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Chairman of the Board

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President

May 5, 2021

AnnaLou Tirol
Department of the Treasury
Deputy Director Financial Crimes Enforcement Network

RE: Docket Number FINCEN-2021-0005 and RIN 1506- AB49.:Beneficial Ownership
Information Reporting Requirement

Dear Ms. Tirol:

Since 1982, the National Association for Home Care & Hospice (NAHC) has been the leading association representing the interests of home health, hospice and home care providers across the nation, including the home caregiving staff and the patients and families they serve. Our members are providers of all sizes and types -- from small rural agencies to large national companies -- and including government-based providers, nonprofit organizations, systems-based entities and public corporations.

In response to the request for comments in the advance notice of proposed rulemaking (ANPRM) for the implementation of the Corporate Transparency Act (CTA), NAHC offers the following comments and recommendation regarding question number 7 in the ANPRM.

7) Are there any categories of entities that are not currently subject to an exemption from the definition of “reporting company” that FinCEN should consider for an exemption pursuant to this authority, and if so, why?

NAHC believes that federally regulated health care institutions, specifically Medicare certified home health care and hospice agencies, should explicitly be exempted from the definition of “reporting company”. These organizations are heavily regulated by the Centers for Medicare & Medicaid Services (CMS) under the Department of Health and Human Services.

Any healthcare organization wishing to participate in the federal health care programs must submit a provider enrollment application to a CMS contractor. CMS has instituted a number of protections to prevent fraudulent actors from entering into federal health care programs through the provider enrollment process, including , risk-based screening categories for applicants and

extensive reporting requirements for provider and supplier affiliations on initial applications and revalidations of the provider agreement.

Risk based screening for home health agencies requires that providers undergo fingerprint-based criminal background checks and on-site validation visits for initial applications, with subsequent on-site visits for revalidation applications. Hospice agencies must undergo an on-site visit for initial and revalidation applications.

Under the provider enrollment reporting requirements, Medicare, Medicaid, and Children's Health Insurance Program (CHIP) providers and suppliers must disclose current and previous affiliations with other providers and suppliers that have had certain infractions against them that could threaten the integrity of these federal programs. These infractions include:

- uncollected debt;
- has been or is subject to a payment suspension under a federal health care program;
- has been or is excluded by the Office of Inspector General (OIG) from Medicare, Medicaid, or CHIP; or
- has had its Medicare, Medicaid, or CHIP billing privileges denied or revoked

Additionally, Medicare certified home health and hospice providers are statutorily required to be surveyed for compliance with the federal conditions of participation standards once every three years. These surveys include an intensive onsite review of the agency's operations by a Medicare contracted surveyor. Deficiencies in complying with the standards in home health can result in an algorithm of corrective actions along with civil money penalties of up to \$10,000 a day until compliance is achieved with a similar program to be implemented for hospice providers under survey reforms.

Home care is also provided by non-Medicare/Medicaid certified agencies that in some states are required to meet rigorous state licensure requirements to credential owners and ensure quality of care is provided in a consistent manner. States that license home care agencies survey these providers at regular intervals to ensure licensure requirements continue to be met and enforce accountability through maintaining licensure.

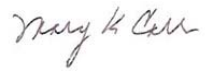
In addition to protecting health care programs from fraudulent and poor performing providers these program integrity initiatives would also assist in capturing money laundering schemes.

NAHC is concerned that requiring certified home health and hospice providers, and state licensed home care providers to comply with CTA reporting requirements would be redundant and unnecessary in light of the existing federal and state oversight to which these organizations are subject.

Recommendation: NAHC urges the Financial Crimes Enforcement Network to exempt home health and hospice providers enrolled in the Medicare, Medicaid, and/or CHIP programs, and home care providers subject to state licensure from the definition of "reporting companies" and not require these organizations to comply with the CTA reporting requirements.

Thank you for the opportunity to submit these comments.

Sincerely,

A handwritten signature in cursive script that reads "Mary K. Carr".

Mary K. Carr

V.P. for Regulatory Affairs