



Hospital at Home, Medicaid, and Equity: *Lessons from Three States*

Al Siu, MD, MSPH | Icahn School of Medicine at Mount Sinai

Mary Barthel, MD | Blessing Health

Miriam Tardif-Douglin, MSPH | CaroNova

Charles Pu, MD, FACP, CMD | MassHealth



The
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Webinar
September 19, 2023



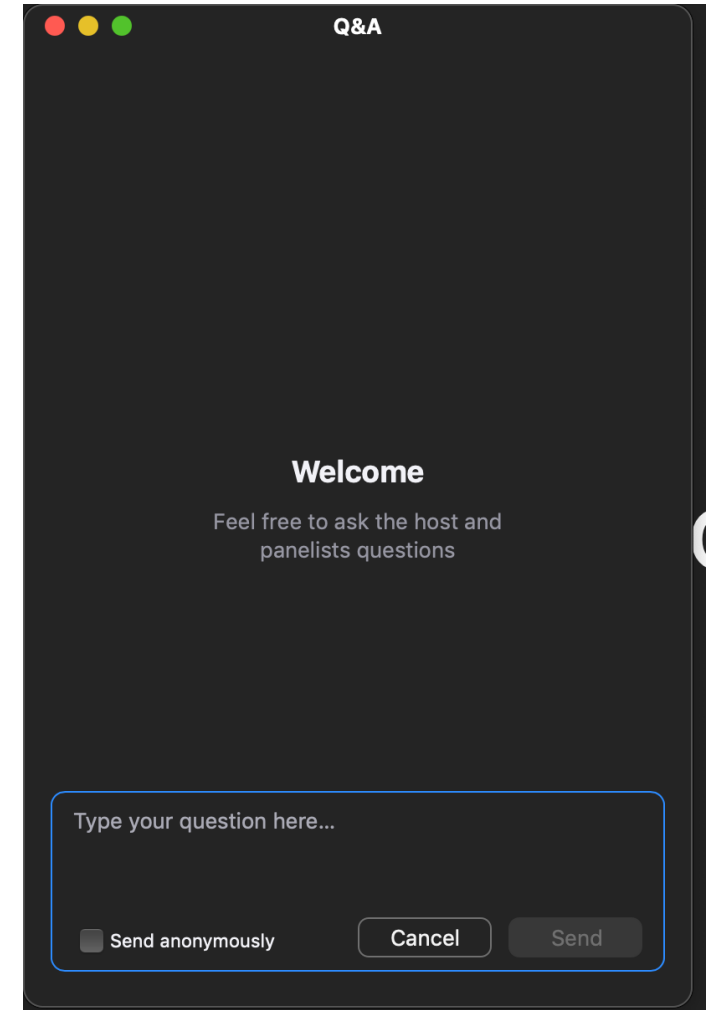
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ZOOM Webinar Housekeeping

- Please submit your questions via the Q&A option.
- Due to the large audience for today's webinar, everyone has been placed on mute.
- If you have any technical issues, please contact Jane Donahue (jdonahue@aboutscp.com) or send her a message via the Zoom chat feature.



Hospital AT Home USERS GROUP™

Website: hahusersgroup.org

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TA Center: hahusersgroup.org/technical-assistance-center

The HaH Users Group Webinar Series

Efficient, Effective, Excellent: Issues in Hospital at Home Logistics and Operations

On Time, Every Time: Delivering Hospital at Home Ancillary Services

How Are We Doing? Evaluating Hospital at Home Quality and Safety

Mastering Meds: Exploring Issues of Pharmacy in Hospital at Home

Finding Your People: Issues in Patient Identification, Recruitment and Referral

Looking Ahead: Hospital At Home Beyond the Public Health Emergency

By the Numbers: Financial Models, Value Propositions, and Projections for the Next Generation of Hospital at Home Programs

Hospital at Home for Cancer Care: Current Innovations, Opportunities, and Challenges

Building Your Dream Team: Strategies for Staffing Your Hospital at Home Program

Hospital at Home for COVID-19: What We've Learned and What We're Learning

Are We Ready?: Preparing Your Clinical Team For Delivering Hospital At Home Care

Measuring Up: Meeting Program Standards for Hospital at Home

What's Needed Next? Hospital at Home During the Extended Waiver and Beyond

Always Prepared: Ensuring Your Hospital at Home Program is Ready for Any Emergency, Large or Small

Nurses at the Forefront: Essential Clinicians in Hospital at Home Programs

See the full list of webinars on the [Events](#) page at HaHUsersGroup.org

Users Group Caregiver Experience Study

- A team of researchers at the Icahn School of Medicine at Mount Sinai is looking to interview HaH Users Group program leaders for their input on the caregiver experience and their expertise on caregiving issues.
- To participate, scan the QR code or contact info@hahusersgroup.org



2023 Annual Meeting: October 12



Hospital AT Home
USERS GROUP

ANNUAL MEETING 2023

BUILT TO LAST

All Day Virtual Event
*Featuring keynotes, panels,
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OCTOBER
12
2023

The Hospital at Home Users Group Virtual Annual Meeting will take place October 12, as a pre-conference to the in-person AAHCM Annual Meeting in Seattle, WA on October 13-14.

