PROVIDER REIMBURSEMENT REVIEW BOARD
DECISION

2025-D11

PROVIDER –
Anchor Home Health Services, LLC

PROVIDER NO. –
10-7747

vs.

MEDICARE CONTRACTOR –
Palmetto GBA, LLC

HEARING DATE –
August 8, 2024

FISCAL YEAR –
December 31, 2023

CASE NO. –
23-0983

INDEX

ISSUE STATEMENT:

Whether Anchor Home Health Services LLC should be subject to a two (2) percentage point reduction to its calendar year 2023 Market Basket Update for failure to meet Home Health Quality Reporting Program requirements in accordance with 42 C.F.R. Part 484, Subpart E.[1]

DECISION:

After considering the Medicare law, regulations and program instructions, the arguments presented and the evidence submitted, the Provider Reimbursement Review Board ("Board") finds CMS' decision to reduce Anchor Home Health Services, LLC's Market Basket Update by two (2) percentage points for calendar year 2023 was proper.

INTRODUCTION:

Anchor Home Health Services, LLC ("Anchor" or "Provider") is a home health agency located in Stuart, Florida.[2] Anchor's assigned Medicare contractor[3] is Palmetto GBA ("Medicare Contractor"). Start Corporation ("Start Corp.") and Healthcare First were, for the periods at issue, approved survey vendors that conducted surveys and submitted data to the Home Health Care Consumer Assessment of Healthcare Providers and Systems ("HHCAHPS") on behalf of home health agencies.[4]

By letter dated January 13, 2023, CMS notified Anchor that it upheld a noncompliance decision to apply a two (2) percentage point reduction to the calendar year ("CY") 2023 Market Basket Update.[5] On February 20, 2023, Anchor timely appealed CMS' reconsideration denial to the Board and met the jurisdictional requirements for a hearing.

The Board held a video hearing on August 8, 2024. Anchor was represented by Ellen Holoway of Anchor Home Health Services, LLC. The Medicare Contractor was represented by Charles Moreland, Esq. of Federal Specialized Services.

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[1] *See* Transcript of Aug. 8, 2024 Hearing (hereinafter "Transcript") at 5. The Board notes that 42 U.S.C. §§ 1395fff(b)(3)(B) (2020) is written such that the "Annual update" is inclusive of the market basket percentage increase *and* adjustments for case mix changes. Further, 42 U.S.C. §§ 1395fff(b)(3)(B)(v) provides for reduction of the *home health market basket percentage increase* for failure to submit quality data. The Board has chosen to use the common term "Market Basket Update" based on the parties' position papers. However, the home health market basket percentage increase is also often referred to as the "Annual Payment Update" ("APU") and will appear as such in some quoted material.

[2] Medicare Contractor's Preliminary Position Paper (hereinafter, "Medicare Contractor's PPP") at 5 (Dec. 21, 2023). The Board notes that the Medicare Contractor did not opt to submit a Final Position Paper.

[3] CMS' payment and audit functions under the Medicare program were historically contracted to organizations known as fiscal intermediaries ("FIs") and these functions are now contracted to organizations known as Medicare administrative contractors ("MACs"). The relevant law may refer to FIs and MACs interchangeably, and the Board will use the term "Medicare contractor" to refer to both FIs and MACs as appropriate and relevant.

[4] *See* Medicare Contractor's PPP at 5, Provider's Preliminary Position Paper (hereinafter, "Provider's PPP") at 1. The Board notes that the Provider did not opt to submit a Final Position Paper.

[5] Exhibit (hereinafter, "Ex.") P-1 (CMS Final Determination Letter dated 1/13/2023).

STATEMENT OF RELEVANT FACTS:

Home health agencies are required to report quality data, including HHCAHPS survey data, unless exempt from the HHCAHPS reporting requirement.[6] Specific to HHCAHPS survey data, home health agencies are required to contract with a CMS approved HHCAHPS survey vendor for administration of the HHCAHPS.[7] Since 2010, Anchor contracted with then-approved vendor, Start Corp. and uploaded its patient data to a secure portal that was used by Start Corp.[8] Start Corp. would then collect and submit the data uploaded to HHCAHPS on behalf of Anchor.[9]

Important to this appeal, the patient survey data from April 1, 2021 through March 31, 2022 impacted CY 2023 payments.[10] On July 26, 2022, Start Corp., via email, notified Anchor that, due to the illness of a key employee, it did not submit January through March of CY 2022 (*i.e.*, Quarter 1 ("Q1")) patient survey data by the deadline of July 21, 2022, despite an extension granted by CMS.[11]

