

Centers for Medicare & Medicaid Services
Questions and Answers
Open Door Forum: Rural Health
Thursday, January 26, 2023

1. Question: The Consolidated Appropriations Act extended the Medicare Dependent Hospital and Low Volume programs, through 9-30-24. Could you provide an update of when CMS is going to issue instructions for the (MAC)s to begin reprocessing claims for those programs?
 - a. Answer: We don't have a specific date forecast at this time regarding when the information about the update or extensions, would be available.
2. Question: I want to ask a question about the rural emergency hospitals. How does that impact with commercial payers and managed cares? Does the hospital retain their designation as a regular hospital, or do the managed cares and commercial have to process services the same way as the rural emergency health hospital?
 - a. Answer: On the payment side, and also on the health and safety standards side. The rural emergency hospital designation is a Medicare designation, so it would be for your Medicare - original Medicare patients. Rural emergency hospitals are a separate provider type from hospitals as far as the health and safety standards are concerned, and certification is concerned. So, facilities that are seeking and then obtain rural emergency hospital designation convert from either a critical access hospital or a rural hospital with less than 50 beds. And they cease to be that type of provider and then become a rural emergency hospital and are treated as such. And that's for the Medicare program. So, it doesn't necessarily extend to commercial.
3. Question: As far as the distance for the CAHs, if you have an existing CAH does that distance apply to the existing CAH?
 - a. Answer: If that location does not meet the distance and location requirement, and it's not a necessary provider, there is the potential. We will review the main campuses. There could be provider-based locations that could be affected. That will just occur upon survey. But there is the potential that if some CAHs may no longer meet the distance requirements. And when we come across those we would elevate those and see what alternatives there are. And if a decision can't be reached to maintain CAH status, then they would have one year to convert to another type of provider.

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