For more information and to register, visit:
<https://www.aahcm.org/2023-annual-meeting>



Albert Siu, MD, MSPH

Chair Emeritus, Brookdale
Department of Geriatrics and
Palliative Medicine
Icahn School of Medicine at
Mount Sinai

Today's Webinar

Hospital at Home, Medicaid, and Equity:

Lessons from Three States

Today's Speakers



Mary Barthel, MD

Chief Quality
and Safety Officer,
Blessing Health System



**Miriam
Tardif-Douglin, MSPH**

Senior Manager,
Research and Policy,
CaroNova

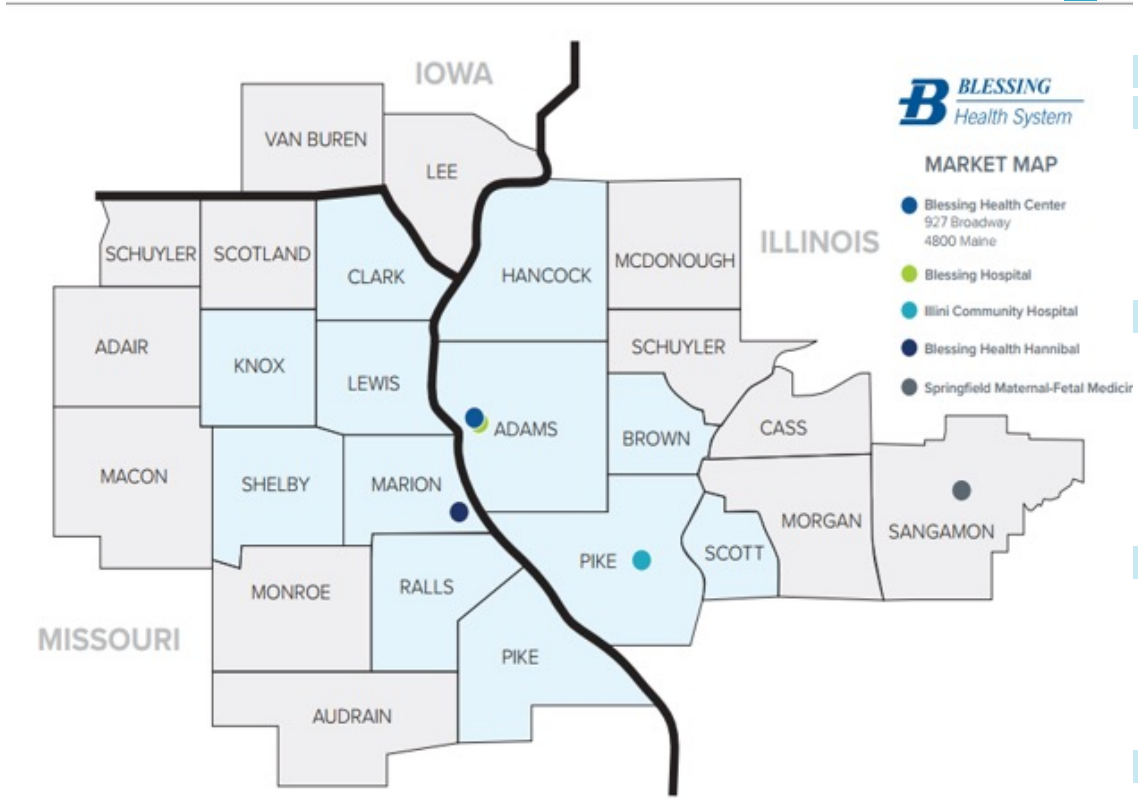
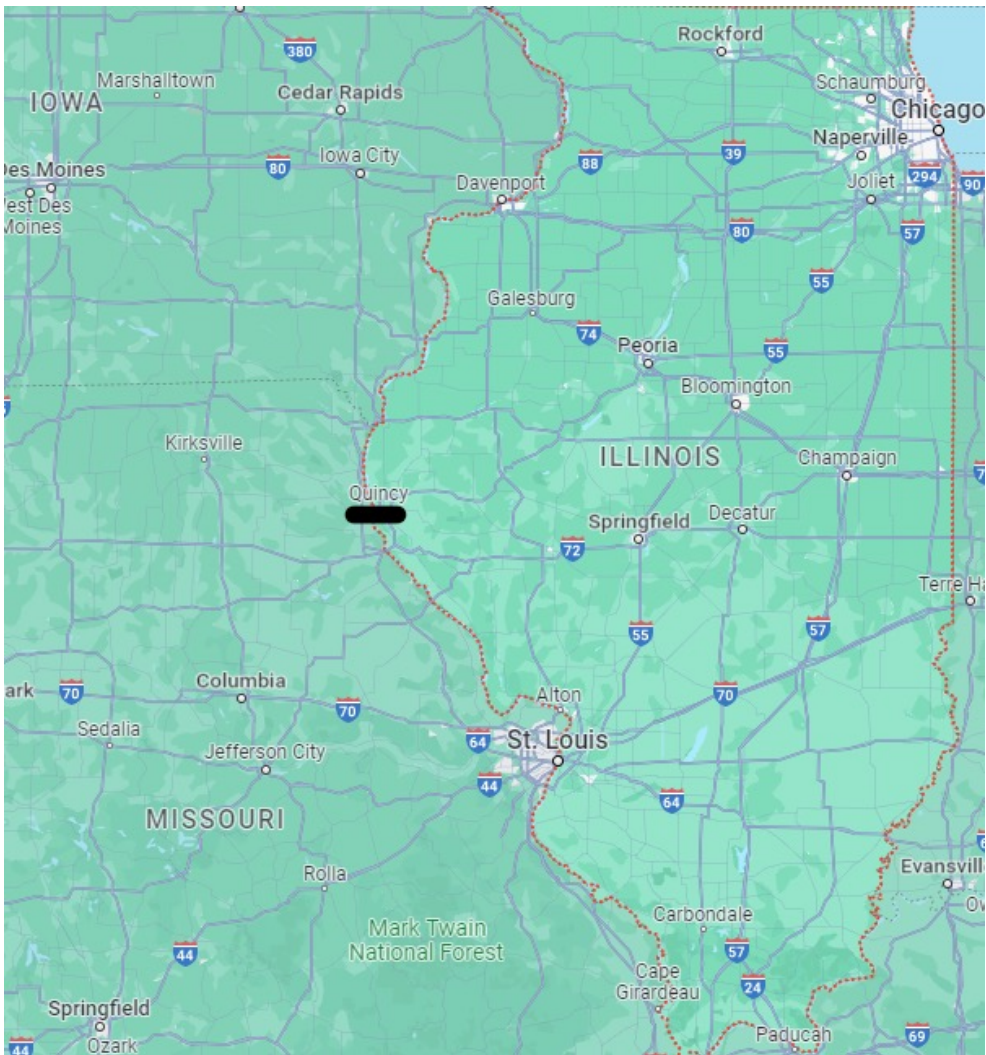


