

## Acute Hospital Care at Home (Home Hospitalization)

Also known as	<div><div>1. Advanced care at home</div><div>2. Home hospital care</div><div>3. Home hospitalization</div><div>4. Hospital at home</div><div>5. Hospital in your home</div></div>						
Introduction	<p>Home hospitalization, also called hospital at home, is an innovative, evidence-based care model providing hospital-level care for selected patients in their home as a substitute for acute hospital care. The patient receives hospital level care and 24/7 monitoring from the comfort of their home.</p>						
Program background	<p>Not every hospital offers this program; in order for a provider to be eligible to admit Medica members into a program they must be approved for the CMS waiver program and be contracted with Medica to provide the service. CMS established the Acute Hospital Care at Home waiver program during the Public Health Emergency as a way for experienced hospitals to divert Medicare patients to home setting in order to deal with high demand and capacity issues for inpatient beds.</p> <p>To be admitted to the Acute Hospital Care at Home program, a member must meet specific inpatient admission criteria and screened per protocol of attending practitioner at a designated facility contracted to provide the service. A member must live within 30 miles of a Home Hospitalization provider in order to enroll in Acute Hospital Care at Home determined by attending practitioner. Care will be provided and coordinated by the hospitals Acute Hospital Care at Home team.</p> <p>New coding for home hospitalization has been established by the National Uniform Billing Committee. (Revenue code 0161 and occurrence span code 82, and dates).</p> <p>Network participating facilities who have the CMS Acute Hospital Care at Home approved waiver, are eligible to become designated providers. The provider will have their contractual agreement amended to include the approved codes for reimbursement.</p>						
Participating providers	<p>Currently only certain providers designated by CMS and Medica are eligible to participate in this program.</p> <p><b>PSC:</b> If a participating provider would like to become an Acute Hospital Care at Home Designated Facility, they should contact their Medica Contract Manager or submit request to <a href="mailto:Netmanquest@medica.com">Netmanquest@medica.com</a>.</p> <table><tr><th>Designated by</th><th>Provider details</th></tr><tr><td>CMS</td><td><ul style="list-style-type: none"><li>Any provider certified by CMS Acute Hospital Care at Home Waiver Program and is designated by Medica to participate in this program based on their contract with Medica.