



Background: Acute Hospital Care At Home Program

In March 2020, in response to the COVID-19 pandemic, the Centers for Medicare and Medicaid Services (CMS) used its 1135 waiver authority to temporarily implement the [Hospital Without Walls](#) program for the duration of the public health emergency (PHE). This program aims to ensure that local hospitals and health systems have the capacity to absorb and effectively manage surges of COVID-19 patients.

Through this program, hospitals can provide services in locations beyond their existing walls such as ambulatory surgery centers, inpatient rehabilitation hospitals, hotels, and dormitories, among other locations, while receiving hospital payments under Medicare. Prior to COVID-19 and this flexibility, hospitals had to provide services within their own buildings. Now under the program, for example, a healthcare system can utilize a hotel to take care of patients needing less intensive care while using its inpatient beds for COVID-19 patients. Hospitals are still required to provide certain inpatient services for a patient in the home, including pharmacy, infusions, respiratory care (including pharmacy needs), durable medical equipment, diagnostic labs and radiology, patient transportation, social work, care coordination, and physical, occupational, and speech therapy, among other program requirements.

Later in November 2020, CMS expanded on the Hospitals Without Walls effort by executing the innovative **Acute Hospital Care At Home** program, also in effect for the duration of the PHE. This program allows hospitals to render at-home care and services to patients with acute conditions that would typically be treated in an inpatient setting by waiving CMS's 24-hour on-site nursing requirement for hospitals that participate in Medicare. Hospitals must apply for an [1135 waiver](#) and adhere to screening and safety protocols to participate in the program. As of September 2022, 114 health systems and 253 hospitals across 37 states are [approved health facilities](#) that participate in the Acute Hospital Care At Home program. Participating hospitals admit patients from the emergency department and inpatient beds to their homes if clinically appropriate. A registered nurse evaluates each patient once daily either in-person or remotely, and two in-person visits occur daily by either registered nurses or mobile integrated health paramedics, based on the patient's nursing plan and hospital policies. The ATA opposes clinically inappropriate in-person requirements, but for these services, we understand some in-person care may be necessary.

Success of Hospital at Home Program

Recent data [revealed](#) promising outcomes of the program. With nearly 2,000 patients treated through the program, the overall mortality rate was lower than reported rates for traditionally hospitalized patients.¹ Additionally, acute hospital care at home models have been shown to lower the cost of care by [approximately 30%](#).² Cost savings are achieved by reducing excess inpatient days, decreasing the volume of clinical testing and consultations, and cutting overhead costs.

Studies of other hospital at home programs support these findings. A review of 9 randomized clinical trial studies with 959 adult patients suffering from chronic diseases revealed that the risk of readmission and long-term care admission was lower among patients who received care at home compared to those patients who received traditional in-hospital care.³ Other studies find that satisfaction among acute care patients is higher through hospital at home programs than among patients who receive acute care in a

¹ [Acute Hospital Care at Home: The CMS Waiver Experience | Catalyst non-issue content \(nejm.org\)](#)

² [How Acute Hospital Care at Home Models Bring Value to Hospitals and Patients | Guidehouse](#)

³ [Hospital-at-Home Interventions vs In-Hospital Stay for Patients With Chronic Disease Who Present to the Emergency Department - PMC \(nih.gov\)](#)



hospital setting.⁴ Furthermore, some studies suggest that there are no significant differences in care quality and safety between acute at-home care and in-hospital care.⁵

Because this care delivery model can effectively lower cost of care while improving patient health outcomes and satisfaction, several major health systems and accountable care organizations have developed their own hospital at home programs. Commercial health plans are also covering certain services offered through hospital at home programs at increasing rates. This growing interest among commercial payors and health care providers has given patients broader access to at-home acute care. However, Medicare and Medicaid patients who receive at-home care through CMS's Acute Hospital Care at Home program risk losing access to this patient-centered care delivery model if no action is taken to protect the program. At a federal and state level, advocates of the program are taking steps to ensure equitable access to hospital at home care.

Federal Landscape & Recommendations

Since the Acute Hospital Care at Home program was created under CMS' 1135 waiver authority, the program as it is currently structured will expire when the COVID-19 PHE does. It is imperative that Congress act to extend the program past the PHE to ensure patients do not lose access to at-home care, and hospital systems can continue to offer this critical program in the months and years to come.

Earlier this year, a bipartisan group of federal policymakers introduced [H.R. 7053/S.3792](#), the **Hospital Inpatient Services Modernization Act**, which would extend the Acute Hospital Care at Home program for an additional two years after the PHE expires. The bill would also require the Secretary to submit reports on the program and recommendations for related administrative and legislative action. If enacted into law, the bill would prevent the program from sunseting and give policymakers additional time to collect important evidence-based data to help understand the impacts of the program and inform future policy decisions. **The ATA urges Congress to pass the Hospital Inpatient Services Modernization Act to ensure patients can continue receiving critical healthcare services daily within the comfort and safety of their homes to treat their acute diagnoses when clinically appropriate.**

State Landscape & Recommendations

Overall, uptake of the program in states has varied but has been successful in those states that have implemented the program. Hospitals that are approved for the CMS waiver cannot admit patients without approval from their state. Some states are taking steps to continue offering acute hospital care at-home services. For example, [Wisconsin](#) recently removed its sunset provision for its Acute Hospital Care at Home program. The ATA applauds states for taking such actions to expand access to care. We strongly advocate for modality and site neutral legislation. That is, providers should have primary discretion over the location of the visit (whether in their home or the hospital) based on the patients' needs, and which technologies are best fit for the visit so long as they meet the standard of care. The ATA will continue to work to ensure policies enacted at the state level allow hospitals to participate in programs such as the Acute Hospital Care at Home program.

⁴ [Satisfaction with hospital at home care - PubMed \(nih.gov\)](#)

⁵ [Hospital-Level Care at Home for Acutely Ill Adults: a Pilot Randomized Controlled Trial | SpringerLink; What We Learned From The Acute Hospital Care At Home Waiver—And What We Still Don't Know | Health Affairs](#)