Charles Pu, MD, FACP, CMD

Senior Medical Director,
Office of Long-Term Services
& Supports,
MassHealth

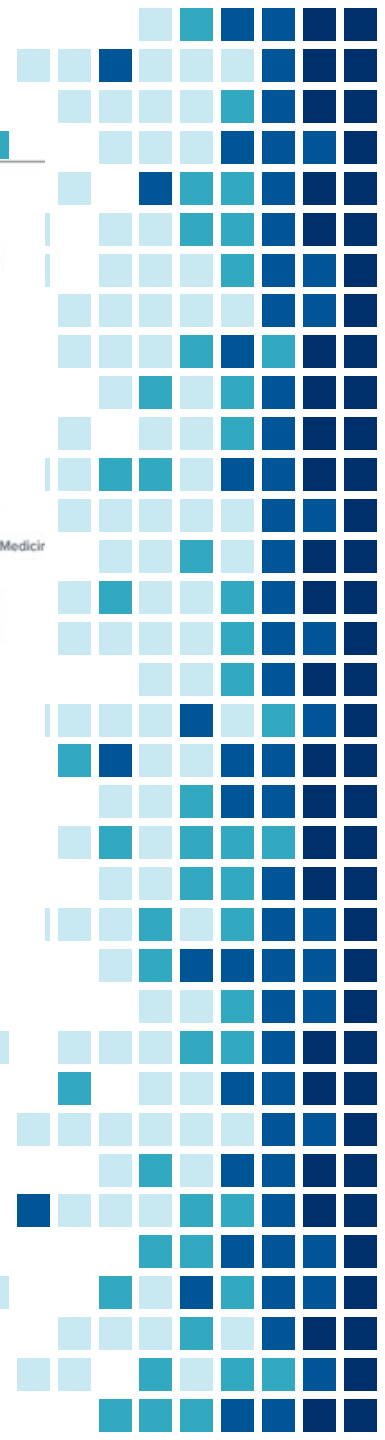
Illinois Medicaid & Hospital at Home





Quincy, IL is located along the Mississippi River in West-Central IL, 300 miles southwest of Chicago, bordering Iowa and Missouri

Blessing was the first Hospital From Home program in the state, and is the only Rural Home Hospital.



Blessing Hospital From Home Story

- Partnership with Ariadne Lab in Rural Home Hospital RCT 2021
- CMS Waiver granted late 2021
- Program go live was 2/22/22
- Completed enrollment in RCT August, 2023
- Blessing Hospital Payer Mix
 - Medicare 64%
 - Medicaid 14%
 - Managed Care 12%



Round 1: Illinois Department of Healthcare and Family Services

- Zoom call with the medical director, Dr. Arvind Goyal, for initial discussion of Medicaid coverage in September, 2022
- I presented background information on patient selection and data, as well as information on the CMS waiver program
- The only concern he ever expressed was the risk of using this service in place of homecare. He indicated need for further research.



Current Illinois Hospital From Home Programs

- Blessing Hospital
- Northwestern
- University of Chicago
- University of Illinois, Chicago
- OSF