</li><li><b>CMS resource:</b> <a href="https://www.cms.gov/files/document/covid-acute-hospital-care-home-program-approved-list-hospitals.pdf">https://www.cms.gov/files/document/covid-acute-hospital-care-home-program-approved-list-hospitals.pdf</a></li></ul></td></tr><tr><td>Medica</td><td><ul style="list-style-type: none"><li>Anderson Community Hospital; TIN: 74-2849611<ul style="list-style-type: none"><li>– <b>Effective:</b> 1.1.24</li></ul></li><li>Hedrick Medical Center; TIN: 43-1735565<ul style="list-style-type: none"><li>– <b>Effective:</b> 1.1.24</li></ul></li><li>Mayo Clinic (Arizona)<ul style="list-style-type: none"><li>– Mayo Medical Plan and Medicare members</li></ul></li><li>Mayo Clinic (Jacksonville, Florida)<ul style="list-style-type: none"><li>– Mayo Medical Plan and Medicare members</li></ul></li><li>Mayo Clinic Health System (NW Wisconsin)<ul style="list-style-type: none"><li>– Mayo Medical Plan and Medicare members</li><li>– <b>Effective 5.1.24:</b> Medica CompleteHealth (Commercial), Engage by Medica (IFB)</li></ul></li><li>Park Nicollet Methodist Hospital ; TIN: 41-0132080<ul style="list-style-type: none"><li>– <b>Effective:</b> 1.1.24</li></ul></li><li>Regions Hospital; TIN: 41-0956618<ul style="list-style-type: none"><li>– <b>Effective:</b> 1.1.24</li></ul></li><li>Saint Luke’s Allen County Regional Hospital; TIN: 84-3362602<ul style="list-style-type: none"><li>– IFB Select and Medicare Cost members</li><li>– <b>Effective:</b> 1.1.24</li></ul></li><li>Wright Memorial Hospital; TIN: 43-1707306<ul style="list-style-type: none"><li>– <b>Effective:</b> 1.1.24</li></ul></li></ul></td></tr></table>	Designated by	Provider details	CMS	<ul style="list-style-type: none"><li>Any provider certified by CMS Acute Hospital Care at Home Waiver Program and is designated by Medica to participate in this program based on their contract with Medica.</li><li><b>CMS resource:</b> <a href="https://www.cms.gov/files/document/covid-acute-hospital-care-home-program-approved-list-hospitals.pdf">https://www.cms.gov/files/document/covid-acute-hospital-care-home-program-approved-list-hospitals.pdf</a></li></ul>	Medica	<ul style="list-style-type: none"><li>Anderson Community Hospital; TIN: 74-2849611<ul style="list-style-type: none"><li>– <b>Effective:</b> 1.1.24</li></ul></li><li>Hedrick Medical Center; TIN: 43-1735565<ul style="list-style-type: none"><li>– <b>Effective:</b> 1.1.24</li></ul></li><li>Mayo Clinic (Arizona)<ul style="list-style-type: none"><li>– Mayo Medical Plan and Medicare members</li></ul></li><li>Mayo Clinic (Jacksonville, Florida)<ul style="list-style-type: none"><li>– Mayo Medical Plan and Medicare members</li></ul></li><li>Mayo Clinic Health System (NW Wisconsin)<ul style="list-style-type: none"><li>– Mayo Medical Plan and Medicare members</li><li>– <b>Effective 5.1.24:</b> Medica CompleteHealth (Commercial), Engage by Medica (IFB)</li></ul></li><li>Park Nicollet Methodist Hospital ; TIN: 41-0132080<ul style="list-style-type: none"><li>– <b>Effective:</b> 1.1.24</li></ul></li><li>Regions Hospital; TIN: 41-0956618<ul style="list-style-type: none"><li>– <b>Effective:</b> 1.1.24</li></ul></li><li>Saint Luke’s Allen County Regional Hospital; TIN: 84-3362602<ul style="list-style-type: none"><li>– IFB Select and Medicare Cost members</li><li>– <b>Effective:</b> 1.1.24</li></ul></li><li>Wright Memorial Hospital; TIN: 43-1707306<ul style="list-style-type: none"><li>– <b>Effective:</b> 1.1.24</li></ul></li></ul>
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Acute Hospital Care at Home (Home Hospitalization), Continued

