

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10740	Date: May 7, 2021
	Change Request 12160

SUBJECT: Voluntary Terminations of Enrollment Involving Certified Providers and Certified Suppliers

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to instruct contractors on the processing of certified provider and certified supplier voluntary terminations.

EFFECTIVE DATE: March 26, 2021

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: June 7, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	10/10.6/10.6.1.3/Voluntary Terminations
N	10/10.7/10.7.20/Model Letters for Voluntary Terminations Involving Certified Providers and Certified Suppliers

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-08	Transmittal: 10740	Date: June 7, 2021	Change Request: 12160
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SUBJECT: Voluntary Terminations of Enrollment Involving Certified Providers and Certified Suppliers

EFFECTIVE DATE: March 26, 2021

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I. GENERAL INFORMATION

A. Background: The CMS Provider Enrollment & Oversight Group (PEOG) and MACs have assumed a number of functions previously handled by state agencies and CMS Survey & Operations Group (SOG) Locations concerning certified provider and certified supplier voluntary terminations. This CR instructs contractors on how to process such transactions.

B. Policy: This CR does not contain any legislative or regulatory policies.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12160.1	The contractor shall review the scenarios described in section 10.6.1.3(B) in Chapter 10 of Publication (Pub.) 100-08 in conjunction with the policies in section 10.6.1.3(C) in Chapter 10 of Pub. 100-08.	X	X	X						
12160.2	If the contractor receives a Form CMS-855 voluntary termination application or a voluntary termination letter from a certified provider/certified supplier without having received any termination notification from the state or SOG	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Location, the contractor shall follow the instructions in Business Requirements (BRs) 12160.2.1 through 12160.2.3.									
12160.2.1	If BR 12160.2 applies, the contractor shall -- (1) Process the application/letter consistent with the timeframes for voluntary terminations in section 10.4(I) in Chapter 10 of Pub. 100-08; and (2) Follow the applicable instructions in section 10.6.1.3(C) in Chapter 10 of Pub. 100-08.	X	X	X						
12160.2.2	If BR 12160.2 applies, the contractor shall (as applicable) e-mail a copy of the draft approval letter to PEOG at the address (and with the information) described in section 10.6.1.3(B)(1)(ii) in Chapter 10 of Pub. 100-08.	X	X	X						
12160.2.3	If BR 12160.2 applies, and within 3 business days of receiving the notification from PEOG described in section 10.6.1.3(B)(1)(iii) in Chapter 10 of Pub. 100-08, the contractor shall -- (1) E-mail a copy of	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	the final signed approval letter to the parties described in section 10.6.1.3(B)(1)(iv) in Chapter 10 of Pub. 100-08; and (2) Deactivate the provider/supplier in the Provider Enrollment, Chain and Ownership System (PECOS) with the applicable deactivation date.									
12160.3	If the contractor receives a Form CMS-855 voluntary termination application and a voluntary termination letter from a certified provider/supplier without having received any termination notification from the state or SOG Location, the contractor shall follow the instructions in section 10.6.1.3(B)(2) in Chapter 10 of Pub. 100-08.	X	X	X						
12160.4	If BR 12160.2 or 12160.3 applies and the Form CMS-855 voluntary termination submission or voluntary termination letter is from a skilled nursing facility (SNF), the contractor shall contact the state to determine whether	X								