Round 2: Zoom call with IL Dept HFS

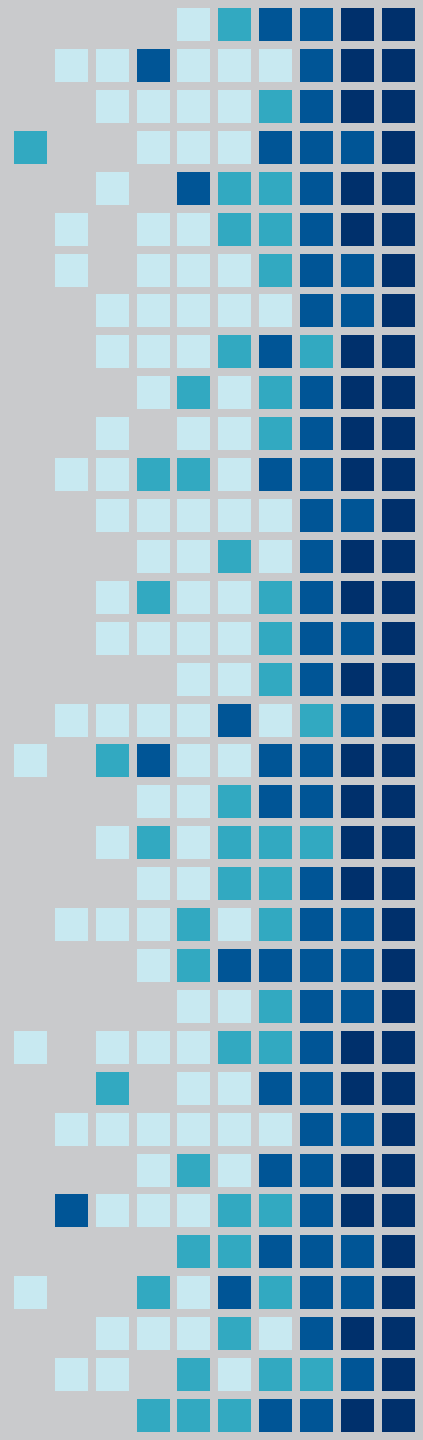
9/1/23

- Ben Winick, Chief of Staff
- Melissa Black, Associate Medicaid Administrator
- Dan Jenkins, Dept Administrator for Rates & Finance
- Leadership from the 5 Hospital at Home programs of Illinois
- We briefly presented background on the Illinois programs as well as an overview of research to date on outcomes of Hospital From Home



Basics.

The most surprising aspect of the discussion was identifying we should have started from the beginning with the basics of the H@H model of care.



Questions and areas of interest

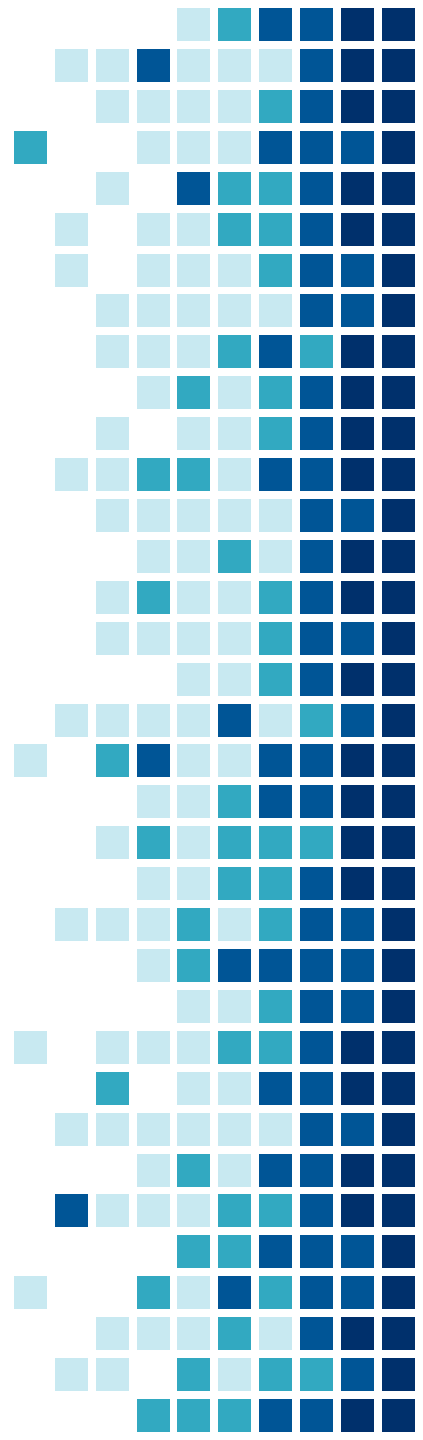
- Inclusion/exclusion criteria
- Patient monitoring and caregiver support
- Quality and safety metrics
- The future of the CMS waiver
- Impact on Critical Access Hospitals
- Health Equity and access to care data
 - American Geriatrics Society

Health equity in Hospital at Home: Outcomes for economically disadvantaged and non-disadvantaged patients



Next Steps

- We sent the panel links to all available research to date
- The Chief of Staff did ask how states go about operationalizing the approval of Medicaid for H@H services.
- I have asked for contact info from State of Massachusetts so that the administrators can have direct conversation re process.

