

Report on Medicare Compliance Volume 29, Number 44. December 14, 2020 With 24/7 Nursing Waiver, CMS Opens Door to Inpatients at Home, Asks States to Play Ball

By Nina Youngstrom

With an individual waiver of round-the-clock nursing care now in reach, hospitals will be able to treat Medicare inpatients at home during the public health emergency (PHE), freeing up beds as cases of COVID-19 surge. The CMS Acute Hospital Care at Home program,^[1] announced Nov. 25, adds a new dimension to Hospitals Without Walls, the series of blanket waivers that enable hospitals to treat inpatients in temporary expansion sites during the PHE. Hospitals still have a hurdle at the state level, but in a Dec. 7 letter,^[2] CMS Administrator Seema Verma asked governors to get on board by waiving licensure requirements and ensuring Medicaid payments. Hospitals also face the challenge of patient selection, because there are inherent risks when people who are sick enough for inpatient admission can only buzz the nurse for help virtually.

Acute Hospital Care at Home is new for fee-for-service Medicare, but the usual inpatient prospective payment system policies and billing rules apply. CMS officials said hospitals should submit claims with the DR (disaster related) condition code for the use of waivers.

This is not a version of home health, although there has been some confusion on that score. “This program is true inpatient hospital care at home. It’s not just homebound patients in need of home health care,” said attorney Ross Sallade, with Polsinelli in Chicago, at a webinar sponsored by the firm.

Hospitals must apply for a waiver of the Medicare conditions of participation (CoPs) that require the immediate availability of a registered nurse (RN) 24 hours a day, seven days a week. Hospitals also will rely on CMS’s blanket waivers for temporary expansion sites, which set aside certain CoPs in March to help hospitals increase their capacity and segregate people potentially infected with COVID-19,^[3] said attorney Ann McCullough, with Polsinelli in Denver. For example, CMS waived some discharge planning requirements during the PHE (e.g., hospitals don’t have to give patients quality ratings for post-acute care providers).

This document is only available to subscribers. Please log in or purchase access.

[Purchase Login](#)