On August 1, 2022, the CMS HHCAHPS Survey Coordination Team sent an email to Anchor instructing Anchor that it must change to a different HHCAHPS vendor as soon as possible and notifying Anchor that CMS suspended approval for Start Corp.[12] This email also stated that Start Corp. "also failed to submit [Anchor's] Q1, CY2022 data to the HHCAHPS Data Center. At this time, neither CMS nor RTI has access to any data that may have been collected for Q1, CY 2022."[13] Indeed, Anchor's witness testified that, upon receiving the email from Start Corp. and prior to the August 1, 2022 email from CMS, Anchor had immediately engaged another approved vendor, Healthcare First.[14]

The August 1, 2022 email from CMS also stated, "CMS will work with your new vendor to allow them to collect data for April, May, and June 2022, and is reviewing the situation to determine how to handle your Q1, CY 2022 HHCAHPS participation requirements for the CY 2023 annual payment update."[15] However, CMS did not approve Healthcare First to submit data for Q1 of 2022, and according to Anchor, never made Anchor aware of "how to handle the Q1 CY 2022 HHCAHPS participation requirements."[16] Subsequently, CMS notified Anchor that it failed to comply with the HHCAHPS submission requirements for Q1 of 2022, the subject of this appeal.[17]

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[6] *See* 42 C.F.R. § 484.245(b), discussed *infra*.
[7] *Id*.
[8] Provider's PPP at 1.
[9] *Id.*
[10] Medicare Contractor's PPP at 5.
[11] Ex. P-4 (Start Corp. email notification of inability to submit Q1 2022 survey data) at P0008.
[12] Ex. P-5 (HHCAHPS email dated 8/1/2022 informing Anchor Home Health Services LLC of Start Corp. suspension).
[13] *Id.*
[14] Transcript at 45 – 46.
[15] Ex. P-5.
[16] Provider's PPP at 1 – 2; *see also*, Transcript at 21: 1 – 9.
[17] Provider's PPP at 2; *see also* Ex. P-7 (Email correspondence between Anchor Home Health Services LLC and CMS as follow up to 1/13/2023 letter and 8/1/2022 email).

STATEMENT OF RELEVANT LAW:

A. Form, Manner, and Time

As directed by Congress, the Secretary increases the prospective payments made to HHAs each calendar year by a percentage known as the "home health market basket index amount" or "home health market basket percentage increase" (also sometimes referred to as a Market Basket Update).[18] In order to qualify for the full Market Basket Update, an HHA must submit "data that the Secretary determines are appropriate for the measurement of health care quality" (i.e., quality reporting requirements).[19] Specifically, 42 C.F.R. § 484.245(b) (2020), which sets forth the HH QRP data submission requirements, states:

> (b) Data submission.
>
> (1) Except as provided in paragraph (d) of this section, and for a program year, an HHA must submit all of the following to CMS:
>
> (i) Data on measures specified under sections 1899B(c)(1) and 1899B(d)(1) of the Act.
>
> (ii) Standardized patient assessment data required under section 1899B(b)(1) of the Act.
>
> (iii) Quality data required under section 1895(b)(3)(B)(v)(II) of the Act, including HHCAHPS survey data. For purposes of HHCAHPS survey data submission, the following additional requirements apply:
>
> (A) Patient count. An HHA that has less than 60 eligible unique HHCAHPS patients must annually submit to CMS their total HHCAHPS patient count to CMS to be exempt from the HHCAHPS reporting requirements for a calendar year.
>
> (B) Survey requirements. An HHA must contract with an approved, independent HHCAHPS survey vendor to administer the HHCAHPS on its behalf.
>
> (C) CMS approval. CMS approves an HHCAHPS survey vendor if the applicant has been in business for a minimum of 3 years and has conducted surveys of individuals and samples for at least 2 years.

[18] *See* 42 C.F.R. § 484.225 (2020). The enabling statute, 42 U.S.C. § 1395fff uses the term "home health market basket percentage increase" while the Secretary's regulation, 42. C.F.R. § 484.225 uses the term "home health market basket index amount."

[19] 42 U.S.C. § 1395fff(B)(v)(II); Deficit Reduction Act of 2005.