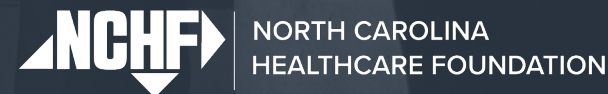




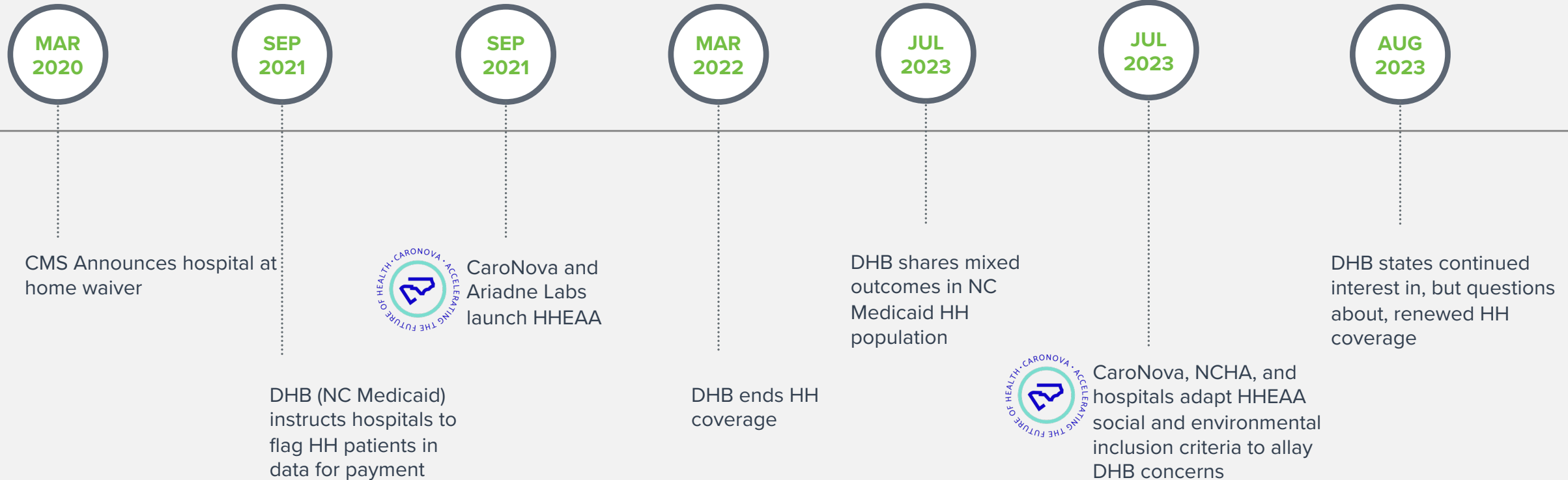
THE CONVENER
OF CHANGE

Hospital at Home, Medicaid, and Equity in North Carolina

Miriam Tardif-Douglin, MSPH
Senior Manager, Research and Policy
CaroNova



Timeline



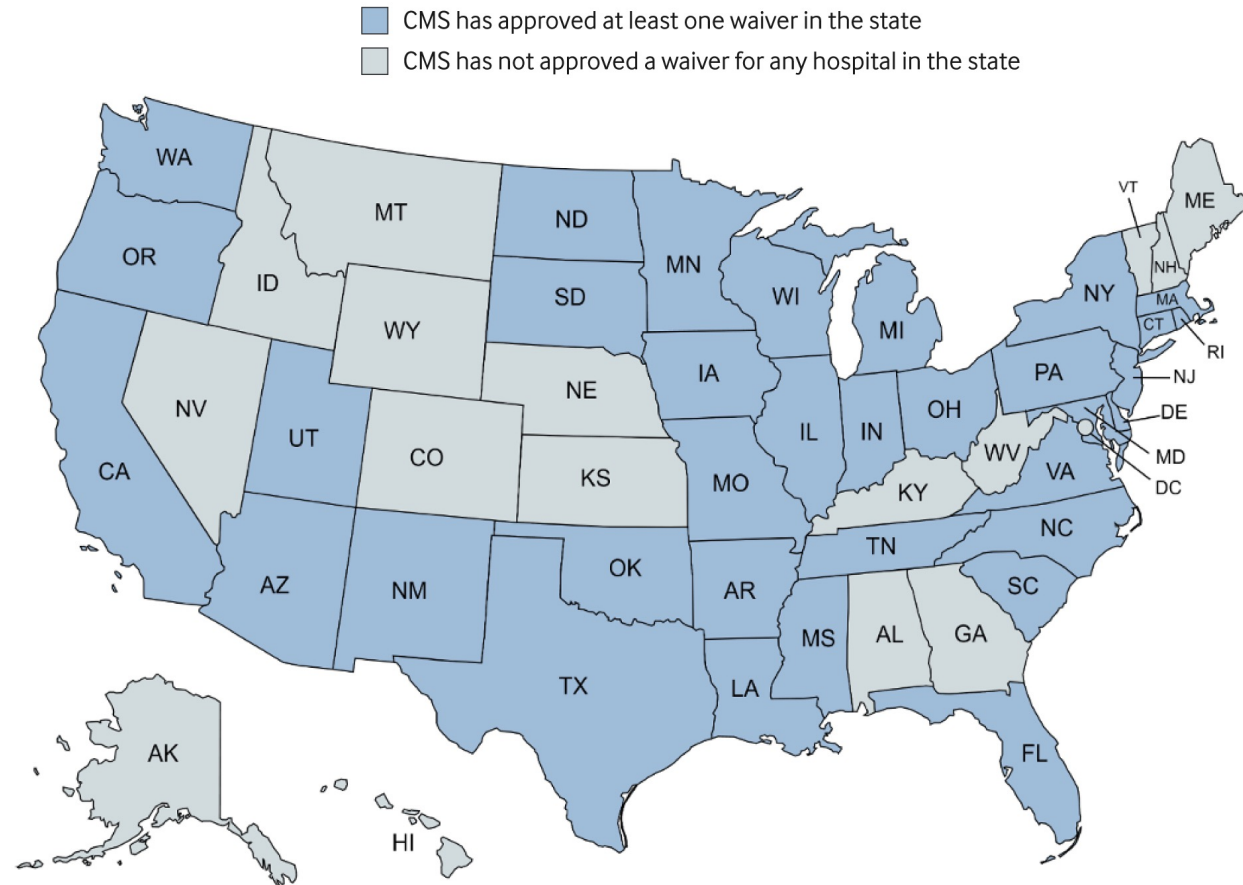


3/2020

CMS Announces
hospital at home
waiver

Geographic Distribution of Waiver Uptake

Overall, uptake in states across the country has varied. Hospitals that are approved for the waiver cannot admit patients without the approval of their state laws. As of November 12, 2021, CMS waiver approval is not dependent on state approval; however, state laws supersede any federal flexibilities.



Source: The authors, created with MapChart template, <https://mapchart.net/usa.html>

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society

9/3/2021 – The NC Division of Health Benefits instructs hospitals to flag HH patients in data for Medicaid payment

“SPECIAL BULLETIN
COVID-19 #182:
Temporary Availability
of the Hospital at
Home Program”

September 3, 2021