Included products

Included products depend on the line of business (LOB). Refer to the table below.

**\*Pilot Basis until further notice:** Means members can be enrolled in an Acute Hospital Care at Home program even though their benefit document does not include the benefit language. Pilot Basis is provider specific and only applies to Medica designated facilities (such as Mayo Clinic).

LOB	Product	Benefits	Platform
Commercial, MHPS	<ul style="list-style-type: none"><li>Mayo Medical Plan</li><li><b>Beginning:</b> 7.1.22</li></ul>	<ul style="list-style-type: none"><li>Mirrors inpatient benefit.</li><li>Subject to deductible, coinsurance, and copays.</li></ul>	<ul style="list-style-type: none"><li>HR 2</li></ul>
	<ul style="list-style-type: none"><li>Medica Complete Health</li><li><b>Beginning:</b>1.1.23</li></ul>	<ul style="list-style-type: none"><li>Mirrors inpatient benefit.</li><li>Subject to deductible, coinsurance, and copays.</li></ul>	<ul style="list-style-type: none"><li>COSMOS</li><li>UNET</li></ul>
	<ul style="list-style-type: none"><li>MN Passport, WI Passport</li><li><b>Beginning:</b> DOS 1.1.23 as groups renew</li></ul>	<ul style="list-style-type: none"><li>Mirrors inpatient benefit.</li><li>Subject to deductible, coinsurance, and copays.</li></ul>	<ul style="list-style-type: none"><li>COSMOS</li><li>UNET</li></ul>
	<ul style="list-style-type: none"><li>Park Nicollet and HealthPartners Medical Group First with Medica</li><li><b>Beginning:</b>1.1.24</li></ul>	<ul style="list-style-type: none"><li>Mirrors inpatient benefit.</li><li>Subject to deductible, coinsurance, and copays.</li></ul>	<ul style="list-style-type: none"><li>COSMOS</li></ul>
	<ul style="list-style-type: none"><li>All other Commercial Plans including MHPS</li><li><b>Beginning:</b> Pilot basis until further notice *</li></ul>	<ul style="list-style-type: none"><li>Mirrors inpatient benefit.</li><li>Subject to deductible, coinsurance, and copays.</li></ul>	<ul style="list-style-type: none"><li>COSMOS</li><li>UNET</li><li>HR 2</li></ul>
IFB	<ul style="list-style-type: none"><li>Applause</li><li>Individual Choice</li><li>Insure</li><li>Select (starting 1.1.24)</li><li>Engage by Medica (starting 5.1.24)</li><li><b>Beginning:</b> Pilot basis until further notice *</li></ul>	<ul style="list-style-type: none"><li>Mirrors inpatient benefit.</li><li>Subject to deductible, coinsurance, and copays.</li></ul>	<ul style="list-style-type: none"><li>HR 1</li></ul>
	<ul style="list-style-type: none"><li>All IFB ACOs</li><li><b>Beginning:</b> Pilot basis until further notice*</li></ul>	<ul style="list-style-type: none"><li>Mirrors inpatient benefit.</li><li>Subject to deductible, coinsurance, and copays.</li></ul>	<ul style="list-style-type: none"><li>HR 1</li></ul>
Medicaid	<ul style="list-style-type: none"><li>AccessAbility Enhanced (I-SNBC), DUAL Solution (MSHO), MSC+</li><li><b>Beginning:</b> 7.1.22</li></ul>	<ul style="list-style-type: none"><li>Eligible when Medicare is primary.</li><li>COB with Medicare</li></ul>	<ul style="list-style-type: none"><li>COSMOS</li></ul>
	<ul style="list-style-type: none"><li>All other Medicaid Plans: AccessAbility (SNBC), MNCare, PMAP</li></ul>	<ul style="list-style-type: none"><li>Eligible when Medicare is primary.</li><li>COB with Medicare</li></ul>	<ul style="list-style-type: none"><li>COSMOS</li><li>HR 2</li></ul>
Medicare	<ul style="list-style-type: none"><li>Cost (Prime Solution)</li><li><b>Beginning:</b> 7.1.22</li></ul>	<ul style="list-style-type: none"><li>Eligible when Medicare is primary.</li><li>COB with Medicare</li></ul>	<ul style="list-style-type: none"><li>COSMOS</li></ul>
	<ul style="list-style-type: none"><li>Med Advantage</li><li><b>Beginning:</b> 7.1.22</li><li></li></ul>	<ul style="list-style-type: none"><li>Mirrors inpatient benefit.</li><li>Subject to deductible, coinsurance, and copays.</li></ul>	<ul style="list-style-type: none"><li>HR 2</li><li></li></ul>
	<ul style="list-style-type: none"><li>Med Supp (Select Solution)</li><li><b>Beginning:</b> 7.1.22</li></ul>	<ul style="list-style-type: none"><li>Eligible when Medicare is primary.</li><li>COB with Medicare</li></ul>	<ul style="list-style-type: none"><li>COSMOS</li></ul>
	<ul style="list-style-type: none"><li>Med Supp (Signature Solution )</li><li><b>Beginning:</b> 7.1.22</li></ul>	<ul style="list-style-type: none"><li>Eligible when Medicare is primary.</li><li>COB with Medicare</li></ul>	<ul style="list-style-type: none"><li>COSMOS</li></ul>

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Acute Hospital Care at Home (Home Hospitalization), Continued

How are members enrolled

Members are enrolled in the program following an admission to the Emergency Room (ER) or could be transferred from an inpatient stay to the Acute Hospital Care at Home Program. Refer to the table below.

