

# OPERATOR INSIGHTS

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HEALTH PARTNERS

## Executive Summary: CMS Announces Comprehensive Strategy to Enhance Hospital Capacity Amid COVID-19 Surge



### Summary

The Centers for Medicare and Medicaid Services (CMS) has expanded their Hospitals Without Walls program through the Acute Hospital Care at Home program. Hospitals Without Walls is a program that allows eligible hospitals to treat beneficiaries in their homes. CMS believes more than 60 acute conditions can be treated in the home. The program differs from home health in that it's designed for patients typically needing an acute inpatient admission and at least daily rounding by a physician and/or team on an ongoing basis.

To be eligible for the program, hospitals must screen beneficiary homes for working utilities, domestic violence, and physical barriers. Beneficiaries can only be admitted to the program if admitted from an inpatient hospital bed or emergency department. In-person physician evaluations are required before at-home treatment begins. A registered nurse (RN) must evaluate the patient once daily, either in-person or virtually and two daily in-person visits are required by either an RN or mobile health paramedics depending on hospital policy and nursing plans.

CMS has created an online portal to streamline the waiver request process: <https://qualitynet.cms.gov/acute-hospital-care-at-home>. For hospitals that have previously provided acute hospital care at home to at least 25 patients, the process will be expedited. These hospitals will be required to submit monitoring data monthly. For hospitals with no prior experience providing acute hospital care at home (or to less than 25 patients), a more detailed waiver is needed, emphasizing ability to provide acute-level care at home. These hospitals will be required to submit monitoring data weekly. Hospitals must apply separately even if the organization is a part of the same system as another applying hospital.

Through the Hospitals Without Walls program, CMS is temporarily certifying ambulatory surgical centers (ASC) to provide inpatient care for longer than normal when appropriate. ASCs only need to provide 24-hour nursing when one or more patients are receiving care onsite. ASC flexibility extends to all U.S. 5732 ASCs seeking participation in the program and those already participating.

## Implications

Although care is conducted outside the hospital, hospitals must be willing to accept full responsibility for care administered in the home as part of the program. Applying hospitals must have the ability to staff two daily visits per patient. There are no substitutions for RN-required care. If the clinical evaluation indicates a need for technology and/or equipment, such must be performed via technological transmission or in-person exam. Phone contact meets the emergency audio connection criteria if it is immediate. All beneficiary homes must be approved by the hospital's state prior to treatment at home.

## Our Recommended Preparation

While the waiver requires significant resources to provide care, hospitals are reimbursed at the inpatient Medicare rate. All billing and coding requirements remain the same as requirements for inpatient treatment at other alternative care locations. Documentation requirements need to be consistent with existing hospital policies for inpatient admissions. Ensemble recommends researching care models and outcomes of hospitals that have provided acute care at home before considering the Acute Hospital Care at Home program. Hospitals should ensure the following are constructed prior to program introduction: a budget impact model, defined measurements of clinical quality, an implementation guide, a patient flow chart relative to billing and documentation, a patient volume estimator, and a method for evaluating/reviewing utilization, all tailored to the home setting.



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