

# Termination from Medicare and Medicaid Programs Due to Confusion Over Standards

*October 24, 2011 by [Karie Rego](#)*

It is important for home health agencies and other providers that serve both Medicare and Medicaid populations to be aware of the differences in requirements. With the reductions in staffing, surveyors may be reviewing more than one program. We recommend a review of the different legal requirements and keeping information on hand to point these distinctions to the surveyors and avoid any confusion and resulting deficiencies.

This is important because recently we represented a home health agency that served primarily Medicaid patients for many years. As part of obtaining a new certification, the agency applied to the Medicare program. When the surveyors arrived for a site visit months later they applied only the Medicare standards which are very different. The agency had not served any Medicare patients so it had no policies and its patients received a different type of care. The surveyors were very unwilling to listen and even made several comments about fraud because the Medicare standards were not met.

The agency then received a letter notifying it of termination of both its Medicare and Medicaid participation. We helped the agency prepare a response highlighting the differences between the two programs. The surveyors returned to the agency and found minimal correctable deficiencies, allowing them to continue to serve their patients.

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