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	the SNF is in compliance with 42 Code of Federal Regulations (CFR) §§ 483.15(c)(8) and 483.70(l).									
12160.4.1	If, pursuant to BR 12160.4, the state indicates that the SNF is not compliant with 42 CFR §§ 483.15(c)(8) and 483.70(l), the contractor shall contact its PEOG Business Function Lead for guidance.	X								
12160.5	If the contractor receives notice of a certified provider/supplier's voluntary termination from the state or SOG Location without having received a Form CMS-855 voluntary termination application or voluntary termination letter directly from the provider/supplier, the contractor shall follow the instructions in BRs 12160.5.1 through 12160.5.3.	X	X	X						
12160.5.1	If BR 12160.5 applies, the contractor shall follow the instructions in section 10.6.1.3(B)(3) in Chapter 10 of Pub. 100-08.	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12160.5.2	If BR 12160.5 applies, the contractor shall (as applicable) e-mail a copy of the draft approval letter to PEOG at the address (and with the information) described in section 10.6.1.3(B)(3)(ii)(B) in Chapter 10 of Pub. 100-08.	X	X	X						
12160.5.3	If BR 12160.5 applies, and within 3 business days of receiving the notice from PEOG described in section 10.6.1.3(B)(3)(ii)(C) in Chapter 10 of Pub. 100-08, the contractor shall -- (1) E-mail a copy of the final signed approval letter to the parties described in section 10.6.1.3(B)(3)(ii)(D) in Chapter 10 of Pub. 100-08; and (2) Deactivate the provider/supplier in PECOS with the applicable deactivation date.	X	X	X						
12160.6	If the contractor receives notification of termination from the state/SOG Location after the provider/supplier has been deactivated and terminated in the Automated Survey Process Environment system pursuant to the provider/supplier's Form CMS-855 voluntary	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	termination application or voluntary termination letter, the contractor shall follow the instructions in section 10.6.1.3(B)(4)(i) in Chapter 10 of Pub. 100-08.									
12160.7	If the contractor receives notification of termination from the state/SOG Location while the contractor is processing a Form CMS-855 voluntary termination application or voluntary termination letter but before the provider/supplier has been deactivated in PECOS, the contractor shall follow the instructions in section 10.6.1.3(B)(4)(ii) in Chapter 10 of Pub. 100-08.	X	X	X						
12160.8	If the contractor receives notification of termination from the state/SOG Location before the contractor received or began processing the provider's/supplier's Form CMS-855 voluntary termination application or voluntary termination letter, the contractor shall follow the	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	instructions in section 10.6.1.3(B)(4)(iii) in Chapter 10 of Pub. 100-08.									
12160.9	If the contractor receives notification of termination (1) from the state/SOG Location; and (2) from the certified provider/supplier via the Form CMS-855 and/or a letter but the contractor has not begun processing either, the contractor shall follow the instructions in section 10.6.1.3(B)(4)(iv) of Chapter 10.	X	X	X						
12160.10	If the contractor processes a voluntary termination letter received directly from the certified provider/supplier, the contractor shall ensure that the letter meets the requirements specified in section 10.6.1.3(C)(2) in Chapter 10 of Pub. 100-08.	X	X	X						
12160.10.1	If the letter described in BR 12162.10 does not meet the requirements specified in section 10.6.1.3(C)(2) in Chapter 10 of Pub. 100-08, the contractor shall develop with the provider/supplier for	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	the missing/deficient information consistent with the general developmental instructions in Chapter 10, Pub. 100-08 and the specific instructions in section 10.6.1.3(C)(2) in Chapter 10 of Pub. 100-08.									
12160.11	If the contractor receives a provider/supplier voluntary termination letter from the state/SOG Location (and not directly from the provider/supplier), the contractor shall follow the instructions in section 10.6.1.3(C)(3) in Chapter 10 of Pub. 100-08.	X	X	X						
12160.12	The contractor shall follow the instructions in section 10.6.1.3(C)(6) of Chapter 10 of Pub. 100-08 with respect to ascertaining the appropriate termination effective date and the reason for the termination.	X	X	X						
12160.13	The contractor shall follow the instructions in section 10.6.1.3(C)(7) in Chapter 10 of Pub. 100-08 in situations where the state-- (i) Performs a survey of a certified	X	X	X						

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	provider/supplier based on a compliant or a cessation of business; and (ii) Finds that the provider/supplier is no longer operational and/or has vacated the practice location.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Frank Whelan, 410-786-1302 or frank.whelan@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts

allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Program Integrity Manual

Chapter 10 – Medicare Enrollment

Table of Contents

(Rev. 10740 ; Issued: 05-07-21)

