

Home Health Final Rule Creates New Exclusion Screening Obligation



(March 29, 2017): The Centers for Medicare and Medicaid Services (CMS) has recently published a new [Final Rule](#) that makes changes to the Conditions of Participation for home health agencies. Under the Final Rule, providers are required to ensure that individuals and entities providing services under arrangement are not excluded, terminated, or debarred from any Federal health care program. Simply put, these new requirements are an affirmative obligation to screen both the Federal and State exclusion lists.

While CMS does not provide detailed guidance on how a home health agency is supposed to meet this new requirement, it does make it clear that the responsibility of properly screening contracted entities remains with the home health agency. Additionally, it makes no mention of how a provider could screen for a Medicaid exclusion. This lack of clarity on how to effectively meet this Condition of Participation could be problematic since CMS may now hold an HHA liable for failing to catch a Medicaid exclusion. Home health agencies are cautioned to ensure that they are properly screening for State exclusions in addition to Federal exclusions to avoid having their participation terminated. What should your home health agency do? As a start, we recommend that you review the [detailed discussion](#) on this new requirement written by Paul Weidenfeld, Esq. and Catalina Jandorf at ***Exclusion Screening***.



Do you have questions regarding your screening obligations? Give us a call. Liles Parker attorneys represent home health agencies around the country in connection with ZPIC audits, OIG investigations, exclusion issues, False Claims Act cases and transactional matters. Please call Robert W. Liles for a free consultation. He can be reached at: **1 (800) 475-1906.**