



MassHealth
Acute Inpatient Hospital Bulletin 180
February 2021

TO: Acute Inpatient Hospitals Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: Coverage of and Reimbursement for Hospital-at-Home Services

Overview

Through the Rate Year 2021 Acute Hospital Request for Applications and Contracts (RY21 RFA), MassHealth communicated its intent to reimburse MassHealth-enrolled acute inpatient hospitals (AIHs) rendering inpatient services in a member's home (Hospital-at-Home Services), contingent upon CMS's approval and MassHealth's publication of subregulatory guidance describing Hospital-at-Home Services and reimbursement. Recently, CMS announced its *Acute Hospital Care at Home* program, providing time-limited authorization for certain hospitals to render acute inpatient hospital services in a patient's home. CMS has further announced that State Medicaid agencies may claim federal financial participation on services rendered in accordance with CMS's *Acute Hospital Care at Home* program.

As a result, effective for dates of service on or after the date on which CMS has authorized an acute hospital to participate in its *Acute Hospital Care at Home* program, MassHealth will reimburse such appropriately credentialed AIHs for rendering Hospital-at-Home Services to MassHealth members in accordance with this bulletin and CMS's *Acute Hospital Care at Home* program. This bulletin describes MassHealth's coverage of and reimbursement for these Hospital-at-Home Services.

Background

On November 25, 2020, CMS announced its *Acute Hospital Care at Home* program. To participate in this program, hospitals must apply for and receive two time-limited, hospital-level waivers from CMS of Medicare hospital conditions of participation at 42 CFR 482.23(b) and (b)(1). Per CMS's guidance, these waivers and its *Acute Hospital Care at Home* program will terminate upon the end of the public health emergency.

Currently, CMS's guidance¹ requires each hospital seeking to participate in this program to agree, among other things:

- To utilize screening protocols before care at home begins to assess medical and non-medical factors, including working utilities, assessment of physical barriers, and screenings for domestic violence concerns;

¹ In the event that CMS updates this guidance, CMS's updated guidance shall control.

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- Not to admit patients to their home without their prior consent to receive inpatient services at their home;
- To admit patients only from an emergency department or inpatient unit of the credentialed acute hospital following an in-person visit by either a medical doctor (MD) or an advanced practice provider (APP);
- To provide or contract for, at a minimum, the following services:
 - Pharmacy
 - Infusion
 - Respiratory care including oxygen delivery
 - Diagnostics (labs, radiology)
 - Monitoring with at least two sets of patient vitals daily
 - Transportation
 - Food services including meal availability as needed by the patient
 - Durable Medical Equipment
 - Physical, Occupational, and Speech Therapy
 - Social work and care coordination
- To provide certain personnel visits on, at a minimum, a certain cadence, in accordance with all applicable CMS *Acute Hospital Care at Home* program requirements, including, but not limited to, those relating to hospital standards of care and hospital policies;
- To provide immediate, on-demand remote audio connection with Hospital at Home staff who can immediately connect either an RN or MD to the patient;
- To ensure appropriate minimum emergency response times;
- To track and, as requested, report unanticipated mortality during the inpatient stay, escalation rate (i.e., transfer back to the acute hospital inpatient from the patient's home during the acute stay), and volume of patients treated at home;
- To establish a local safety committee review (similar to a Mortality and Morbidity team, but dedicated to this program) which will review the metrics listed above prior to weekly submission; and
- To use InterQual, Milliman, or another accepted patient leveling process to ensure that only patients requiring an acute level of care are treated by this hospital.

Additional information on the CMS's *Acute Hospital Care at Home* program is at:

<https://www.cms.gov/newsroom/press-releases/cms-announces-comprehensive-strategy-enhance-hospital-capacity-amid-covid-19-surge>. Additional information on CMS's waiver process, including a portal through which interested hospitals can submit a waiver application, is available at: <https://qualitynet.cms.gov/acute-hospital-care-at-home>.

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MassHealth Coverage of and Reimbursement for Hospital-at-Home Services

Effective for dates of service on or after the date on which CMS has authorized an acute hospital to participate in its *Acute Hospital Care at Home* program, MassHealth will permit AIHs participating in the CMS *Acute Hospital Care at Home* program to provide Hospital-at-Home services in a MassHealth member's home in accordance with this bulletin and the CMS *Acute Hospital Care at Home* program.

For such appropriately credentialed hospitals that, as of the date of this bulletin, have already rendered Hospital-at-Home services to a MassHealth member, such hospitals must, within 30 days of the date of this bulletin, and prior to billing MassHealth for such services, submit a copy of CMS's approval of the hospital's *Acute Hospital at Home* waiver request to MassHealth.

For those hospitals that, as of the date of this bulletin, have not yet rendered Hospital-at-Home Services to a MassHealth member, the hospital must, prior to rendering such services to a MassHealth member:

- Be authorized by CMS to participate in its *Acute Hospital Care at Home* program; and
- Submit a copy of CMS's approval of the hospital's *Acute Hospital at Home* waiver request to MassHealth.

AIHs rendering Hospital-at-Home Services to MassHealth services must do so:

- in accordance with all of the rules governing the CMS *Acute Hospital Care at Home* program; and
- in accordance with all regulations, contracts, and subregulatory and subcontractual guidance governing the MassHealth Acute Hospital Program, including the MassHealth Utilization Management Program for Acute Inpatient Hospitals.

MassHealth will reimburse AIHs rendering Hospital-at-Home Services in accordance with the Adjudicated Payment Amount per Discharge payment methodology, as described in Section 5.B.1 of the RFA.

Billing Instructions

In order to indicate on a claim for acute inpatient hospital services that such services were provided at the patient's home, the hospital must include on the HIPAA-compliant claim transaction the condition code DR ("Disaster Related") and Revenue Code 0119 ("Room and Board, Private -- Other") in the appropriate fields on the facility claim.

MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](#) web page.

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Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.