Transmittals for Chapter 10

10.6.1.3 – Voluntary Terminations

*10.7.20 – Model Approval Letter for Voluntary Terminations Involving Certified
Providers and Certified Suppliers*

10.6.1.3 – Voluntary Terminations

(Rev. 10740; Issued: 05-07-21; Effective: 03-26-21; Implementation: 06-07-21)

The CMS Provider Enrollment & Oversight Group (PEOG) and Medicare Administrative Contractors have assumed a number of enrollment-related functions previously handled by state agencies (hereafter occasionally referenced as “state”) and CMS Survey & Operations Group Locations (SOG Locations) concerning certified provider and certified supplier voluntary terminations. This section 10.6.1.3 instructs the contractor on how to process such transactions. Unless stated otherwise, these instructions take precedence over those in section 10.4(I) of this chapter.

A. Background – Required Notifications

Consistent with the principles of 42 CFR § 489.52(a) (and except as otherwise required), a certified provider/supplier that wishes to terminate its agreement with Medicare must send written notice of its intention to the SOG Location, the state agency, or the contractor within the timeframes addressed in § 489.52. Under CMS Publication (Pub.) 100-07, chapter 2, section 2005F, the notice is a letter on letterhead with an authorized signature.

Submission of a Form CMS-855 voluntary termination application is not mandatory but is highly preferred. Providers and suppliers are encouraged to continue to submit this form.

Section 10.6.1.3(B) below discusses various scenarios that the contractor may encounter in processing certified provider/supplier voluntary terminations. These should be reviewed and considered in conjunction with the policies in section 10.6.1.3(C) below, particularly those in subsections (C)(2), (C)(3), (C)(6), and (C)(7).

B. Situations and Scenarios

1. Termination Reported to Contractor Via Form CMS-855 or Letter with No Prior Notice from State Agency or SOG Location

If the contractor receives a Form CMS-855 voluntary termination application or a voluntary termination letter (but not both) directly from a certified provider/supplier without having received any termination notification from the state/SOG Location, the following apply:

- (i) The contractor shall: (a) process the application/letter consistent with the timeframes for voluntary terminations in section 10.4(I) of this chapter; and (b) as applicable, follow the instructions in section 10.6.1.3(C) below.*

(NOTE: If the application/letter is from a skilled nursing facility (SNF), the contractor shall contact the state agency to determine whether the SNF is in compliance with the requirements of 42 CFR §§ 483.15(c)(8) and 483.70(l). These two provisions address the SNF’s required notice to the state of an impending closure and patient safety. If the state indicates that the SNF is not compliant, the contractor shall contact its Provider Enrollment & Oversight Group Business Function Lead (PEOG BFL) for guidance; if compliance is confirmed, the contractor can proceed as normal.)

- (ii) Prior to finalizing its processing of the Form CMS-855 or letter submission, the contractor shall e-mail a copy of the draft approval letter (see the model letter in section 10.7.20 of this chapter) containing the appropriate termination effective*

date, reason for termination, and source of the termination notice (i.e., Form CMS-855 or letter) to PEOG at MedicareProviderEnrollment@cms.hhs.gov, with "S&C Voluntary Termination" in the e-mail's subject line.

- (iii) PEOG will update the Automated Survey Process Environment (ASPEN) system, notify the contractor thereof, and, if the provider/supplier is deemed, provide the contractor the name and e-mail address of the applicable accreditation organization (AO).*
- (iv) Within 3 business days of receiving of the aforementioned notice from PEOG, the contractor shall: (1) e-mail a copy of the final signed approval letter to the provider/supplier, SOG Location, state agency, and AO (if the provider/supplier is deemed); and (2) deactivate the provider/supplier in the Provider Enrollment, Chain and Ownership System (PECOS) pursuant to the instructions/guidance in section 10.6.1.3(C)(9) below.*

2. Termination Reported to Contractor Via Form CMS-855 and Letter with No Prior Notice from State Agency or SOG Location

If the contractor receives a Form CMS-855 voluntary termination application and a voluntary termination letter directly from a certified provider/supplier without having received any termination notification from the state/SOG Location, the following apply:

