

Vol. 68, Issue 40 Thursday, October 3, 2024

CMS Releases Report on Hospital-At-Home Programs

Study found patients and caregivers had positive experiences with the care

The Centers for Medicare & Medicaid Services (CMS) released a report this week on its study of the hospital-at-home (H@H) program. The study, which evaluated several aspects of the program, found that patient and caregiver experiences with H@H have been positive and the quality of care provided through H@H comparable to the care provided in brick-and-mortar hospitals.

In its <u>fact sheet</u> about the report, CMS wrote that the study was required by the Consolidated Appropriations Act, 2023 (CAA, 2023). The CAA, 2023 extended the CMS waivers and flexibilities that allow certain Medicare-certified hospitals to treat patients with inpatient-level care at home until Dec. 31, 2024. CMS noted that continuing the H@H program beyond 2024 is contingent on Congressional action. Extending the authority is a <u>top advocacy priority</u> for WHA in Washington, DC.

In addition to the quality of care and patient and caregiver experience, the study evaluated H@H patient selection criteria. CMS found that participating hospitals developed and utilized patient selection criteria with the intent to ensure that eligible patients were willing and able to participate in the program and clinically and psychosocially appropriate to receive care safely and effectively in the home. Other findings included that H@H patients, compared to brick-and-mortar hospital patients, were typically treated for a relatively small set of clinical conditions; had, on average, slightly longer lengths of stay and lower costs post discharge; had a lower 30-day mortality rate; were more likely to be white and live in urban areas; and were less likely to receive Medicaid. The Wisconsin Department of Health Services recognizes CMS-approved H@H programs, but the Wisconsin Medicaid program currently does not cover H@H services.

More information about the H@H program, including a list of participating hospitals, is available <u>here</u>.

Other Articles in this Issue

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