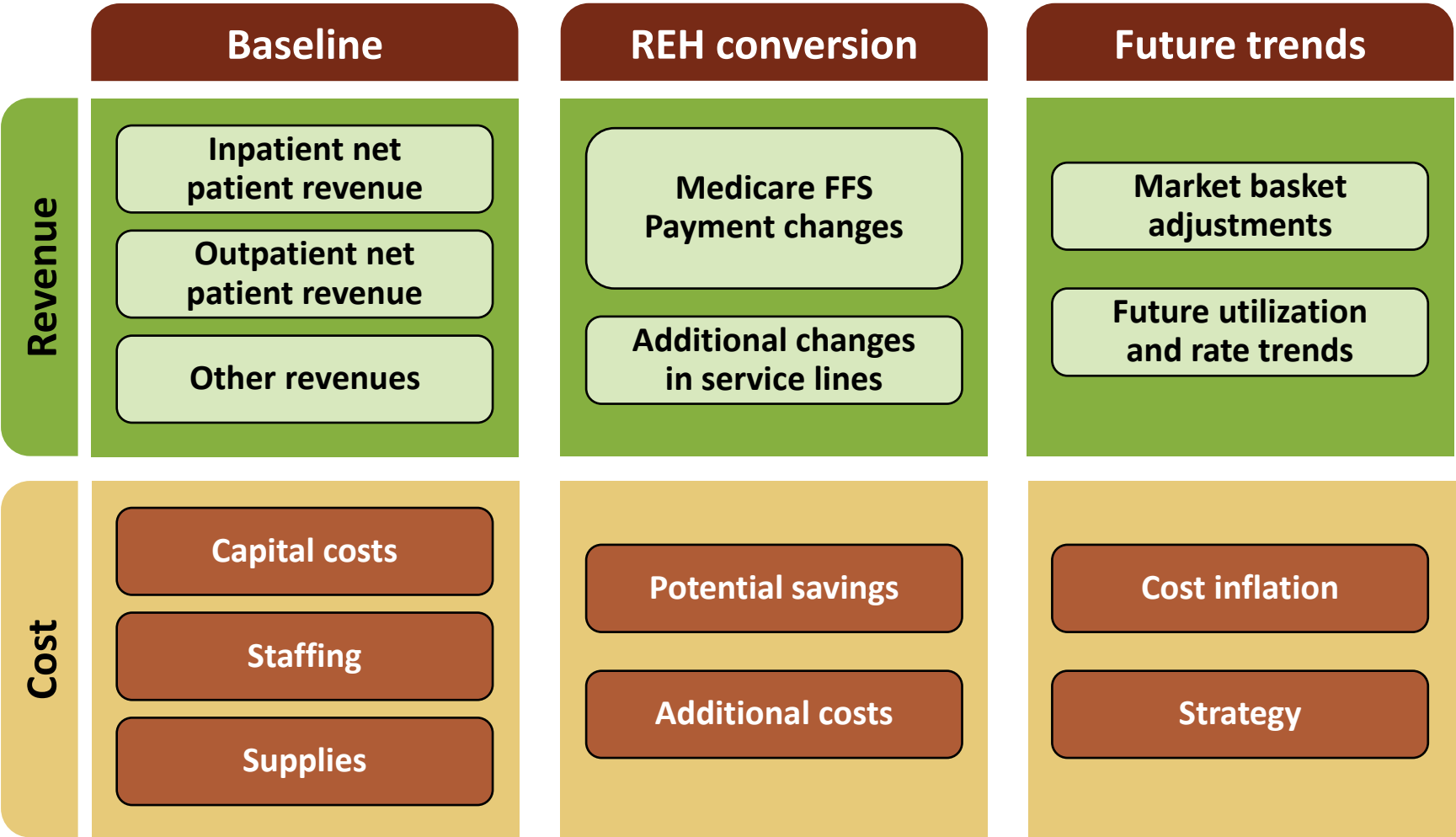
Provide a full compliment of skilled team members including a liaison with rural relevant subject matter expertise

Provide a variety of rural relevant TA including financial assessments, strategic planning, and others.

Assist with the application and provide ongoing support

Financial Assessment

- How does REH conversion impact the financial health of your hospital?



Data sources:

Revenue

- Medicare cost reports
- Hospital intake forms
- Medicare FFS claims
- Repriced CAH Medicare claims

Cost

- Medicare cost reports

Enrollment and Engagement Timeline

	April-June 2023	July-September 2023	October-December 2023	January-March 2024	April-June 2024	July-September 2024	October-December 2024
Cohort 2	Engagement and Education	Financial Assessment	Application and Conversion Strategy Development				
Cohort 3			Engagement and Education	Financial Assessment	Application and Conversion Strategy Development		

REH-TAC Learnings

Identified Conversion Barrier

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

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

Part of our work is to educate on what we are hearing from the rural community at large



Rural Health Redesign Center: REH Technical Assistance Center

Contact Information

www.rhrco.org

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



Connect with HRSA

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Learn more about our agency at:

www.HRSA.gov

Rural Health Questions? Email FORHP@hrsa.gov



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