- (i) If the Form CMS-855 and letter arrive either simultaneously or before the contractor begins processing one of them, the contractor has the discretion to determine which submission to process. It need not process both of them; the submission that the contractor does not process may be returned (consistent with the instructions in this chapter) or placed in the provider/supplier file, and the contractor need take no further action thereon.*
- (ii) If the contractor receives both submissions and it has begun processing one of them, the contractor shall continue processing that document. The contractor can return the other submission (consistent with the instructions in this chapter) or place it in the provider/supplier file; no further action thereon is required.*
- (iii) Regardless of whether (2)(i) or (ii) applies, the contractor shall process the submission consistent with the instructions in section 10.6.1.3(B)(1) above.*

3. Notice of Voluntary Termination Received from State Agency and/or SOG Location without the Contractor Having Received a Form CMS-855 or Letter Directly From the Provider/Supplier

Although many voluntary termination submissions from certified providers/suppliers are via the Form CMS-855, there are occasions where the provider/supplier will only notify the state agency and/or SOG Location. The contractor will typically learn of this when it receives a Form CMS-1539 ("Medicare/Medicaid Certification and Transmittal") and/or other written notification from the state/SOG Location. (The state uses the Form CMS-1539 to communicate findings to the SOG Location with respect to a facility's compliance with health and safety requirements.) In such situations, the following apply:

- (i) The contractor may accept from the state/SOG Location written documentation other than the Form CMS-1539. This includes, for example, a Form CMS-2007 or even a voluntary termination letter of the type described in sections 10.6.1.3(B)(1) and (B)(2) above; indeed, the provider/supplier sometimes sends its*

termination letter directly to the state/SOG Location and the latter simply forwards it to the contractor.

If the contractor has questions concerning said documentation, it shall contact the state/SOG Location for clarification. (This could include situations when it is unclear: (1) whether a termination is involved; (2) which provider/supplier is to be terminated; or (3) if the state forwards to the contractor a termination request that the state received from the provider, whether the state considers it to be a valid termination request.).

(ii) Upon receipt of the Form CMS-1539 (or other/additional state/SOG Location document), the contractor need not develop with the provider/supplier for a Form CMS-855A/B voluntary termination application or a letter. Instead:

(A) The contractor shall abide by the applicable instructions in section 10.6.1.3(C) below (e.g., section (C)(6) regarding effective dates; section (C)(7) concerning cessations of business). If the notice from the state was a voluntary termination letter from the provider/supplier (as described in section 10.6.1.3(B)(3)(i) above), the contractor shall pay particular attention to the instructions in section 10.6.1.3(C)(3) below.

(B) The contractor shall e-mail a copy of the draft approval letter (see section 10.7.20 of this chapter) containing the appropriate termination effective date, reason for termination, and source of the termination notice to MedicareProviderEnrollment@cms.hhs.gov, with "S&C Voluntary Termination" in the subject line.

(C) PEOG will update ASPEN, notify the contractor thereof, and, if the provider/supplier is deemed, provide the contractor the name and e-mail address of the applicable AO.

(D) Within 3 business days of receiving of the aforementioned notice from PEOG, the contractor shall: (1) e-mail a copy of the final signed letter to the provider/supplier, SOG Location, state agency, and AO (if the provider/supplier is deemed); and (2) deactivate the provider/supplier in PECOS pursuant to the instructions/guidance in section 10.6.1.3(C)(9) below.

