CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Survey & Certification Transition Training: Voluntary Terminations

February 27, 2020

Transition Stakeholder Discussion

Agenda-Voluntary Termination Training

- Housekeeping
- Welcome Remarks
- Transition: Recap and Background
- Statutes, Regulations, and SA Coordination
- MAC Processing
- Questions & Answers

S&C Transition: Background Recap

Background and Recap of the Survey and Certification Transition Process

Melissa Rice,
Quality Safety and Oversight Group

S&C Transition: Background Recap

CMS Workgroup

- Weekly meetings consisting of staff from Provider Enrollment Group, Quality, Safety Oversight Group, CMS Locations, MACs, and AHFSA.
- Foster better working relationship between all workgroup participants.
- Workgroup continues to meet as we begin the incremental implementation processes—training, implementation, post- implementation monitoring.

S&C Transition: Background Recap

Expected results

Efficiency

Improved communication

Reduction in provider burden

Re-focus existing resources

Phases of the Transition

Current Processes

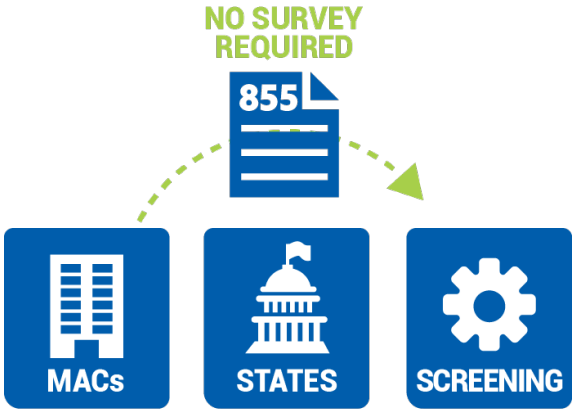
- MAC→RO/SA→RO→MAC→Provider/Supplier

Ideal Processes

- MAC→SA→MAC→Provider/Supplier

Certification Transition Changes Phase I

CMS will transfer **some** survey and certification functions for certified providers/suppliers to the **Center for Program Integrity/Provider Enrollment Oversight Group** and the **Medicare Administrative Contractors**



Advantages

Reduce application processing times

- In some cases, MACs will be able to process enrollment applications without making a separate recommendation to the CMS Location/State, if no survey is required.
- Direct coordination between the MACs and States.
- This process **will not** eliminate the need for a survey, if required.

Streamline the application process

- Attempt to collect required information with the CMS-855 to avoid additional development requests from the CMS Location/state (OCR attestation, provider agreements, certification forms).

Certification Transition Changes Phase I

Phased Implementation

Phase I (1st Quarter 2020)

Certified provider/supplier enrollment applications not requiring a survey

Phase II (Quarterly throughout 2021)

Certified provider/supplier enrollment applications that require a state survey by specialty

Center for Clinical Standards & Quality

Survey Operations and the Quality Safety & Oversight Group's responsibilities that are not affected by the Transition include:

- Enforcement Actions
- Oversight of State Survey Agencies
- Complaint investigations and resolutions
- Oversight Reviews
- Accreditation Deemed Status

Certification Transition Changes Phase I (2020)

- Program Integrity Manual update
- State Operations Manual update

Certification Transition Changes Phase I (2020)

- Preparation for implementation starts in early 2020
- Monitor and evaluate prior quarter's transitioned work
- Stakeholder communication will be critical

Certification Transition Changes Phase I (2020)

1. Voluntary Terminations
2. Federally Qualified Health Centers
3. Change of Ownership (CHOW)
4. Address Changes
5. Geographic Service Area Change
6. Name Change
7. Administrator Change
8. Fiscal Year Change
9. Certified provider revocations

Certification Transition Changes Phase II (2021)

- More complex actions
- Transition occurs incrementally over 2021
- Careful monitoring of workload post-implementation
- Careful monitoring of communication

Timeline

	PHASE I				PHASE II			
Certification Action	**Training**	**Spring 2020 Implementation**	**Training**	**Fall/Winter 2020 Implementation**	**Training**	**Spring 2021 Implementation**	**Training**	**Fall 2021 Implementation**
Voluntary Terms	Feb 2020	May 2020						
FQHC- All actions	May 2020	June 2020						
CHOW			Aug 2020	Sept 2020				
Address Changes			Aug 2020	Sept 2020				
Relocations					Nov 2020	Jan 2021		
Initials							April 2021	June 2021

