

Title 23: Division of Medicaid

Part 202: Hospital Services

Chapter 6: Rural Emergency Hospitals

Rule 6.1: Definitions

The Division of Medicaid defines:

- A. Rural Emergency Hospitals (REH) are facilities that convert from either a critical access hospital (CAH) or a rural hospital (or one treated as such under section 1886(d)(8)(E) of the Social Security Act) with less than 50 beds, and that do not provide acute care inpatient services except for skilled nursing facility services furnished in a distinct part/unit.
- B. Length of stay as the time from registration, check-in or triage of patient, whichever occurs first, until discharge.

Source: 42 C.F.R. §§ 440.20, 447.201, 447.203.

History: New Rule eff. 01/01/2025.

Rule 6.2: Provider Requirements

- A. Rural Emergency Hospitals (REH) applying for enrollment in the Medicaid program must satisfy all requirements set forth in Part 200, Chapter 4, Rule 4.8 in addition to the following provider type specific requirements:
 - 1. Be a Medicare Rural Emergency Hospital provider.
 - 2. Have a transfer agreement in effect with a Level I or Level II trauma center.
 - 3. Not exceed an annual per patient length of stay of 24 hours.
 - 4. Not provide any acute care inpatient services, other than post-hospital extended care services provided in a distinct unit licensed as a skilled nursing facility.
 - 5. Meet the definition of a REH as defined in Rule 6.1 at the time of enrollment.
- B. REH providers must meet the following staffing requirements:
 - 1. The emergency department of a REH must be staffed 24 hours a day, 7 days a week.
 - 2. A Doctor of Medicine (MD) or doctor of osteopathy (DO), a physician assistant, a nurse

practitioner, or a clinical nurse specialist with training or expertise in emergency care must always be onsite or on-call and available onsite within 30 minutes, or within 60 minutes if certain frontier or remote area criteria are met.

3. The governing body of the REH may also elect to grant nurse practitioners and physician assistants with medical staff privileges in accordance with state scope-of-practice laws.

Source: 42 C.F.R. §§ 440.20, 447.201, 447.203.

History: New Rule eff. 01/01/2025.

Rule 6.3: Covered Services

A. Rural Emergency Hospitals (REH) services include all covered outpatient department services when furnished by a REH and including but not limited to:

1. Emergency department services,
2. Laboratory services,
3. Diagnostic radiologic services,
4. Behavioral health services, and
5. Low-risk labor and delivery services.

Source: 42 C.F.R. §§ 440.20, 447.201, 447.203.

History: New Rule eff. 01/01/2025.

Rule 6.4: Non-Covered Services

Inpatient Services are not covered in Rural Emergency Hospitals (REH), except for post-hospital extended care services that are furnished in a distinct unit licensed as a skilled nursing facility (SNF).

Source: 42 C.F.R. §§ 440.20, 447.201, 447.203.

History: New Rule eff. 01/01/2025.

Rule 6.5: Reimbursement

A. Rural Emergency Hospitals (REH) are reimbursed for certain procedure codes the appropriate Outpatient Prospective Payment System (OPPS) rate, plus five percent (5%).

B. REH are not eligible for Disproportionate Share Hospital (DSH) payments.

Source: 42 C.F.R. §§ 440.20, 447.201, 447.203.

History: New Rule eff. 01/01/2025.