4. Notification of Termination Received from the State Agency and/or SOG Location and Directly from the Provider/Supplier Via the Form CMS-855 and/or Letter

The contractor shall adhere to the instructions in this section (B)(4) in the following situations:

*(i) **The contractor receives notification of termination (i.e., via Form CMS-1539 or other documentation) from the state/SOG Location after the provider/supplier has been deactivated in PECOS pursuant to the latter's Form CMS-855/letter voluntary termination submission** - Within 10 calendar days of receiving the state/SOG Location notification, the contractor shall inform the state/SOG Location via e-mail that the provider/supplier has already been deactivated in PECOS and terminated in ASPEN. No further action by the contractor is necessary.*

*(ii) **The contractor receives notification of termination from the state/SOG Location while the contractor is processing a Form CMS-855/letter voluntary termination***

submission but before the provider/supplier has been deactivated in PECOS – The contractor shall: (i) continue processing the application/letter normally and to completion, consistent with the instructions in this section 10.6.1.3; and (ii) e-mail a copy of the final signed letter to the provider/supplier, SOG Location, state agency, and AO (if the provider/supplier is deemed) after the provider/supplier has been deactivated.

(iii) **The contractor receives notification of termination (i.e., via Form CMS-1539 or other documentation) from the state/SOG Location before the contractor received or began processing the provider's/supplier's Form CMS-855/letter voluntary termination submission** – The contractor:

(A) Shall follow the instructions in section 10.6.1.3(B)(3) above

(B) Need not contact the provider/supplier about its Form CMS-855/letter submission prior to the completion of all of the steps in section 10.6.1.3(B)(3)(ii) above

(C) Either in the termination approval letter (which the contractor may modify for the purpose) sent to the provider/supplier or via a simultaneous or separate e-mail to the provider/supplier, the contractor shall notify the provider/supplier that its submission to the contractor was not processed due to the provider/supplier's prior notification to the state/SOG Location. (If this communication is sent separately from the approval letter or the e-mail containing the letter, the contractor shall send the separate e-mail no later than 10 calendar days after sending the letter.)

(iv) **The contractor receives notification of termination from the state/SOG Location and a separate voluntary termination Form CMS-855/letter from the provider/supplier without having begun the processing of either** – The contractor has the discretion to determine which submission to process. It need not process both of them; the submission that the contractor does not process may be returned (consistent with the instructions in this chapter) or placed in the provider/supplier file, and the contractor need take no further action thereon.

C. Additional Certified Provider/Supplier Voluntary Termination Policies

1. **Completion of Form CMS-1539** – The state completes the Form CMS-1539. In Part II thereof, the following fields contain: (i) 26-Termination Action “00”; Code for a voluntary termination; and (ii) 28 –Termination Date; this is the effective date of the voluntary termination.

2. **Required Contents of Voluntary Termination Letter Received Directly from Provider/Supplier** – If the contractor is processing a voluntary termination letter it received directly from the provider/supplier (as opposed to receiving it from the state/SOG Location), the contractor shall ensure that the letter:

- Is on the provider/supplier's letterhead
- Contains the provider/supplier's legal business name, NPI, and CMS Certification Number (CCN)
- States with sufficient clarity (in the contractor's judgment) that the provider/supplier wishes to terminate its Medicare provider/supplier agreement and/or enrollment. (No exact, uniform, standard language from the

provider/supplier is necessary; the letter must merely furnish adequate notice of the provider/supplier's intentions).

- Is signed and dated by an authorized representative of the provider/supplier. This person need not be on file as an authorized or delegated official of the provider/supplier. The contractor shall accept the person's signature if it has no reason to suspect that he/she lacks the authority to act on the provider/supplier's behalf. If it has doubts, however, it may contact its PEOG for guidance.*

(The applicable regulations do not require that the letter contain the termination effective date or the reason for the termination. For purposes of ascertaining the effective date and reason, the contractor shall follow the instructions in section 10.1.3(C)(6).)

If the letter does not meet all of the above requirements, the contractor shall develop with the provider/supplier for the missing or deficient information. Development shall be consistent with the general developmental instructions in this chapter (e.g., 30 days for provider/supplier to respond) except as follows:

- The contractor may develop for the missing or clarifying information via any means, even by telephone. No application development letter is required.*
- Except as stated in sections 10.6.1.3(C)(3) and (C)(6) below, all missing or clarifying data must be furnished via a new letter signed by an authorized representative (who need not be the same person who signed the original letter).*

If the provider/supplier fails to respond fully and completely to the aforementioned request within the required timeframe, the contractor shall contact its PEOG BFL for guidance and include a copy of the initial provider/supplier letter in the e-mail to PEOG.