Voluntary Terminations

Provider/Supplier Type	855A	855B
Ambulatory Surgical Suites		x
Community Mental Health Centers	x	
Comprehensive Outpatient Rehabilitation Facilities	x	
Critical Access Hospitals	x	
End Stage Renal Disease	x	
Federally Qualified Health Centers	x	
Home Health Agencies	x	
Hospice	x	
Hospitals	x	
Outpatient Physical Therapy	x	
Portable X-Rays		x
Religious Non-Medical Health Care Institutions	x	
Rural Health Clinics	x	
Skilled Nursing Facilities	x	
Transplant programs	x	

Voluntary Terminations: Statutory and Regulatory References

Shannon Hills-Cline,
Survey & Operations Group (Dallas Location)

Carroll Wyble,
Survey & Operations Group (Dallas Location)

Maria Vergel De Dios,
Survey & Operations Group (Chicago Location)

Voluntary Terminations: Statutory and Regulatory References

Objectives

Discuss and provide the regulatory references for three specific types of Voluntary Terminations that are under discussion during this training.

Voluntary Terminations: Statutory and Regulatory References

Three Types of Voluntary Terminations:

1. Provider initiated: Sent to the MAC directly

2. Provider initiated: Sent to the SA directly

3. SA identified: Discovered by the SA as the result of a recertification survey. (This is also referred to as a Cessation of Business.)

Voluntary Terminations: Statutory and Regulatory References

Social Security Act §1866(b)(1)

"A provider of services may terminate an agreement with the Secretary under this section at such time and upon such notice to the Secretary and the public as may be provided in regulations, except that notice of more than six months shall not be required".

Voluntary Terminations: Statutory and Regulatory References

General Requirements:

42 CFR §489.52 Termination by the provider (Voluntary Termination)

Notice to CMS:

1. A provider that wishes to terminate its agreement, should send written notice of its intention to the MAC. Often, however, notice is sent to the State Agency. *(The notice should be submitted on a document with the facility or corporate letterhead and signed by an Authorized Official or Delegated Official found in Sections 15 & 16 of the CMS Form 855A)*

2. The notice should state the intended date of termination. The termination date should be the first day of the month. However, CMS has the discretion to accept the date provided by the facility, if not on the 1st day of the month.

Voluntary Terminations: Statutory and Regulatory Reference

42 CFR §489.52 Termination by the provider (continued) (Voluntary Termination)

(b) Termination Date:

(1) If the notice does not specify a date, or the date is not acceptable to CMS, CMS may set a date that will not be more than six months from the date on the providers notice of intent.

(2) CMS may accept a termination date that is less than 6 months after the date on the provider's notice if it determines that to do so would not unduly disrupt services to the community or otherwise interfere with the effective and efficient administration of the Medicare program

Voluntary Terminations: Statutory and Regulatory Reference

42 CFR §489.52 Termination by the provider (continued)

(b)(3) A cessation of business is deemed to be a termination by the provider, effective with the date on which it stopped providing services to the community.

- Sometimes the SA will become aware that a facility no longer in business or ceased providing services to their community. This is usually discovered during a recertification survey or site visit and occurs mostly with Non-LTC provider types (HHAs & Hospice).

- This can occur when a provider has voluntarily terminated or ceased business operations and the provider fails to notify the SA or MAC.

Voluntary Terminations: Statutory and Regulatory Reference

Public notice. 489.52 (c)

(1) The provider must give notice to the public at least 15 days before the effective date of termination

(2) The notice must—

(i) Specify the termination date; and

(ii) Explain to what extent services may continue after that date, in accordance with the exceptions set forth in §489.55.

