

Centers for Medicare & Medicaid Services
Questions and Answers
Open Door Forum: Rural Health
Thursday, July 21, 2022

1. Question: This is just a question regarding the new rural emergency hospital. If a critical access hospital has a provider based rural health clinic that already has an established rate would the rural emergency hospital be able to assume or take on that rural health clinic at that established rate, or would they have to get decertified for rural health clinic? Would the rural emergency hospital be able to have a provider based rural health clinic first? And if so, do they have to get decertified or would they be able to maintain the existing rate?
 - a. Answer: Thank you for your question, this will need to be discussed in the Final Rule. We encourage you to submit this as a comment on the CY 2023 OPPTS proposed rule.
2. Question: I was trying to figure out and didn't see a definition for the 50 beds. Do you guys have a definition of that?
 - a. Answer: There is language in the statute and you can pull it up, that speaks to a specific requirement. It speaks to the rural requirement though. It doesn't speak to the 50 beds. The statute just says that it needs to be - the facility needs to be located in an area that's considered rural or that has not more than 50 beds.
 - i. Question: Right. But is 50 beds based on the final cost report at that time, staff beds, state licensed beds? The definition that they use for rural health clinics at a (sole) community provider?
 1. Answer: And that's something that's policy that would still be under development at this time. So that would be forthcoming. And we would encourage you to submit that, you know, if you have that question, submit that as a comment on the proposed rule.
3. Question: This is also in regards to the rule of emergency health, or rural emergency hospitals. In regards to quality, I read over some of the proposed quality measures. Just a question on some of them, without having inpatient services, things like CAUTI and CLABSI and that stuff, kind of still looks like it's in there. How does that work in relation to a REH versus an inpatient hospital or CAH?
 - a. Answer: I believe the question is related to what quality measures could a REH have since inpatient services will not be provided in this setting. REHs will be an outpatient hospital setting; as such quality measures relevant to outpatient hospital services including emergency department services would be appropriate for this setting. CMS is asking for comment on possible quality measures for REHs in this rulemaking.

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4. Question: I have a question on the rural emergency hospitals. For the past 20 years the federal government has told rural America that the way to (unintelligible) prosperity is to sell it, hospitals, large health systems. That's led to slashing of services and increase in rural mortality. Now rural America from a rural perspective, it looks like CMS is paying these large health systems. \$2.9 million a year to close their already viable health systems. We're working with rural towns who are interested in acquiring their system back so it doesn't get turned into a rural emergency hospital which we know increases the local mortality. Is there anything CMS is doing to ensure that the shareholder (will) matter or the ones in rural America and they're the ones making the decision, not the shareholders in the New York Stock Exchange. But rural America should be making these choices. Does CMS have a way for rural America to get its community owned hospital back? Because you tell us to sell them to them and now they're trying to shut them down, and they're viable.
 - a. Answer: Thanks very much. And I definitely appreciate the passion with which you speak and the fact that you are serving very important populations. I think our presenters today really were walking you through how the agency is implementing a new statutory provision to pay for these new rural emergency hospitals, describing the definitions, the conditions for participation with the Medicare program, as well as the payment rates. Under that program these are currently proposals. They're two separate proposed rules as the speakers mentioned. And we would love to hear those comments to those proposed rules either on the payment side or the conditions side, and also the Stark exception side. But I definitely appreciate the passion with which you speak.
5. Question: My question is rural health clinic related. In the spirit of trying to expand behavioral and mental health to our communities, I'm just wondering if there is any anticipated movement towards expanding billable providers in the RHC setting beyond the license and independent clinical social workers to counselors or (unintelligible) or the like?
 - a. Answer: At this time, we do not have additional information on expansion of practitioners in Rural Health Clinics as defined in Section 1861(aa) of the Social Security Act.
6. Question: My question is since these are proposed rules, is there somewhere on the Web site, or somewhere I can locate the specifics that you went through today? Or will that be sent out to participants?
 - a. Answer: For the rule containing the proposed rural emergency hospital conditions of participation, well for both, you can go to the Federal Register, it's FederalRegister dot gov. (<https://www.federalregister.gov/>) And if you search for the title of the rule it'll come up. You can probably just search for rural emergency hospitals and that should return your search. The date of publication for the Proposed Rule for the Conditions of Participation was July 6th. And I'll defer to my colleague on the details for the publication for the payment rule. The payment

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rule is with the OPPS proposed rule. The rule went on display last Friday, July 15th. I apologize, I don't have it right immediately at my fingertips. But it will display roughly two weeks later, after that, in finalized form in the Federal Register.

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