

Rural Emergency Hospitals (REH)



In 2021, Congress established a new provider type, Rural Emergency Hospitals (REH). This designation was created to address concerns around closures of rural hospitals. The designation would eliminate inpatient beds in an effort for hospitals to stay open in a different capacity. As of January 2023 eligible hospitals may seek an REH designation, which would result in an increase in Medicare reimbursement.

Eligibility

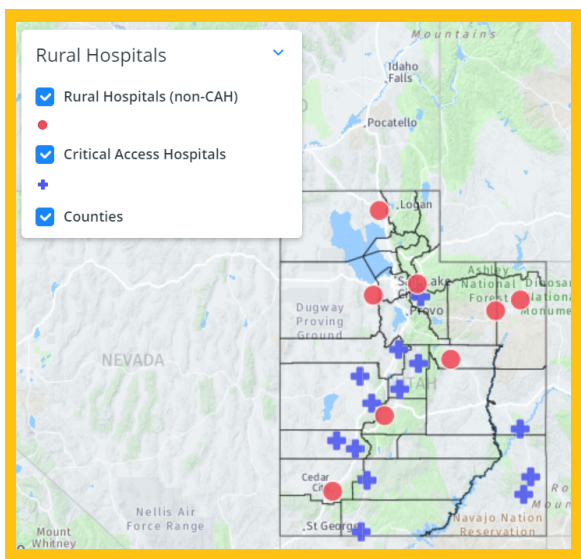


Figure 1: UDHHS Primary Care and Rural Health, 2020, Rural Hospitals Map. <https://ruralhealth.health.utah.gov/https-ruralhealth-health-utah-gov-utah-state-profile/rural-hospitals-map>

- Must be a Critical Access Hospital (CAH) or a Rural Prospective Payment System (PPS) hospital
- Have 50 or fewer beds
- Be in a rural area or have an active rural reclassification
- Must provide emergency services, observation care and may provide additional medical and health outpatient services while not exceeding an annual per patient average visit length of 24 hours



Why consider REH designation?

Between 2010 and 2020:

- 139 rural hospitals across the country have closed, and 44 of those hospitals are CAHS. REH designation allows hospitals to operate skilled nursing facilities as distinct, separate units on-site.
- REH designation allows rural hospitals to maintain a service array that falls between the requirements of a traditional acute care hospital and an ambulatory care facility.



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SCAN ME

REH Technical Assistance

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Provides tailored, rural-relevant technical assistance for hospitals seriously exploring REH conversion