(See section 10.6.1.3(C)(3) below for instances where the guidance in this section 10.6.1.3(C)(2) may apply to voluntary termination letters submitted to the state/SOG Location rather than to the contractor.)

- 3. Provider/Supplier's Voluntary Termination Letter Received Directly from the state/SOG Location Without the Contractor Having Received a Termination Notification from the Provider/Supplier – As explained in section 10.6.1.3(B)(3) above, the contractor may receive a provider/supplier's voluntary termination letter directly from the state/SOG Location without having received any termination notification (i.e., letter or Form CMS-855) from the provider/supplier. If the contractor encounters this situation, the contractor shall adhere to the following:*

- (i) Provider/Supplier Voluntary Termination Letter Received from State/SOG Location Without Other Confirming Documentation - If the letter is unaccompanied by a Form CMS-1539 or other documentation signifying that the state/SOG Location (1) considers the termination letter as valid or (2) otherwise accepts the termination request, the contractor shall contact the state via e-mail for clarification on these issues. If the state indicates that it considers the provider/supplier as having terminated its provider/supplier agreement, the contractor shall process the termination consistent with the instructions in section 10.6.1.3(B)(3); any missing or unclear information (e.g., reason for the termination, effective date, CCN) shall be obtained from the state and/or SOG Location. If the state is merely forwarding the provider/supplier letter to the contractor for processing without making any determination as to whether the*

termination is valid, the contractor shall process the letter consistent with the instructions in section 10.6.1.3(B)(1) and (C)(2).

- (ii) Provider/Supplier Voluntary Termination Letter Received from State/SOG Location With Additional Documentation Confirming that the State Considers the Provider/Supplier As Having Terminated Its Agreement - The contractor shall process the termination consistent with the instructions in section 10.6.1.3(B)(3).*
- 4. Tie-Out Notices – SOG Locations no longer issue tie-out notices (Form CMS-2007) for voluntary terminations.*
- 5. Special Payments - Upon receipt of a Form CMS-855 voluntary termination application or a voluntary termination letter directly from the provider/supplier per the instructions in this section 10.6.1.3, the contractor may (but is not required to) ask the provider/supplier to complete or update the “Special Payments” portion of Section 4 of the Form CMS-855 so that future payments can be sent thereto. If the provider/supplier is adding a special payment address, it should be included in the same transaction as the voluntary termination action (i.e., one transaction incorporating both items). If the provider/supplier is changing its existing special payments address, the transaction constitutes a separate change request (i.e., one termination and one change request). The provider/supplier is not required to submit a Form CMS-588 in conjunction with a termination.*
- 6. Termination Effective Dates and Termination Reasons – As noted previously, § 489.52(b) outlines the applicable effective dates for voluntary terminations. The contractor shall adhere to the following instructions regarding these dates as well as certain situations pertaining to termination reasons:*
 - (i) The contractor receives a Form CMS-855 or voluntary termination letter per section 10.6.1.3(B)(1) or (B)(2) (i.e., the contractor receives a termination submission from the provider/supplier before receiving notification from the state/SOG Location):*
 - (A) If the provider/supplier’s submission is missing either the effective date of termination or the reason for the termination (or if either data element is not sufficiently clear to the contractor), the contractor shall develop with the provider/supplier for the missing/unclear data. The contractor may develop for the information via any means, even by telephone; no development letter is required. The provider/supplier must furnish the data via e-mail or other written format, but a new letter is not required. If the provider/supplier fails to submit the requested data within 30 days, the contractor shall contact its PEOG BFL for guidance. If the provider/supplier submits the data, the following effective dates apply:*
 - (1) The termination reason is that the provider/supplier has ceased business (which includes non-operational status) – The termination effective date in ASPEN is that on which the provider/supplier stopped providing services to the community. (See section 10.6.1.3(C)(6)(i)(C) below for additional instructions concerning cessations of business.)*
 - (2) The termination reason does not involve a cessation of business or non-operational status (e.g., the provider simply wishes to depart Medicare without closing its business; the provider elects not to renew its state license) – The contractor shall include on the draft approval letter the termination effective date the provider/supplier furnished. However, the contractor shall*

