



Changes Ahead for Home Health Agencies

Home health agencies (HHAs) should take note of a Final Rule that the Centers for Medicare & Medicaid Services ([CMS](#)) published on November 8, 2012. The complete Rule, which also announces the payment rates for 2013, can be read [by clicking this link](#).

Additionally, several regulatory changes will be implemented in 2013-14. Beginning in July 2013, new requirements will be in place for unannounced surveys of CHHAs to ensure that they are meeting Medicare's Conditions of Participation. Surveys may include visits to patient homes if patients consent to them. If CMS identifies condition-level deficiencies in a CHHA during a survey, the CHHA would then face an extended survey within two weeks. Further, CMS will be able to impose sanctions either along with or in place of termination from Medicare, including temporary management of the agency, a directed plan of correction, or directed in-service training. One year later, CMS may also begin imposing civil monetary penalties or suspending payment for any newly admitted patients.

Also in July 2014, CHHAs will be able to challenge condition-level deficiency findings through a new informal dispute resolution (IDR) process. Agencies must submit a written dispute to CMS or the appropriate state's survey agency within 10 days of receiving a statement of deficiencies (the same amount of time allotted for submitting a plan of correction). The IDR process is intended to reduce the time and cost expended in resolving disputed findings. CMS anticipates providing further guidance about how IDRs will work at a later time.

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