Rural Emergency Hospital (REH) Conversion Readiness Consulting

Last reviewed October 2026 · https://www.integralhs.com/rural-emergency-hospital-conversion

What to have ready

Each item below ties to 42 CFR 485 Subpart E (eCFR current as of September 30, 2026), QSO-24-20 (September 6, 2024) or the CMS REH page.

- Evidence that you were a critical access hospital, or a rural hospital of not more than 50 beds, as of December 27, 2020 (42 CFR 485.506, eCFR [https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-E]).
- A change of information application, Form CMS-855A, for your Medicare Administrative Contractor (CMS REH page [https://www.cms.gov/medicare/health-safety-standards/certification-compliance/rural-emergency-hospitals]).
- An action plan with "a detailed transition plan that lists the following: Specific services the facility will retain; Specific services the facility will modify; Specific services the facility will add; and Specific services the facility will discontinue" (QSO-24-20 [https://www.cms.gov/files/document/qso-24-20-reh-revised-2024-09-06.pdf]).
- "information regarding how the facility intends to use the additional facility payment" (QSO-24-20 [https://www.cms.gov/files/document/qso-24-20-reh-revised-2024-09-06.pdf]).
- A transfer agreement "with at least one certified hospital that is a level I or level II trauma center for the referral and transfer of patients requiring emergency medical care beyond the capabilities of the REH" (42 CFR 485.538, eCFR [https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-E]).
- An emergency department staffing plan covering "24 hours a day, 7 days a week" with individuals "competent in the skills needed to address emergency medical care" (42 CFR 485.528(a), eCFR [https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-E]).
- A plan for ending inpatient services other than a distinct-part skilled nursing unit (42 CFR 485.502, eCFR [https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-485/subpart-E]).
- Evidence of current compliance with your existing critical access hospital or hospital requirements, since converting facilities "are expected to be in full compliance with the existing CAH and hospital requirements at the time of the request for conversion" (QSO-24-20 [https://www.cms.gov/files/document/qso-24-20-reh-revised-2024-09-06.pdf]).