**Payment may continue for up to 30 calendar days after a provider is terminated for hospitals, HHAs and hospice beneficiaries who were admitted before the effective date of termination*

**Payments may, continue with respect to residents of a long-term care facility that has submitted a notification of closure as required at § 483.70(l) of this chapter during the period beginning on the date notification is submitted and ending on the date on which the residents are successfully relocated.*

Voluntary Terminations: Statutory and Regulatory Reference

Skilled Nursing Facility

42 CFR §489.52 and 42 CFR §483.70 Administration

(l) *Facility closure-Administrator.* The administrator of the facility must:

(1) Submit written notification of an impending closure to the State Survey Agency, the State LTC ombudsman, residents of the facility, and the legal representatives of such residents or other responsible parties,

(i) At least 60 days prior to the date of closure;

(2) Ensure that the facility does not admit any new residents on or after the date on which such written notification is submitted; and

(3) Include a plan that has been approved by the State, outlining the transfer and adequate relocation of the residents of the facility by a date that would acceptable by the State prior to closure, including assurances that the residents would be transferred to the most appropriate facility or other setting in terms of quality, services, and location, taking into consideration the needs, choice, and best interests of each resident.

(4) The provider must give notice to the public at least 15 days before the effective date of termination.

Accreditation & Deemed Status

Section 488.1 defines an accredited provider or supplier as:

> "a provider or supplier that has voluntarily applied for and has been accredited by a national accreditation program meeting the requirements of and approved by CMS in accordance with §488.5 or §488.6."

Accreditation under a CMS-approved Medicare accreditation program.

Accreditation & Deemed Status

- Section 1865(a) of the Act provides that CMS may recognize and approve national accrediting organization (AO) Medicare accreditation programs which demonstrate that their health and safety standards and survey and oversight processes meet or exceed those used by CMS to determine a health care provider's or supplier's compliance with applicable Medicare CoPs, CfCs, Conditions for Certification or requirements.

Accreditation & Deemed Status

- Accreditation program is voluntary.
- Providers may cancel their accreditation status and continue to participate in the Medicare Program. Their surveys and resurveys will be conducted by SA.
- If it is unclear whether the provider is cancelling their agreement or their accreditation status, contact the PEOG BFL.

Accreditation & Deemed Status

- PEOG will notify MACs when a provider/or supplier has a deemed status (i.e. has been or will be accredited by a CMS-approved accredited agency).

- MACs will cc the Accreditation Organization on the model voluntary termination letters.

Processing a Voluntary Termination when received by the SA

- The State will send the provider's termination notice MAC. For SNFs, the State must review the request to ensure all of the requirements in 42 CFR §483.70.
- The MAC reviews and approves the application and sends the termination letter to PEOG for signature.
- The PEOG signs the termination letter within 3 business days and sends it back to the MAC.
- The MAC sends the termination approval letter to the State and respective CMS Location.
- The MAC sends the termination approval letter to the Accrediting Organization if the provider has "deemed" accreditation.
- The PEOG will attach all documents in ASPEN/iQIES, sign the L33 sign-off field (which uploads the certification kit and notifies the State), and terminate the provider's file & CMS Certification Number (CCN).

Processing a Voluntary Termination when received by the MAC

- The MAC reviews and approves the application and sends the termination letter to PEOG for signature.
- The PEOG signs the termination letter within 3 business days and sends it back to the MAC.
- The MAC sends the termination approval letter to the State and respective CMS Location.
- The MAC sends the termination approval letter to the Accrediting Organization if the provider has "deemed" accreditation.
- The PEOG will attach all documents in ASPEN/iQIES, sign the sign-off field (which uploads the certification kit and notifies the State), and terminate the provider's file & CMS Certification Number (CCN).

Processing the Voluntary Termination Due to a Cessation of Business

- The State will provide documentation and notify the MAC if the provider has ceased operations or the provider's license has been revoked or denied for renewal.

- The MAC will determine if the provider has submitted a change of address or billed for Medicare services within the past 6 months. *(If the provider did submit a change of address or billed for services, the MAC will notify the State and provide approval documentation for the new location)*

- If the MAC determines the provider did not submit a 855 for a change of address and has not billed within the past 6 months, the MAC will send a Cessation of Business letter to the Provider. *(If the provider responds and informs the MAC that they have not ceased operations, the MAC/PEOG will determine whether to continue with termination actions on a case-by-case basis).*

- The MAC/PEOG will wait the allotted time *(10 Business Days)* before terminating the provider and sending the notice (1539) to the State and notifying the Accrediting Organization if the provider has "deemed" accreditation.

- The MAC/PEOG will attach all documents in ASPEN/iQIES when the process has been completed.

- The MAC/PEOG will terminate the provider's file & CMS Certification Number (CCN) in ASPEN/iQIES.

