



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

Acute Inpatient Hospital Bulletin 206

DATE: December 2025

TO: Acute Inpatient Hospitals Participating in MassHealth

FROM: Mike Levine, Undersecretary for MassHealth

RE: Coverage of and Reimbursement for Hospital at Home (HaH) Services

Overview

This bulletin updates and substantially restates the information in [Acute Inpatient Hospital Bulletin 197](#) regarding Hospital at Home (HaH) services.

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 HaH services, contingent upon CMS's approval and MassHealth's publication of subregulatory guidance describing HaH services and reimbursement.

On November 25, 2020, [CMS announced its Acute Hospital Care at Home \(AHCAH\) program](#), providing time-limited authorization for certain hospitals to render acute inpatient hospital services in a patient's home. CMS further announced that State Medicaid agencies may claim federal financial participation on services rendered in accordance with the CMS *Acute Hospital Care at Home* program. In December 2022, the federal [Consolidated Appropriations Act](#) for Fiscal Year 2023 was signed into law, extending authority for CMS's AHCAH program until December 2024. In December 2024, the federal [American Relief Act](#) was signed into law, extending authority for CMS's AHCAH program through March 2025. In March 2025, the federal [Full-Year Continuing Appropriations and Extensions Act](#) extended the authority for CMS's AHCAH program through September 2025. On November 12, 2025, the federal [Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act](#) extended the authority for CMS's AHCAH program through January 2026.

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 AHCAH program, MassHealth will reimburse such appropriately credentialed AIHs for rendering HaH services to MassHealth members in accordance with this bulletin and the CMS AHCAH program. This bulletin describes MassHealth's coverage of and reimbursement for these HaH services.

This bulletin will remain in effect until it is superseded by subsequent MassHealth guidance, or until the federal authority for AHCAH is no longer extended and has expired, whichever occurs first.

Background

To participate in the AHCAH program, hospitals must apply for and receive a time-limited, hospital-level waiver from CMS of Medicare hospital conditions of participation at 42 CFR 482.23(b) and (b)(1). These waivers and the CMS AHCAH program were originally intended to terminate at the end of the COVID-19 public health emergency. However, federal legislation described in the overview section of this bulletin extended the AHCAH program beyond the COVID-19 public health emergency.

CMS's guidance requires each hospital seeking to participate in the program to agree, among other things, to the following.

- 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
- To not 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 AHCAH 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 HaH 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 inpatient hospital from the patient's home during the acute stay); and volume of patients treated at home
- To establish a local safety committee to review the metrics listed above prior to weekly submission (similar to a Mortality and Morbidity team, but dedicated to this program)

- 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

Visit [cms.gov/newsroom/press-releases/cms-announces-comprehensive-strategy-enhance-hospital-capacity-amid-covid-19-surge](https://www.cms.gov/newsroom/press-releases/cms-announces-comprehensive-strategy-enhance-hospital-capacity-amid-covid-19-surge) for more information on the CMS AHCAH program. Additional information on CMS's waiver process, including a portal where interested hospitals can submit a waiver application, is available at qualitynet.cms.gov/acute-hospital-care-at-home. In the event that CMS updates this guidance, its updated guidance will take precedence over this bulletin.

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 AHCAH program, MassHealth will permit AIHs participating in the CMS AHCAH program to provide HaH services in a MassHealth member's home in accordance with this bulletin and the CMS AHCAH program.

AIHs must submit the following to MassHealth, via email to AcuteHospitalRFA@mass.gov, at least 30 days before billing MassHealth for HaH services.

1. A copy of CMS's approval of the AIH's AHCAH waiver request
2. The date that the hospital anticipates beginning delivery of HaH services to MassHealth members

AIHs must notify MassHealth, via email to AcuteHospitalRFA@mass.gov, within 30 days of making any significant change to their HaH services that may impact MassHealth members. Examples of significant changes include, but are not limited to, (1) the AIH plans to cease operations of their HaH program; or (2) the AIH plans to significantly expand their inclusion criteria for which individuals may be eligible to receive HaH services.

AIHs rendering HaH services to MassHealth services must do so, in accordance with the following.

- All of the rules governing the CMS AHCAH program
- 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 HaH services in accordance with the Adjudicated Payment Amount per Discharge payment methodology, as described in Section 5.B.1 of the Acute Hospital Request for Applications and Contracts.

For the avoidance of doubt, during the time a MassHealth member is receiving HaH services, MassHealth will not pay for any services for which MassHealth payment would be prohibited if a MassHealth member were receiving acute hospital services in an inpatient setting. For example, payment for home- and community-based services authorized through the State Plan or

a 1915(c) Home and Community Based Services Waiver is not permitted during the time the member is receiving HaH services.

Billing Instructions

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 both (a) the **Occurrence Span Code 82: Hospital at Home Care Dates** and (b) **Revenue Code 0161: Hospital at Home, R&B/Hospital at Home** in the appropriate fields on the facility claim. Occurrence Span Code 82 and Revenue Code 0161 were issued by CMS via [Transmittal R1191OTN](#) in January 2022, for implementation in July 2022.

Hospitals should follow the same guidance for acute inpatient hospital claiming, regardless of the HaH services status. For example, a hospital must submit a single claim spanning the entire inpatient admission episode, from admission to discharge, inclusive of HaH components and any return or escalation to the physical hospital location. For each component of claim rendered through HaH, a hospital must add additional Occurrence Span Code 82.

MassHealth Website

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