



January-March 2023

What you need to know about rural emergency hospital (REH) providers



What is a rural emergency hospital?

Rural emergency hospitals (REH) are [a new Medicare provider designation](#) established by Congress through the [Consolidated Appropriations Act of 2021](#).

What services are REHs permitted to provide?

REHs are eligible to furnish emergency department services, observation care and, if elected by the REH, other specified outpatient medical and health services that do not exceed an annual per-patient average length of stay of 24 hours. The Centers for Medicare and Medicaid Services (CMS) have defined "REH services" to include all covered outpatient department services, as defined in section 1833(t)(1)(B) of the Act (other than clause (ii) of such section), when furnished by an REH. Such services could include radiology, laboratory,

Upcoming quarterly lunch and Learn

Topic: Meet DIA's hospital team

Date: April 19, 2023

Time: 11:30 a.m.

Submit any questions you may have for the team by April 10 to hema.lindstrom@dia.iowa.gov, with the subject line: "Lunch & Learn Q&A."

Join using Google Meets:

- **Video**
link: <https://meet.google.com/aio-symx-odo>
- **Call-in number:**
915-308-1804
PIN: 430 193 596#

EMTALA Lunch and Learn

In a January lunch-and-learn session, Trisha Godzicki of DIA presented an overview of recently-cited Emergency Medical Treatment and Labor Act (EMTALA) deficiencies. The following were identified as the most common infractions:

outpatient rehabilitation, surgical, maternal health, and behavioral health.

The REH can provide additional medical and health services if the services align with the health care needs of the community served by the REH. REHs are not eligible to provide inpatient services with the exception of post-hospital extended care services furnished in a distinct part unit licensed as a skilled-nursing facility (SNF).

What happens next?

State legislation is needed in order for any rural emergency hospital licenses to be issued. Once the Iowa legislature passes a bill and it's signed by the governor, the Iowa Department of Inspections and Appeals will adopt the regulation and put the program into effect.

Additional information

On Jan. 26, 2023, CMS released [QSO-23-07-REH](#), which includes frequently-asked questions as well as information related to REH eligibility, enrollment, conversion process, REH CoPs, and survey process.



QSO-23-04 addressing workplace violence released by CMS

CMS outlined the regulatory expectations for workers in hospitals or other healthcare settings that face risks of workplace violence in memo [QSO-23-04](#), released in November 2022.

Factors that contribute to this risk, include working directly with people who have a history of aggressive behavior, behavioral issues, or may be under the influence of drugs. Staff are expected to have an environment that prioritizes their safety to ensure effective delivery of healthcare.

- **2400 – 42 CFR 489.20.** Policies and procedures which address anti-dumping provisions.
- **2406 – 42 CFR 489.24(a).** Appropriate medical screening examination (MSE). Provide an appropriate MSE within the capability of the hospital's emergency department, to determine whether or not an emergency medical condition (EMC) exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations.
- **2407 – 42 CFR 489.24 (d)(3).** Stabilizing treatment. Within the capabilities of the staff and facilities available at the hospital, for further medical examination and treatment as required to stabilize the medical condition.

Two recent examples discussed during the presentation related to medical screening examination (2406) and stabilizing treatment (2407) as illustrated by these examples:

First, the patient arrived unresponsive to the emergency room via ambulance with seizure activity while in the local jail. Once responsive, the patient was placed in handcuffs. The patient was confused and complained of a headache. Later the patient started to have a seizure, the officer called the nurse who found the patient with the blood pressure cuff around their neck. The patient voiced they did not want to

Employee spotlight

John Osborne started with the Health Facilities Division in September 2014 as a health facilities surveyor. He is currently a program coordinator for end stage renal disease (ESRD) centers, outpatient rehabilitation services (OPT/ST), rural health clinics (RHC), and ambulatory surgical centers (ASC). After obtaining his associate degree in nursing from Marshalltown Community College, John began his 30 year career in acute and ambulatory patient care.



Contact us

If you have any questions or concerns, or if there are topics you would like to see covered in this newsletter or at a future lunch-and-learn, please contact **Megan**

Montalvo at megan.montalvo@dia.iowa.gov or 515.249.9648.

live. The patient's physical examination was normal and the patient was discharge back to the local jail on suicide watch. CMS reviewed the case and it was determined the hospital failed to provide an MSE that included a psychiatric evaluation after the patient attempted to harm themselves and voiced a plan for self harm.

Second, an elderly patient arrived from a nearby nursing facility via EMS transport with complaints of abdominal pain, rating the pain level at 10 out of 10. The patient was moved into a room used for overflow patients and the RN triaged the patient. Almost an hour later, lab tech went to enter the patient's room and the patient was unresponsive. The physician/RN went into the room but the patient had expired. The RN failed to check on the patient after the initial triage and the ED provider failed to complete a MSE to rule out an EMC. After CMS review, it was determined the hospital failed to provide the patient an MSE, and the hospital was cited for 2400 and 2406.

If you would like to watch the recorded version, [please click here](#).

Health facilities website

In May 2021, DIA's Health Facilities Division launched a new website application. The new site features a user-friendly interface for accessing records for health facilities, submitting self-reports, and for the Iowa Direct Care Worker Registry for CNAs.

In the new system, entity administrators will need to request access. Once the administrator's access is approved, the administrator will be able to approve any other authorized users (i.e., entity delegate, entity HR) who request access for their facility.

Health facility employees, CNAs, and community college staff are able to manage their own accounts, including being able to make changes to their contact information.

Please note:

- Each facility is allowed to have **one** assigned entity administrator.
- Users should be assigned **one role per facility**. If assigned multiple roles, the system may not work properly.
- Users should use the email address associated with their employer to create their Google or Microsoft account.

Go to: dia-hfd.iowa.gov.

Additional resources

- [DIA Health Facilities Database User Guide](#) (PDF)
- [DIA's Health Facilities Database: Entity Sign-In](#) (YouTube video)
DIA's Health Facilities Database:
- [Approving Entity Users](#) (YouTube video for administrators)

Iowa Department of Inspections and Appeals

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