Summary

- Good communication flow between the MACs and the States is critical to ensuring the statutory and regulatory requirements for the Voluntary Termination of Medicare certified providers are complete.

- Each CMS Location will assign a Certification Lead point of contact responsible for assisting the States and MACs with definitive interpretation & guidance in processing voluntary termination actions if needed.

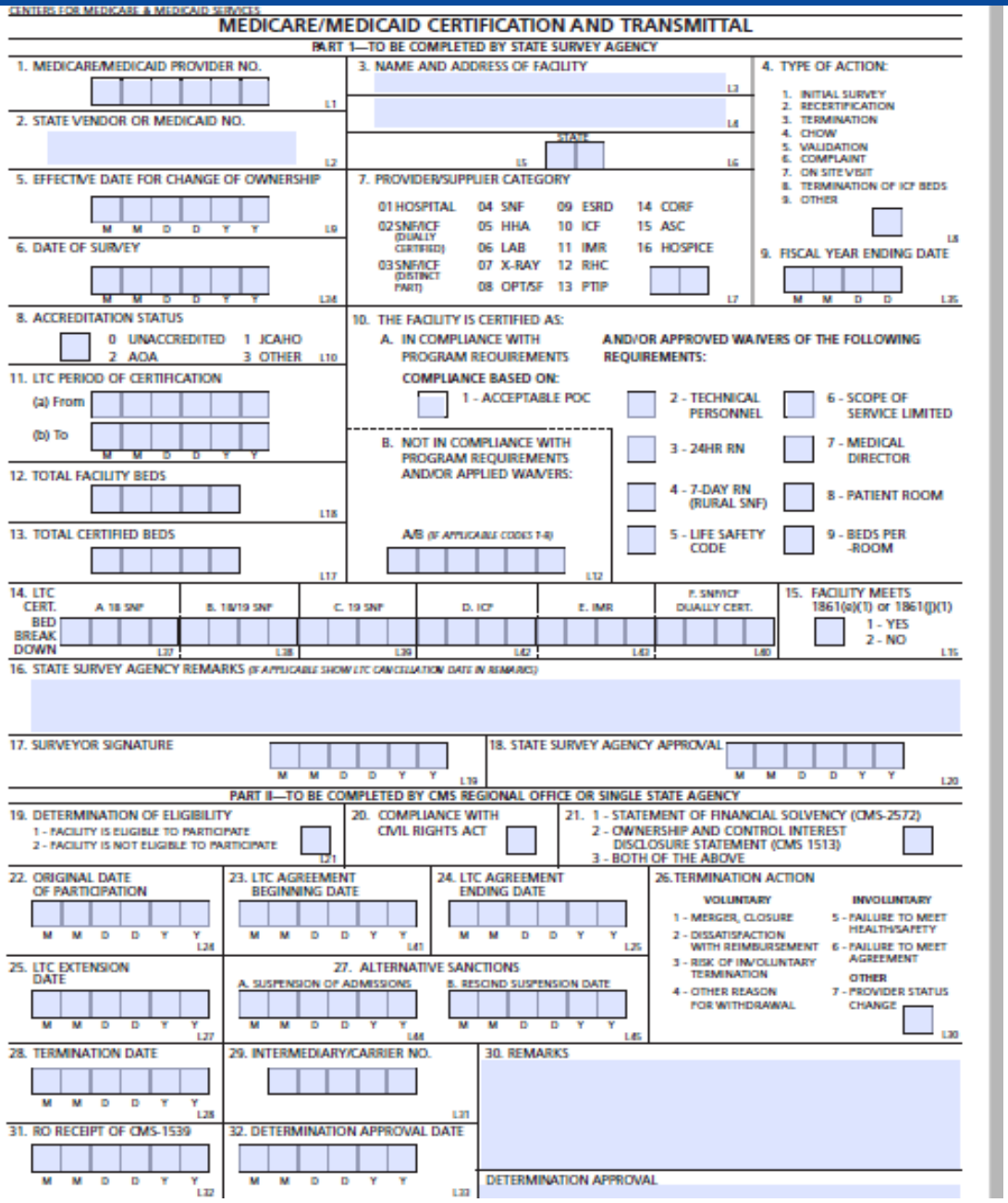
BREAK

Voluntary Terminations
SAs, MACs & CMS-1539s

- SAs are the first POC for most voluntary terminations for certified providers/suppliers.