include in its e-mail to PEOG (see section 10.6.1.3(B)(1)(ii) above) notification as to whether this effective date is less than 6 months from the date on which the contractor first received the provider/supplier's Form CMS-855/letter. If it is less than 6 months, PEOG will determine whether this termination effective date is acceptable.

(B) If the provider/supplier's initial submission contains the termination effective date and reason, and no development on these issues is needed, the contractor shall proceed as instructed per, as applicable, sections 10.6.1.3(B)(1), (B)(2), and (C)(6)(i)(A) above.

(C) In cases where a cessation of business (including non-operational status) is involved, a retroactive termination effective date is permissible if there were no Medicare beneficiaries receiving services from the facility on or after the requested termination date. As stated in section 10.4(I) of chapter 10, the contractor shall confirm this via a claims review prior to forwarding the e-mail and approval letter to PEOG per section 10.6.1.3(B)(1)(ii). If claims were submitted, the contractor shall contact the provider/supplier via e-mail to confirm that services were indeed rendered and adjust the termination date with the provider/supplier; if no adjustment is made or contact cannot be made, an overpayment request must be issued.

(ii) The contractor is processing a Form CMS-1539 or other documentation received from the state/SOG Location other than the provider/supplier's voluntary termination letter – The contractor shall use the termination date listed on the Form CMS-1539 or other documentation as the termination effective date, even if a subsequent submission from the provider/supplier (e.g., Form CMS-855) uses a different date. If no termination date is listed on the submission from the state/SOG Location, the contractor shall contact the state agency for guidance.

Except as otherwise stated in this section 10.6.1.3 or unless directed otherwise by PEOG, the contractor: (1) shall use/apply the termination effective date listed on whichever submission it is processing (e.g., the contractor is processing the provider's Form CMS-855 voluntary termination application before receiving any documentation from the state); and (2) need not alter this termination effective date based on a subsequent submission from provider/supplier or the state/SOG Location.

7. State Agency Performs Survey Based on Cessation of Business

(i) Solicitation of Information

As discussed in section 10.4(I)(3)(c) of this chapter, situations may arise where the state (i) performs a survey of a certified provider/supplier based on a compliant or a cessation of business and (ii) finds that the provider/supplier is no longer operational and/or has vacated the practice location. The state will notify the contractor of its findings via the Form CMS-1539 or other documentation. Upon receipt of this documentation, the contractor shall send to the provider/supplier the applicable notice in section 10.7.2 of this chapter requesting that the provider/supplier: (1) provide evidence to the contractor (with a copy to the state) that it is still operational; (2) submit a request to the contractor (either via letter or a Form CMS-855) to voluntarily terminate its enrollment; or (3) submit a Form CMS-855 change of information application to report a changed practice location address (and any other changed data). The contractor shall copy the state and SOG Location on the notice and give the provider/supplier 10 calendar days from the date the notice is sent to respond to the request.

(ii) *Potential Outcomes*

- (A) The provider/supplier timely furnishes evidence to the contractor and the state that it is still operational at the same location – The contractor need take no additional action on the matter until it receives confirmation from the state concerning the latter’s review. (If the contractor receives evidence from the provider/supplier more than 10 days after the request was made, it shall contact the state for guidance.)

While the contractor may forward the provider/supplier’s evidence to the state to ensure that the latter received it, the contractor is not required to do so. It is ultimately (1) the provider/supplier’s responsibility to copy the state on its submission to the contractor and (2) up to the state to determine whether the evidence of operational status the provider/supplier submitted is sufficient.