> (1) For HHCAHPS, a "survey of individuals" is defined as the collection of data from at least 600 individuals selected by statistical sampling methods and the data collected are used for statistical purposes.
>
> (2) All applicants that meet the requirements in this paragraph (b)(1)(iii)(C) are approved by CMS.
>
> (D) Disapproval by CMS. No organization, firm, or business that owns, operates, or provides staffing for an HHA is permitted to administer its own HHCAHPS Survey or administer the survey on behalf of any other HHA in the capacity as an HHCAHPS survey vendor. Such organizations are not be approved by CMS as HHCAHPS survey vendors.
>
> (E) Compliance with oversight activities. Approved HHCAHPS survey vendors must fully comply with all HHCAHPS oversight activities, including allowing CMS and its HHCAHPS program team to perform site visits at the vendors' company locations.
>
> (2) The data submitted under paragraph (b) of this section must be submitted in the form and manner, and at a time, specified by CMS.

Further, as set forth in 42 C.F.R. § 484.225(b) (2020), an HHA that fails to submit quality data "as specified by the Secretary," is subject to a two (2)-percentage point reduction in its Market Basket Update for a particular payment year:

> For 2007 and subsequent calendar years, in accordance with section 1895(b)(3)(B)(v) of the Act, in the case of a home health agency that does not submit home health quality data, as specified by the Secretary, the unadjusted national, standardized prospective rate is equal to the rate for the previous calendar year increased by the applicable home health market basket index amount minus 2 percentage points. Any reduction of the percentage change will apply only to the calendar year involved and will not be taken into account in computing the prospective payment amount for a subsequent calendar year.

HHAs "must contract with an approved, independent HHCAHPS survey vendor to administer the HHCAHPS on its behalf. . . . The data submitted under paragraph (b) of this section must be submitted in the form and manner, and at a time, specified by CMS."[20] The Secretary required the HHCAHPS quarterly data submissions as follows:

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[20] 42 C.F.R. § 484.245(b)(1), (iii)(B) and (2) (2020). *See also* "About Home Health Care CAHPS Survey," https://homehealthcahps.org/General-Information/About-Home-Health-Care-CAHPS-Survey (accessed Feb. 20, 2025). This website, subtitled "The official website for news and information about the HHCAHPS Survey"

> Beginning with April 2012 quarterly data submissions and moving forward, HHCAHPS quarterly data submissions will always be the third Thursday of the month (in the months of April, July, October, and January). HHAs must monitor their HHCAHPS survey vendors to ensure that their HHCAHPS data is submitted on time to the Home Health Care CAHPS Data Center. HHAs can access and review their data submission reports on https://homehealthcahps.org, and follow the directions on how to access these reports on their HHA account.[21]

Thus, the HHCAHPS data collection and reporting period tied to the CY 2023 Market Basket Update at issue in the instant case ran from April 1, 2021, through March 31, 2022.[22] The published due date for Q1 CY 2022 data was July 21, 2022 (*i.e.*, time).[23] Moreover, HHAs must monitor their HHCAHPS survey vendors to ensure that the such data is reported on time.[24]

B. Exception Process

Pursuant to 42 C.F.R. § 484.245(c), an HHA may be granted an exception or extension to the reporting requirements when certain extraordinary circumstances exist:

> (c) Exceptions and extension requirements.
>
> (1) An HHA may request and CMS may grant exceptions or extensions to the reporting requirements under paragraph (b) of this section for one or more quarters, when there are certain extraordinary circumstances beyond the control of the HHA.
>
> (2) An HHA may request an exception or extension within 90 days of the date that the extraordinary circumstances occurred by sending an email to CMS HHAPU reconsiderations at HHAPUReconsiderations@cms.hhs.gov that contains all of the following information:
>
> (i) HHA CMS Certification Number (CCN).
>
> (ii) HHA Business Name.
>
> (iii) HHA Business Address.

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expands upon the regulation, stating that HHAs "must contract with an approved HHCAHPS Survey vendor and administer the survey on an ongoing (monthly) basis and submit HHCAHPS Survey data to the HHCAHPS Data center on a quarterly basis."

[21] 76 Fed. Reg. 68526, 68579 (Medicare Program; Home Health Prospective Payment System Rate Update for Calendar Year 2012) (Nov. 4, 2011).

[22] *Id.; see also* Medicare Contractor's PPP at 5.

[23] Medicare Contractor's PPP at 5. *See also* Ex. C-8.