- Letters or other notices received directly by the SA are sent to the MAC via CMS 1539.

CMS-1539 Form



CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

PART I—TO BE COMPLETED BY STATE SURVEY AGENCY

1. MEDICARE/MEDICAID PROVIDER NO. L1
2. STATE VENDOR OR MEDICAID NO. L2
3. NAME AND ADDRESS OF FACILITY L3 L4 STATE L5 L6
4. TYPE OF ACTION:
   1. INITIAL SURVEY
   2. RECERTIFICATION
   3. TERMINATION
   4. CHOW
   5. VALIDATION
   6. COMPLAINT
   7. ON SITE VISIT
   8. TERMINATION OF ICF BEDS
   9. OTHER L8
5. EFFECTIVE DATE FOR CHANGE OF OWNERSHIP (M M D D Y Y) L9
6. DATE OF SURVEY (M M D D Y Y) L34
7. PROVIDER/SUPPLIER CATEGORY
   01 HOSPITAL; 02 SNF/ICF (DUALLY CERTIFIED); 03 SNF/ICF (DISTINCT PART); 04 SNF; 05 HHA; 06 LAB; 07 X-RAY; 08 OPT/SF; 09 ESRD; 10 ICF; 11 IMR; 12 RHC; 13 PTIP; 14 CORF; 15 ASC; 16 HOSPICE L7
8. ACCREDITATION STATUS
   0 UNACCREDITED; 1 JCAHO; 2 AOA; 3 OTHER L10
9. FISCAL YEAR ENDING DATE (M M D D) L35
10. THE FACILITY IS CERTIFIED AS:
    A. IN COMPLIANCE WITH PROGRAM REQUIREMENTS
    AND/OR APPROVED WAIVERS OF THE FOLLOWING REQUIREMENTS:
    COMPLIANCE BASED ON:
    1 - ACCEPTABLE POC; 2 - TECHNICAL PERSONNEL; 3 - 24HR RN; 4 - 7-DAY RN (RURAL SNF); 5 - LIFE SAFETY CODE; 6 - SCOPE OF SERVICE LIMITED; 7 - MEDICAL DIRECTOR; 8 - PATIENT ROOM; 9 - BEDS PER -ROOM
    B. NOT IN COMPLIANCE WITH PROGRAM REQUIREMENTS AND/OR APPLIED WAIVERS:
    A/B (IF APPLICABLE CODES 1-9) L12
11. LTC PERIOD OF CERTIFICATION
    (a) From
    (b) To (M M D D Y Y)
12. TOTAL FACILITY BEDS L16
13. TOTAL CERTIFIED BEDS L17
14. LTC CERT. BED BREAK DOWN

A. 1S SNF	B. 1S/1S SNF	C. 1S SNF	D. ICF	E. IMR	F. SNF/ICF DUALLY CERT.
L37	L38	L39	L42	L43	L40

15. FACILITY MEETS 1861(a)(1) or 1861(j)(1)
    1 - YES; 2 - NO L15
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE IN REMARKS)
17. SURVEYOR SIGNATURE (M M D D Y Y) L19
18. STATE SURVEY AGENCY APPROVAL (M M D D Y Y) L20

PART II—TO BE COMPLETED BY CMS REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY
    1 - FACILITY IS ELIGIBLE TO PARTICIPATE
    2 - FACILITY IS NOT ELIGIBLE TO PARTICIPATE L21
20. COMPLIANCE WITH CIVIL RIGHTS ACT
21. 1 - STATEMENT OF FINANCIAL SOLVENCY (CMS-2572)
    2 - OWNERSHIP AND CONTROL INTEREST DISCLOSURE STATEMENT (CMS 1513)
    3 - BOTH OF THE ABOVE
22. ORIGINAL DATE OF PARTICIPATION (M M D D Y Y) L24
23. LTC AGREEMENT BEGINNING DATE (M M D D Y Y) L41
24. LTC AGREEMENT ENDING DATE (M M D D Y Y) L25
25. LTC EXTENSION DATE (M M D D Y Y) L27
26. TERMINATION ACTION
    VOLUNTARY
    1 - MERGER, CLOSURE
    2 - DISSATISFACTION WITH REIMBURSEMENT
    3 - RISK OF INVOLUNTARY TERMINATION
    4 - OTHER REASON FOR WITHDRAWAL
    INVOLUNTARY
    5 - FAILURE TO MEET HEALTH/SAFETY
    6 - FAILURE TO MEET AGREEMENT
    OTHER
    7 - PROVIDER STATUS CHANGE L30
27. ALTERNATIVE SANCTIONS
    A. SUSPENSION OF ADMISSIONS (M M D D Y Y) L44
    B. RESCIND SUSPENSION DATE (M M D D Y Y) L45
28. TERMINATION DATE (M M D D Y Y) L28
29. INTERMEDIARY/CARRIER NO. L31
30. REMARKS
31. RO RECEIPT OF CMS-1539 (M M D D Y Y) L32
32. DETERMINATION APPROVAL DATE (M M D D Y Y) L33
DETERMINATION APPROVAL