Transferred from	Details
Inpatient stay	<ul style="list-style-type: none"><li>• The designated facility is responsible for explaining the program to the member.<ul style="list-style-type: none"><li>– Such as: details on services provided in the home, what is included, excluded, timelines, and expected outcomes.</li></ul></li><li>• Attending practitioner and designated facility will contact members by phone, secure message platform, or video conference using remote monitoring.</li><li>• <b>Important:</b> Participation is voluntary. Members may decline or opt out of Acute Hospital Care at Home program at any time, at which point the provider will determine the next course of treatment.</li></ul>
Emergency room	<ul style="list-style-type: none"><li>• The designated facility is responsible for explaining the program to the member.<ul style="list-style-type: none"><li>– Such as: details on services provided in the home, what is included, excluded, timelines, and expected outcomes.</li></ul></li><li>• Attending practitioner and designated facility will contact members by phone, secure message platform, or video conference using remote monitoring.</li><li>• <b>Important:</b> Participation is voluntary. Members may decline or opt out of Acute Hospital Care at Home program at any time, at which point the provider will determine the next course of treatment.</li><li>• <b>INN facility:</b> The following considerations apply when the ER is INN.<ul style="list-style-type: none"><li>– If facility is CMS Waiver approved and is Medica designated and bills revenue code 450 with 0161 revenue code; Medica would allow and ay the claim.</li><li>– If facility is CMS Waiver approved and does not have Medica designation, the claim would pay if it’s Medicare and deny if it’s Commercial/IFB.</li><li>– If facility is not CMS Waiver approved, the claim would deny provider liability; provider not contracted for services.</li></ul></li><li>• <b>OON facility:</b> The following considerations apply when the ER in OON.<ul style="list-style-type: none"><li>– Emergency services received from an OON Emergency Department are covered as INN benefits.</li><li>– <b>Commercial/IFB:</b> Members do not have OON benefits for Home Hospitalization.<ul style="list-style-type: none"><li>▪ If facility is CMS Waiver approved; Medica would deny the Home Hospitalization portion of the claim as member liability (facility will be responsible to obtain signed consent for participation and payment of Home Hospitalization services, if/when member meets all criteria for participation/enrollment).</li><li>▪ If facility is not CMS Waiver approved; Medica would deny the Home Hospitalization claim (provider is not eligible to provide the Hospital Care at Home program without CMS Waiver).</li></ul></li></ul></li></ul>

Included services

The following services are included in the home hospitalization program:

- Emergency Department Visit on the date of admission to the Acute Hospital Care at Home setting by the same hospital.
- Follows Inpatient Hospital policies for re-admissions, services incidental to admission, serious reportable events, and all other policies.
- All DME, home care, skilled nursing, home infusion, lab and radiology services prescribed by the provider in support of the Acute Hospital Care at Home admission.
- All medications during the admission.
- Medical transportation for necessary care during admission.
- Telehealth services provided by the care delivery team during the admission.

Excluded services

The following services are excluded from the home hospitalization program:

- Follows traditional “brick & mortar” Inpatient billing criteria where physician charges can be billed separately.
- Preadmission urgent care visit.
- Surgical procedures not related to the admission to Acute Hospital Care at Home.
- Therapeutic activities not related to admission to Acute Hospital Care at Home.
- All retail and specialty pharmacy drugs outside of the Acute Hospital Care at Home program.
- All services initiated by patient and/or family outside of model and not billed by designated Acute Hospital Care at Home facility.
- Ongoing use of DME (rental or purchase) post-Acute Hospital Care at Home program.

Document history

The document history for the past 12 months is outlined below.

Date	Description
4.30.24	<i>Included products</i> – Added Engage. <i>Participating providers</i> – Added Medicare, added Effective 5.1.24 note.
2.16.24	<i>Included products</i> – Added Park Nicollet and HealthPartners Medical Group First with Medica under <i>Commercial, MHPS</i> .
1.9.24	New document.