“Eligible hospitals will be reimbursed under the existing NC Medicaid inpatient hospital reimbursement methodology but will need to document the Condition Code of DR twice on their claim to identify patients who are “admitted to home.” All claims are subject to audit, and the double entry of the DR condition code is the flag that we will use to verify the location of service is at home. NC Medicaid will study and consider the experience of the HAH model of care during the pandemic to inform future policy direction.”

DHB: Division of Health Benefits

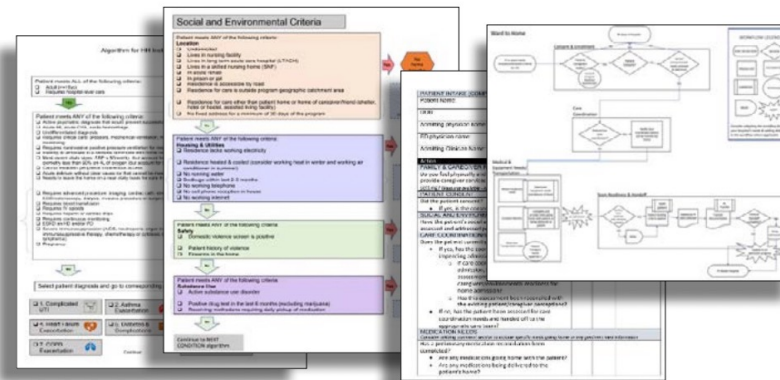


9/9/2021 – CaroNova and Ariadne Labs launch the Home Hospital Early Adopters Accelerator

THE CONVENER
OF CHANGE

Project Update

Knowledge products (KPs) one through six are successfully completed, with a total of 17 hospitals or health systems participating in the development of these helpful Home Hospital tools. Descriptions of the first five KPs can be found in this newsletter. The next round of sprints begins in January. The KPs slated for development include urgent response and IV medication workflows, a home hospital dashboard, and software solutions for home hospital. Zoom-in to the project team's regular office hours on Thursdays and Fridays to ask questions or learn about different ways to participate in sprints. (Did you know? You only need one person from your team to participate on sprints.)



