Effective Sept. 1, 2021, the Acute Hospital Care At Home (HAH) program from the Centers for Medicare & Medicaid Services (CMS) became available to North Carolina hospitals that were granted a CMS waiver and serve North Carolina Medicaid beneficiaries.

North Carolina Department of Health and Human Services (NC DHHS) implemented this program effective Sept. 1 through Dec. 31, 2021, unless the North Carolina Department of Health and Human Services (NC DHHS) ends the flexibility before Dec. 31, 2021.

**North Carolina Medicaid requirements**

To participate in the HAH program, a hospital must:

- Have appropriate screening protocols in place before care at home begins to assess both medical and non-medical factors
- Have a physician or advanced practice provider evaluate each patient daily, either in person or remotely
- Have a registered nurse (RN) evaluate each patient once daily, either in person or remotely
- Have 2 in-person visits daily by either RNs or mobile integrated health paramedics, based on the patient’s nursing plan and hospital policies
- Have the capability of immediate, on-demand remote audio connection with an HAH team member who can immediately connect either an RN or MD to the patient
- Can respond to a decompensating patient within 30 minutes
- Track several patient safety metrics with weekly or monthly reporting, depending on the hospital’s prior experience level
- Establish a local safety committee to review patient safety data
- Use an accepted patient leveling process to help ensure that only patients requiring an acute level of care are treated
- Provide or contract for other services required during an inpatient hospitalization — patients will only be admitted to the program from emergency departments and inpatient hospital beds, and an in-person physician evaluation is required prior to starting services at home
- Meet the criteria for inpatient care — observation stays are not eligible for HAH and will not be reimbursed
- Notify us immediately by calling Provider Services when:
  - A member is admitted to the HAH program
  - A member in the program is transferred back to inpatient care or has any other status change in their care plan

**Claim and billing requirements**

UnitedHealthcare® will accept qualifying claims for HAH services provided to North Carolina Medicaid beneficiaries on or after Sept. 1, 2021. We will accept these qualifying claims as long as the NC DHHS flexibility applies.
Hospitals, clinics or individual health care professionals must have received a waiver from CMS to submit a qualifying Medicare or Medicaid HAH claim.

- All HAH claims are subject to the UnitedHealthcare standard utilization management process
- Payment for HAH claims will be handled in accordance with the terms of the DHHS guidelines
- 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
- We’ll continue to update billing guidance on this page as necessary and alert health care professionals when updates are made
- All contractual provisions will continue to apply, unless there is a conflict with NCDHHS HAH guidelines

**Acute Hospital Care at Home overview**
CMS designed the **Acute Hospital Care at Home** program to increase hospital capacity and improve resource allocation. It is an expansion of the **Hospitals Without Walls** program, which allowed hospitals to provide services in locations beyond existing facilities.

**Questions?**
If you have specific billing or claims questions, please contact your provider advocate or network engagement manager. Call us at **800-638-3302**, 8 a.m.–6 p.m. ET, Monday–Saturday.