



Arkansas Department of Health

5800 West Tenth St. Suite 400 • Little Rock, Arkansas 72204 • (501) 661-2201
Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN, Interim Secretary of Health
Jennifer Dillaha, MD, Director

MEMORANDUM:

TO: Interested Parties

FROM: David Mitchum, Program Manager
Health Facility Services
Arkansas Department of Health

SUBJECT: Rural Emergency Hospital New Provider Packet

This is in response to your inquiry regarding participation in the Medicare Program as a Rural Emergency Hospital (REH) provider. The Arkansas Department of Health has an agreement with the United States Department of Health and Human Services to assist in determining whether health care facilities meet, and continue to meet, the Conditions of Participation.

In addition to the necessary forms and accompanying instructions, the Medicare Regulations covering all requirements of the Medicare Program, including the standards which must be met regarding the care of patients can be found at www.cms.hhs.gov.

If you desire to participate in the program, and you feel that your facility substantially meets the Conditions of Participation, please complete and return to this office the following:

1. Two copies of CMS-1561- Health Insurance Benefits Agreement;

The person signing the Health Insurance Benefits Agreement must be someone who has the authorization of the owners of the facility to enter into this agreement. Please be sure to sign and date the Medicare agreement in the third signature name block (Accepted for the Provider Services By). If incorrectly signed or left unsigned, the form will be returned for corrected signature.

Once it is determined that all requirements of Medicare are met, the Health Insurance Benefits Agreement will be countersigned. One copy of the agreement will be returned to you along with the notification that your facility has been approved.

2. Evidence of Office of Civil Rights (OCR) Attestation;
3. HFS-2 - Facility Fiscal Year End Date Statement;
4. HFS-9A - Application for License to Conduct a Hospital or Related Institution;
5. HFS-9B – Addendum to Application for License to Conduct a Hospital or Related Institution;
6. HFS-9H – Hospital Addendum Provider-Based Entities Locations;

Hospital New Provider Packet

Page 2

7. Submit CMS-855A to the Medicare Administrative Contractor (MAC) and a copy to this office;
8. The action plan outlining the facility's plan for conversion to an REH and the initiation of REH specific services, to include:
 - a. Staffing plan;
 - b. Services transition plan;
 - c. New or revised policies and procedures specific for an REH; and,
 - d. Plans for use and upkeep of unused portions of the building.

Note: Please see the links below for details of requirements of the action plan.

[CMS REH Requirement \(QSO-23-07-REH\)](#)

[REH Arkansas Requirement](#)

9. A copy of the transfer agreement with at least one Medicare-certified hospital that is designated as a level I or level II trauma center.
10. Attestation of compliance for REH enrollment and conversion.

NOTE: Medicare Part A providers will be required to sign an attestation of compliance with all applicable civil rights laws. New applicants must submit this attestation electronically to the OCR via OCR's online Assurance of Compliance portal at <https://ocrportal.hhs.gov/ocr/aoc/instruction.jsf> . Evidence of successful submission must be forwarded to the State Agency.

This facility must also meet State regulations found at [Rules for Hospitals and Related Institution in Arkansas](#).

If operation of the facility is later transferred to another owner, ownership group, or to a lessee, the agreement cannot be transferred. You are required to notify Health Facility Services, Arkansas Department of Health at the time you are planning such a transfer.

If you have any questions, please call (501) 661-2201.

Enclosures