CaroNova Project Team

Dr. LaPonda Edmondson
Senior Director of Evaluation

Jai Kumar

Senior Director of Program Design

Isaiah Omerhi
Implementation Research
Associate

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Research & Policy Analyst

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Project Manager

Ariadne Labs Project Team

Margaret Ben-Or
Assistant Director of Strategic
Projects

Stephanie Blitzer
Project Coordinator

Meghna Desai
Senior Research Assistant

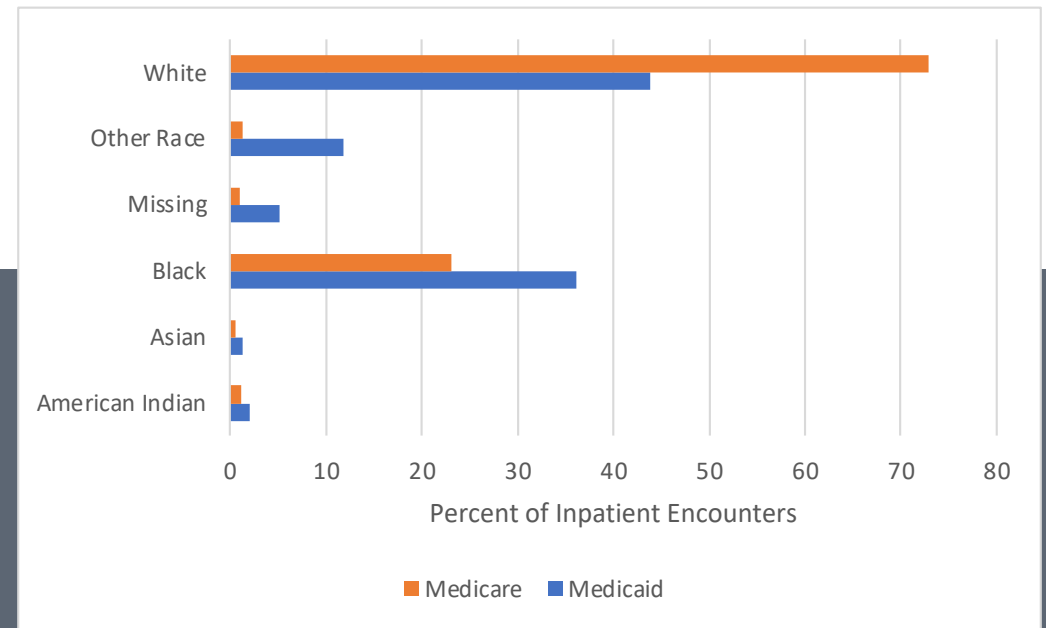
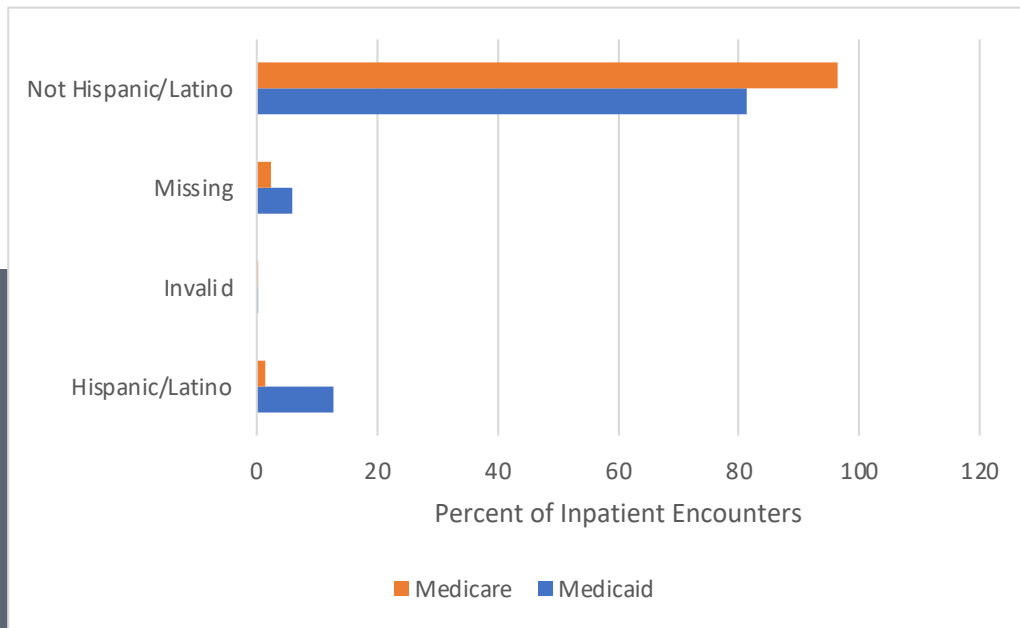
Dr. David Levine
Principal Investigator & Product
Owner

Indigo Miller
Clinical Implementation Specialist

3/31/2022 – Division of Health Benefits ends Medicaid coverage for Home Hospital in North Carolina

Ending Medicaid coverage limited HH to a more racially and ethnically homogenous population

Inpatient encounters by ethnicity and race from January 2016 to December 2022 in North Carolina





7/14/2023

DHB shares mixed
outcomes in NC
Medicaid home
hospital population

Resulting DHB concerns about home
hospital compatibility with the unique
social and environmental realities of
Medicaid patients

DHB: Division of Health Benefits

Social and Environmental Criteria



7/24/2023

CaroNova, NCHA, hospitals adapt HHEAA patient inclusion criteria to allay DHB concerns

Patient meets ANY of the following criteria:

Location

- Undomiciled
- Lives in nursing facility
- Lives in long term acute care hospital (LTACH)
- Lives in a skilled nursing home (SNF)
- In acute rehab
- In prison or jail
- Residence is inaccessible by road
- Residence for care is outside program geographic catchment area
- Residence for care other than patient home or home of caregiver/friend (shelter, hotel or hostel, assisted living facility)
- No fixed address for a minimum of 30 days of the program

Yes



Include any of the following considerations only if relevant to your program (delete this box after)



Patient meets ANY of the following criteria:

Housing & Utilities

- Residence lacks working electricity
- Residence not heated or cooled (consider working heat in winter and working air conditioner in summer)
- No running water
- Bedbugs within last 2-3 months
- No working telephone
- No cell phone reception or working internet in the house

Yes



Include any of the following considerations only if relevant to your program (delete this box after)

DHB: Division of Health Benefits
HHEAA: Home Hospital Early Adopters Accelerator



8/11/2023

DHB states continued interest in, but questions about, renewed home hospital coverage

“How do we safeguard patients? How do we implement this model in the most effective way?” – NC DHB Representative

What is the long-term federal sustainability mechanism to justify investment?

DHB: Division of Health Benefits

The background features a dark, semi-transparent image of a modern building with large windows and a fountain in the foreground. A bright green rectangular overlay covers the left and center portions of the image, serving as a background for the text.

Thank you!



Hospital-at-Home, Medicaid and Health Equity: The Massachusetts Medicaid (MassHealth) Experience

The Hospital-at-Home Users Group Webinar Series

9/19/23

Charles (Chuck) T. Pu, MD
Senior Medical Director, Massachusetts Medicaid (MassHealth)
ForHealth Consulting, UMass Chan Medical School
Attending Physician, Mass General Hospital Division of Palliative Care & Geriatric Medicine
Assistant Professor, Harvard Medical School

Agenda

- I. Background
- II. Current State
- III. What's Next?