[24] 76 Fed. Reg. at 68579.

> (iv) CEO or CEO–designated personnel contact information including name, title, telephone number, email address, and mailing address (the address must be a physical address, not a post office box).
>
> (v) HHA's reason for requesting the exception or extension.
>
> (vi) Evidence of the impact of extraordinary circumstances, including, but not limited to, photographs, newspaper, and other media articles.
>
> (vii) Date when the HHA believes it will be able to again submit data under paragraph (b) of this section and a justification for the proposed date.
>
> (3) Except as provided in paragraph (c)(4) of this section, CMS does not consider an exception or extension request unless the HHA requesting such exception or extension has complied fully with the requirements in this paragraph (c).
>
> (4) CMS may grant exceptions or extensions to HHAs without a request if it determines that one or more of the following has occurred:
>
> (i) An extraordinary circumstance, such as an act of nature, affects an entire region or locale.
>
> (ii) A systemic problem with one of CMS's data collection systems directly affects the ability of an HHA to submit data under paragraph (b) of this section.[25]

C. Burden of Proof and Standard of Review

A Board decision must include findings of fact and conclusions of law that "the provider carried its burden of production of evidence and burden of proof by establishing, by a preponderance of the evidence, that the provider is entitled to relief on the merits of the matter at issue."[26] Additionally, "[a] decision by the Board shall be based upon the record made at such hearing, which shall include the evidence considered by the [Medicare contractor] and such other evidence as may be obtained or received by the Board, and shall be supported by substantial evidence when the record is viewed as a whole."[27] In *Consolidated Edison Co. v. NLRB*, 305

[25] *See* 42 C.F.R. § 484.245(c)(1) (2020).
[26] 42 C.F.R. § 405.1871(a)(3).
[27] 42 U.S.C. § 1395oo(d). This statutory provision also confirms: "[t]he Board shall have the power to affirm, modify, or reverse a final determination of the fiscal intermediary with respect to a cost report and to make any other revisions on matters covered by such cost report (including revisions adverse to the provider of services) even though such matters were not considered by the intermediary in making such final determination." *But also see* 42 C.F.R. § 405.1869(a).

U.S. 197, 230 (1938), the U.S. Supreme Court held, "[s]ubstantial evidence is more than a mere scintilla. It means such relevant evidence as a reasonable mind might accept as adequate to support a conclusion."[28] Accordingly, in an appeal before the Board, a provider must prove by a preponderance of substantial, relevant evidence that it is entitled to the relief sought.

DISCUSSION, FINDINGS OF FACT, AND CONCLUSIONS OF LAW:

HHAs must submit HHCAHPS quality data in the form and manner, and at a time, specified by CMS to avoid a two (2) percentage point reduction to the HHA's Market Basket Update. Anchor maintains its should not be subject to a two (2) percentage point reduction to its calendar year 2023 Market Basket Update due to the failure of the CMS-approved HHCAHPS vendor Start Corp. to submit quality data.[29] As established in more detail *supra* in the Statement of Relevant Facts, Start Corp. notified Anchor – after the deadline of July 21, 2022 – that Start Corp. would be unable to submit Q1 CY 2022 quality data.[30] CMS afforded Start Corp. a five-day extension, but Start Corp. was still unable to meet that extended deadline.[31] Anchor admits that even if Start Corp had notified Anchor of its inability to submit the data on time, it is "highly unlikely" that Anchor would have been able to engage another CMS-approved survey vendor to complete the process by the deadline.[32]

The Medicare Contractor asserts that Anchor "failed to ensure that the vendor submitted HHCAHPS Survey data in the form, manner, and timeline specified by the Secretary or file an exception,"[33] specifically for HHCAHPS Survey Data for Q1 CY 2022.[34] In support of its position, the Medicare Contractor submitted the Home Health Care CAHPS Survey-Protocols and Guidelines Manual (the "Manual"), which clearly outlines the requirements.[35] Specifically, an HHA ***must*** "[r]eview data submission reports on the HHCAHPS Survey website to confirm that its survey vendor has submitted data on time and without data problems[.]"[36] The Manual also discusses the *Data Submission History Report*, an additional resource for HHAs that:

> [I]s intended to provide a means for the agency to monitor its vendor's data submission activities and should be reviewed on a monthly or quarterly basis, depending on the agreement that the agency has worked out with the vendor in terms of frequency of data submission…. HHAs that have contracted with a survey vendor will be able to log in to the website and view, print, and download a report that includes information on the number of submissions and the submission status of their contracted vendor's monthly or quarterly file submissions.[37]

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[28] *See also Pomona Valley Hosp. Med. Ctr. v. Becerra*, 82 F.4th 1252, 1258-59 (D.C. Cir. 2023).
[29] Provider's PPP at 1.
[30] Transcript at 19.
[31] *Id.*
[32] Provider's PPP at 1.
[33] Medicare Contractor's PPP at 9.
[34] *Id.*
[35] Ex. C-9.
[36] *Id.* at C-0062.
[37] *Id*. at C-0064.