Upon receiving notice from the state as to the review’s results, the contractor shall follow the applicable instructions in this section 10.6.1.3 if the provider/supplier is to be terminated (e.g., the state sends a Form CMS-1539 to the contractor). If the provider/supplier was indeed found operational, the contractor need take no further action.

- (B) The provider/supplier submits a Form CMS-855 voluntary termination and/or a voluntary termination letter in response to the contractor’s aforementioned solicitation - The contractor shall process the submission consistent with the instructions in section 10.6.1.3(B)(1) and/or (B)(2), as applicable.

Notwithstanding any instruction to the contrary in this section 10.6.1.3, the contractor shall use the termination effective date listed on the Form CMS-1539 or other documentation from the state (rather than the date on the Form CMS-855/letter) as the termination effective date.

- (C) The provider/supplier timely submits a Form CMS-855 to change its address – The contractor shall process the change request to completion, notify the provider/supplier thereof via the applicable instructions in this chapter 10, and forward a copy of the change request via e-mail to the state and SOG Location via e-mail. In this e-mail, the contractor shall: (1) notify the state/SOG Location of the new address; (2) reference the Form CMS-1539 (or other documentation) that the state had sent to the contractor; and (3) notify the state if PECOS indicated any addresses other than the “old” or “new” address at which the provider/supplier might be located.

- (D) The provider/supplier fails to respond to the contractor’s solicitation - The contractor shall process the voluntary termination consistent with the instructions in section 10.6.1.3(B)(3) above.

8. Clock Stoppages – In any circumstance where the contractor is required under section 10.6.1.3 to contact PEOG (including sending a termination to PEOG for approval) or the state/SOG Location for a determination, approval, or guidance of some type, the application processing time clock is stopped. It resumes on the date on which the contractor receives PEOG/state/SOG Location’s decision, resolution, determination, or final guidance, as applicable. Interim communication between the contractor and PEOG/state/SOG Location during such “waiting periods” (e.g., PEOG request for additional information from the contractor) does not restart the clock. Optional communications---that is, communications with PEOG/state/SOG Location that are not specifically directed under this section 10.6.1.3---do not stop the processing clock.

9. Deactivation Date – As indicated previously, the termination effective date will be entered into ASPEN. The date of deactivation (and except if PEOG instructs otherwise) should match the termination effective date unless the provider is already deactivated in PECOS, in which case no change in the deactivation effective date is needed.

10.7.20 – Model Approval Letter for Voluntary Terminations Involving Certified Providers and Certified Suppliers

(Rev. 10740; Issued: 05-07-21; Effective: 03-26-21; Implementation: 06-07-21)

This section 10.7.20 contains a model approval letter for certified provider/supplier voluntary terminations pursuant to section 10.6.1.3 of this chapter. For the situations in section 10.6.1.3, this model letter take precedence over all others in this chapter.

The contractor may modify this letter as needed to address unique circumstances associated with the case.

[Month, Day, Year]

[Provider/Supplier Name]

[Address]

[City, State, Zip]

Reference # (Application Tracking Number)

Dear [Provider/Supplier],

*[Insert Contractor] has received notification from the State Agency that you are voluntarily terminating your provider/supplier agreement **or** [Insert Contractor] has completed processing your application [or letter] to voluntarily disenroll from the Medicare program. Therefore, your provider agreement has been terminated and your Medicare provider enrollment deactivated effective on the dates shown below.*

Medicare Termination-Deactivation Information

Legal Business Name (LBN):

Doing Business As (DBA):

Address: (if different from mailing address)

Provider/Supplier Type:

National Provider Identifier (NPI):

Provider Transaction Access Number (PTAN)/CCN:

Reason for Termination:

Effective Date of Provider Agreement Termination:

Effective Date of Medicare Provider Enrollment Deactivation:

Medicare will not reimburse you for any claims with dates of service on or after the effective date of the termination of your provider agreement except as permitted under 42 CFR §489.55.

For questions concerning this letter, contact [Insert Contractor] at [contact information].

Sincerely,

[Name]

[Title]

[Company]

[CC: CMS Location; State Agency; AO (if applicable)]