I. Background - Key Milestones for HaH at Massachusetts Medicaid (MassHealth)

Key:

- Green font = national
- Black font = Massachusetts



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

MassHealth
Acute Inpatient Hospital Bulletin 180
February 2021

1. March 2020:

- A. Start of the federal covid-19 public health emergency (PHE)
- B. CMS announces its [Hospitals Without Walls Program](#)

2. November 2020: CMS announces Acute HaH Waiver Program

3. February 2021: MassHealth releases the [MassHealth Acute Inpatient Hospital Bulletin 180](#), becoming the first State Medicaid Agency to cover HaH services delivered by hospitals approved via CMS' AHCaH waiver, and that MassHealth will pay at parity.

4. March 2021: MassHealth releases the [MassHealth Managed Care Entity Bulletin 56](#), announcing that MassHealth managed care entities must cover HaH services for Medicaid members.

5. Jan 2022: CMS announces new [Span Code 82 and Revenue Code 0161 for HaH admissions](#), effective July 1, 2022 (for Medicare billing)

6. December 2022: [HR 2716 Consolidated Appropriations Act \(CAA\)](#) is signed by President Biden, extending the AHCaH program until the end of December 2024.

7. March - September 2023: MH clinical leadership present our State's Medicaid experience at international and national HaH conferences & venues

8. May 2023: the covid federal and states public health emergencies end

TO: Acute Inpatient Hospitals Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth
RE: Coverage of and Reimbursement for Hospital-at-Home Services

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.

I. Background – MassHealth’s Descriptive Experience (Nov 2020 – Jun 2022) with HaH *Unpublished data presented at the World HaH Congress – March 2023*

During the first twenty months of the CMS HaH Waiver program, there were 277 distinct HaH episodes at three CMS HaH Waiver-approved hospitals in MA

- *Total Individuals: 255*
- *Mean age: 65 years old*
- *Gender: 64% female; 37% male*
- *Insurance coverage: 75 episodes (27%) were covered exclusively by Medicaid
202 episodes (73%) were covered by both Medicaid & additional health insurance*

Outcomes included the following:

- *Top Primary Admitting Diagnoses: Hypertensive Heart & Kidney/CKD , Pneumonia, Cellulitis, Other Infection, COPD Exacerbation, Hypertensive Heart Disease with Heart Failure and COVID-19 accounted for 51% of Primary Admitting Dxs.*
- *HaH Care escalations: 3%*
- *30-day all-cause readmissions: 16%*
- *Post-HaH dispositions: home (59%), home with skilled home health services (35%), hospice (2%), skilled nursing facility (1%)*

II. Current State: MassHealth and HaH

Massachusetts:

- In the past **36 months (from October 2020 – Sept 2023)**, there have been approximately 900 HaH admissions among MassHealth members. These 900+ HaH admissions make up less than 1% of all hospital admissions among MassHealth members.
- Currently there are a total of 19 of CMS HaH Waiver-Approved Hospitals in MA.¹ (31% of all MA Hospitals).
 - 6 health systems
 - 13 new CMS Waiver-approved HaH programs added in the past 12 months.¹
 - 4 hospitals have billed MassHealth for a HaH admission.
 - 14 Massachusetts hospitals that have CMS approval have not yet launched their HaH program.

Nationally:

- As of August 23, 2023, HaH is offered by 125 health systems, 296 hospitals in 37 States. ¹
- Among Medicaid programs, ~8 states cover HaH, ~13 states do not cover HaH, and in ~29 states coverage is unclear.²
- The CMS HaH waiver program is due to expire in December 2024.

1. <https://qualitynet.cms.gov/acute-hospital-care-at-home/resources>

2. [State Campaign for HaH – Medicaid map](#) (retrieved online 9/6/2023)

III. What's Next for MassHealth and HaH

A. Continue developing a Medicaid HaH Policy Framework :

- a) **Payment parity** - Should a Medicaid program reimburse HaH admissions at the same rate as brick-and-mortar admissions?
- b) **Billing & DRG codes** - What billing codes should a Medicaid program instruct providers to use when billing for HaH services? New HaH DRG Codes?
- c) **Legislative & regulatory issues** - What new state legislation or new state regulations are needed for beginning HaH coverage? Should Medicaid support increased programmatic flexibilities above current CMS' HaH Waiver?
- d) **Utilization management & Program integrity** - How should Medicaid programs conduct utilization management & program integrity related to HaH services?
- e) **Health equity** - How should Medicaid programs monitor the impact of HaH on issues related to health equity?

B. Disseminate MassHealth's HaH experience with a focus on health equity.

C. Advance and support much needed rigorous HaH evaluations with a focus on health equity.

Thank You!



QUESTIONS

HaH Caregiver Experience Study

Scan the QR code or contact info@hahusersgroup.org



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For More Information

- Hospital at Home Users Group
<https://hahusersgroup.org/>
- Hospital at Home Users Group Technical Assistance Center
<https://www.hahusersgroup.org/technical-assistance-center/>
 - **Featured Resource – Annotated CMS Waiver**
<https://www.hahusersgroup.org/technical-assistance-center/cms-waiver-requirements/options-for-addressing-the-2020-cms-waiver-requirements/>

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