

CMS Responses to ‘Straight Talk’ Webinar

Audience Questions

Responses authored by Dr. Ashby Wolfe, Physician Lead of the Acute Hospital Care at Home Waiver Initiative at CMS. Updated on 9/23/2026.

If you have an approved Tier 2 Waiver when and how do you become a Tier 1 so the reporting requirements can be lessened?

Hospitals are approved at their Tier level for the life of the AHCAH initiative. If approved as a Tier 2, they remain Tier 2 with the weekly reporting requirements for the duration of the initiative.

If our Health System has approved waivers for several of our hospitals and has served well over 25 beneficiaries with a centralized H@H approach can we apply for additional hospital waivers for hospitals in our System as a Tier 1 experienced program?

Hospitals are approved at their Tier level for the life of the AHCAH initiative. If approved as a Tier 2, they remain Tier 2 with the weekly reporting requirements for the duration of the initiative.

Does an ED include advanced urgent care centers? How about freestanding ED?

Hospitals participating in the Inpatient Prospective Payment System (IPPS) may request an AHCAH waiver. CMS approves AHCAH waivers at the CCN level; if there are multiple provider-based locations affiliated with or operating under an approved CCN those provider-based locations may also participate with the IPPS hospital in AHCAH. However, individual freestanding EDs or urgent care centers may not participate in the AHCAH initiative.

Can you repeat those billing codes/modifiers one more time?

To track inpatient claims submitted for the Acute Hospital Care at Home program, the National Uniform Billing Committee approved the following codes for claims received on or after July 1, 2022: the Revenue Code 0161 (Hospital at Home, R&B/Hospital at Home) and Occurrence Span Code 82 (Hospital at Home Care Dates). See also: <https://www.cms.gov/regulations-and-guidance/guidance/transmittals/transmittals/r11191otn>

Do evening meds need to be witnessed virtually?

CMS requires that self-administration of medications done in the hospital-at-home

environment be implemented in accordance with existing hospital medication self-administration policy. CMS recommends that all self-administration of medications be witnessed virtually to ensure real-time observation and documentation.

Can you describe the workflows between telehealth and hospital at home. How these programs go hand in hand and how staging of programming might go? For example, is a strong telehealth program helpful as a first step towards being prepared for a hospital at home program?

We recommend reviewing some of the information on our AHCAH website (<https://qualitynet.cms.gov/acute-hospital-care-at-home/resources>), as well as connecting directly with the resources offered by the Hospital at Home Users Group.

Does a telehealth visit count as an in-person nursing visit if remote monitoring equipment is used?

No. CMS requires two in-person nursing visits per day. Additional remote or virtual nursing visits may occur as clinically appropriate but may not substitute for the in-person care. Both required in-person visits may be completed by a Mobile Integrated Health paramedic supported virtually by an RN, if deemed consistent with the optimal plan for the patient's care (and consistent with state scope of practice laws). These in-person visits must include the expected care delivered by an RN, including the establishment of an appropriate nursing plan for the patient.

Dr. Wolfe, you mentioned a second RN visit needed by HaH. To clarify, does a HaH RN need to do a video visit on the day of transfer if the first home visit is completed by a MIH?

Two in-person nursing visits per day are required; if a Mobile Integrated Health paramedic completes the first home visit in-person there must be a virtual RN component to cover the expected care delivered by an RN (including the establishment and further development of an appropriate nursing plan for the patient).

As Hospital at Home scales, what workforce or staffing challenges are you seeing across participating programs? In particular, are programs using non-clinical or direct care workers to support care delivery in the home, and if so, what roles are they playing? Does CMS define any requirements or boundaries around the qualifications or tasks of those workers?

CMS requires that any staff providing or supporting care to beneficiaries under the AHCAH initiative be trained to provide inpatient-level care, consistent with state licensure and scope of practice requirements. CMS also requires that there be a clear supervisory structure of all staff under appropriate hospital leadership.

What are hospitals doing with their medical waste created at home? (Sharps, pharmaceutical, red bag waste)

CMS requires hospitals to maintain the same standards of waste management and infection control and prevention as is expected in the brick-and-mortar facility under the Medicare Hospital Conditions of Participation.

For the Sept 2029 report to Congress, how is CMS calculating costs of HaH episodes? I believe that how the literature typically calculates costs in BMR does not translate well to calculating HaH costs and in turn, local health system leaders are not adequately capturing ROI of their HaH programs.

CMS has not developed our final approach to the cost analysis that will be included in the 2029 Study of the AHCAH initiative.

Is CMS Looking at H@H in terms of patient's experience with care the same way (in terms of PSSM 5 Domains) as hospital care?

We hold participating hospitals to the same standards of care for inpatients regardless of whether that patient is served by the hospital at home team or another inpatient service. Hospitals participating in AHCAH continue to report to the CMS Inpatient Quality Reporting program on all their inpatients, including the reporting of the Patient Safety Structural Measure (PSSM).

Curious if there is any data on what % of patients hesitate or decline Hospital at Home because they're not comfortable opting in particularly if they are by living themselves?

CMS does not collect this type of data.