Additionally, CMS provides guidance to assist HHAs in complying with the requirements of the HHCAHPS survey. One such resource is the HHCAHPS official website.[38] The website explains the key responsibilities for the HHAs, including:

- Register for login credentials on https://homehealthcahps.org and monitor the website for updates throughout the year.
- Contract with an approved HHCAHPS survey vendor to conduct its survey.
- Authorize (on https://homehealthcahps.org) the contracted survey vendor to collect and submit HHCAHPS Survey data to the HHCAHPS Data Center on the agency's behalf.
- Work with its approved vendor to determine a date each month by which the vendor will need the monthly patient information file for sampling and fielding the HHCAHPS Survey.
- By the agreed-upon date each month, compile and deliver to the survey vendor a complete and accurate list of patients and information that will enable the vendor to administer the HHCAHPS Survey.
- Review survey data submission reports from its survey vendor (on https://homehealthcahps.org) to *ensure that the survey vendor has submitted data to the HHCAHPS Data Center on time and without data problems*.
- *Recommendation: We strongly suggest the HHAs agree on data submission dates with their vendors that are well in advance of the final deadline each quarter.* ***There are no extensions given if a vendor does not successfully submit the HHA's data by each deadline.*** *HHAs will have more time to fix problems if their vendors try to submit data well before the deadline than if the deadline is fast approaching.*
- Review HHCAHPS Survey results prior to public reporting.[39]

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[38] https://homehealthcahps.org (last accessed Feb. 20, 2025).

[39] Medicare Contractor's PPP at 7 – 8, *citing* Ex. C-5 (Getting Started with HHCAHPS Survey Resource) (emphasis added by Medicare Contractor). The Board notes that the Medicare Contractor represents that Ex. C-5 is from the HHCAHPS Survey official website; however, Ex. C-5 is undated and contains no URL. The Board points out that the document at Ex. C-5, as verified on the HHCAHPS website, was last updated on April 1, 2024, *see* https://homehealthcahps.org/Portals/0/Docs/HHAResponsibilities_and_FAQs_List.pdf. Anchor did not object to Exhibit C-5 during the hearing. The Board identified guidance contemporaneous to the timeframe in this dispute that provided similar instructions for reviewing HHCAHPS Data Submission Reports. *See* "Guidance to Medicare-Certified Home Health Agencies on Reviewing the Data Submission Summary Report on the Home Health Care CAHPS Survey Website Revised April 2020," available at https://homehealthcahps.org/Portals/0/HHAGuidanceforDataSubRept.pdf (last accessed Feb. 20, 2025) (discussing an HHA's duty to monitor vendor performance, and specifically stating, "HHAs are advised to check the Data Submission Report regularly to ensure that their vendor submits a data file for every sample month. ***If a file is not submitted for each sample month, the HHA will not be in compliance with HHCAHPS participation requirements for the APU***." (Emphasis added.). Therefore, the Board takes administrative notice of the aforementioned publicly available document which is directly applicable to the instant appeal's timeframe in dispute, in addition to Ex. C-5. The Board emphasizes that it is important that the appropriate rules for quality reporting be part of the record. Generally, the materials posted on the CMS websites are the current versions of guidance issued; there may be archives, but those are not necessarily readily available to the Board. Medicare

When addressing Exhibit C-9 during the hearing, the provider's witness noted that one of the Roles and Responsibilities of CMS and the HHCAHPS Survey Coordination Team is to"[c]onduct oversight and quality assurance of survey vendors."[40] In the same cross-examination, the FSS representation for the MAC read into the record one of the Home Health Agencies' Roles and Responsibilities which states "[i]f an HHCAHPS is eligible to participate, it must . . .[r]eview data submission reports on the HHCAHPS survey website to confirm that its survey vendor has submitted data on time and without data problems." [41]

