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CMS Implements Changes to Home Health Care Agency Change of Ownership Rules
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Health Care

Beginning January 1, 2010 CMS has implemented significant changes to how it will process and deal with changes of ownership to Medicare Certified Home Health Agencies ("CHHAs"). The changes are as a result of new program integrity safeguards for CHHAs and were set forth in the most recent Home Health Agency (HHA) Prospective Payment System Final Rule from CMS.

There are two significant changes to the change of ownership process for CHHAs. The changes involve CHHAs that have had their provider number deactivated and whether or not a CHHA undergoing a change ownership will be required to undergo a new provider enrollment process.

CMS is now going to require CHHAs that have had Medicare billing privileges deactivated to undergo an inspection by the applicable State agency or to obtain accreditation from a CMS-approved accrediting organization prior to having billing privileges reactivated.

CMS is also going to require a CHHA to go through a new enrollment process and undergo an inspection by the applicable State agency or to obtain accreditation from a CMS-approved accrediting organization, if a change of ownership occurred either; (1) within 36 months of the effective date of the CHHA's enrollment in Medicare, or (2) within 36 months of the effective date of the last ownership change or transfer for the CHHA.

Both of these new changes are significant and represent a burdensome change for CHHA providers. The new enrollment process can take significantly longer than a change of ownership process and undergoing a new survey/inspection can slow down the transition process.

The implementation of the changes and CMS guidance on this issue can be found in the following three (3) CMS publications.

- [CMS Transmittal](#)
- [MLN Matters Article](#)
- [CMS Provider Inquiry Assistance Article](#)

For additional information about the recent changes to the change of ownership rules, please contact:

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