As discussed, *supra*, HHCAHPS Survey guidance advises that home health agencies check the Data Submission Report regularly to ensure their vendor submits a data file for each month and states that if a file is not submitted for a month, the HHA will not be compliant with the HHCAHPS participation requirements.[42] During the hearing, the Board sought clarification on any monitoring and compliance systems Anchor may have had in place during Q1 CY 2022.[43] Anchor's witness confirmed that Anchor *did not* have a person who had the responsibility of monitoring the submission.[44] Indeed, for the particular quarter at issue, *no one* looked to see whether data had been filed or submitted.[45] Further, Anchor *did not have* agreed upon data submission dates (i.e., a set deadline) by which their vendor needed to submit.[46]

Additionally, Anchor acknowledges that they failed to report the data but does not assert any arguments supported by statute or regulation to claim an exception or other justification for the failure. CMS committed to work with Anchor and its "new vendor to allow them to collect data for April, May and June 2022."[47] However, even though CMS stated that it was "reviewing the situation to determine how to handle [Anchor's] Q1, CY2022 HHCAHPS participation requirements for the CY 2023 annual payment update,"[48] there is no evidence that CMS undertook any further action as a result of such review.

Anchor maintains they "should not be penalized since [Anchor] did timely submit the data file, yet the vendor did not follow through with the required process or notify [Anchor] timely of their

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contractors (here, FSS) – who are, by contract, representing CMS – have an obligation to develop the record, despite the fact that the ultimate burden of proof rests on providers in appeals before the Board. *See* 42 C.F.R. § 405.1853(a)(3). Similarly, providers have the opportunity to present documentation to refute the contractors' Exhibits or to object if they feel an Exhibit is irrelevant. The Board reminds the parties that this is not a new requirement and that the Board continues to require the development of the record in these types of cases. The parties should not rely *solely* on the CMS website to obtain documents in an archive fashion, especially without attention to the relevant time at issue. And, where the CMS website archive is limited and there is no other practical manner in which to retrieve relevant documents, such should be expressed relative to the document presented the Board as an exhibit (by either party).

[40] Ex. C-9 (Home Health Care CAHPS® Survey Protocols and Guidelines Manual) at C-0060-61, *see also* Transcript at 23.

[41] Ex. C-9 at 0061-62, *see also* Transcript at 24.

[42] *See supra*, n. 47.

[43] *See* Transcript at 40 – 41 and 47 - 48.

[44] Transcript at 40:13 – 22.

[45] Transcript at 48:11 – 25.

[46] Transcript at 41: 12 - 16.

[47] Ex. P-5.

[48] *Id.*

failure to do so."[49] While the CMS approved HHCAHPS survey vendors mandatorily contracted by the HHAs are responsible for submitting the data to the HHCAHPS Data Center, each HHA ultimately remains responsible for ensuring that its selected vendor submits the HHA's data files both on time and in accordance with the guidelines.

Accordingly, the Board finds that Anchor failed in its responsibility to monitor their HHCAHPS survey vendor to ensure that their HHCAHPS data was submitted to the Home Health Care CAHPS Data Center on or before the July 21, 2022, deadline. Thus, Anchor did not prove by a preponderance of substantial, relevant evidence that it complied with 42 CFR 484.245 and is subject to the two-percentage reduction in its Market Basket Update for CY 2023.

The Board notes that it has no authority to grant the equitable relief the provider seeks[50] – the Board must comply with all the provisions of 42 U.S.C. §§ 1395 – 1395lll and regulations issued thereunder, as well as CMS Rulings.[51]

DECISION:

After considering the Medicare law, regulations and program instructions, the arguments presented and the evidence submitted, the Board finds CMS' decision to reduce Anchor's CY 2023 Market Basket Update by two (2) percentage points was proper.

BOARD MEMBERS PARTICIPATING:

Kevin D. Smith, CPA
Ratina Kelly, CPA
Nicole E. Musgrave, Esq.
Shakeba DuBose, Esq.

FOR THE BOARD:

3/11/2025

X Kevin D. Smith, CPA

Kevin D. Smith, CPA
Board Chair
Signed by: Kevin D. Smith -A

[49] Provider's PPP at 2.
[50] Any such relief sought by Anchor lies outside of the administrative tribunal authority and jurisdiction of the Board.
[51] 42 C.F.R. § 405.1867.