Voluntary Terminations
SAs, MACs & CMS-1539s

Certified providers & suppliers should also complete the CMS 855 A or CMS 855 B, in addition to the termination notice when voluntarily terminating from Medicare program.

Voluntary Terminations SAs, MACs & CMS-1539s

- When SA is notified of a voluntary termination by the provider/supplier

AND:

- Providers with inpatient beds.
- The SA follows existing guidelines and includes MAC on the distribution of the 60 day notification.

State Agency

- In addition to CMS Locations, State Agencies will send Voluntary Terminations and notices to MACs found at:

  https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs#MapsandLists

- PEOG developing list of state specific MAC contacts including email addresses for SAs, MACs, CMS Locations, and PEOG.

Voluntary Termination: State Agency Actions

- SAs continue to submit CMS 1539s to transmit voluntary terminations/cessations of business.

- Submission of CMS 1539s to MACs servicing the states, as is currently done.

State Agency & MAC Contacts

- Contact/Inquiry list will be made available to each SA, MAC, CMS Location, and PEOG.

- Contact/Inquiry list will be updated and redistributed periodically by PEOG.

Voluntary Terminations: MAC Processing Actions

Andrew Stouder
Provider Enrollment Operations Group

Voluntary Terminations: Change Request 11551

Most of the material covered during this training session will be released with CR 11551 for the MACs.

Voluntary Terminations

GENERAL INFORMATION

Voluntary vs Involuntary Terminations

- Voluntary: MACs primarily responsible for processing voluntary termination and cessations of business.

- Involuntary: CMS Locations responsible for processing involuntary terminations and forwarding to MACs revocation of their billing privileges.

Voluntary Terminations

1. **Provider Requested Terminations:** MACs will have primary responsibility for processing ***provider requested*** voluntary terminations.

2. **SA identified Cessation of Business** (also considered a voluntary termination): MACs will have primary responsibility for processing applications and notifying certified providers.

Voluntary Termination: Submission via CMS-855

Voluntary Termination submitted on CMS-855 (Paper or Electronic) to MAC.

- Review the entire application in accordance with current PIM guidance.
  - Review the requested *effective termination date*
  - Review the *Authorized or delegated signatures*
  - Review the attachments for a *Public Notice*

Review Procedures of Requested Termination Dates

Requested Termination Dates

Retroactive Termination Dates

If a retroactive termination date is requested, contractors shall confirm that there were no Medicare beneficiaries receiving services from the facility on or after the requested termination date.

Review Procedures of Requested Termination Dates

Requested Termination Dates (continued):

Termination Dates less than 6 months in the future:

If the contractor is setting (accepting) the termination effective date that is less than 6 months in the future, contractors shall consider the availability of other facilities in the area and not unduly disrupt the services to the community or otherwise interfere with the effective and efficient administration of the health insurance program.

Review Procedures of Requested Termination Dates

Requested termination Dates (continued)

- MACs should coordinate with the SA or CMS Location to confirm the impact on the community.

Review Procedures for Public Notice

Public Notice

- The provider is obligated to notify the public of the effective date of closure.

- A copy of the notice should be submitted with the application. Development is not required if it is not provided.

Approval Recommendations & Tie-Outs

Approval Recommendations and Tie Outs

- Approval Recommendations: MACs are not required to issue for Voluntary Terminations which the MAC can be processed to completion.

- Tie Out Notices will not be issued for voluntary terminations which the MAC processes to completion.

Voluntary Terminations via CMS-855:
Summary of processing actions

- MACs will review the voluntary termination documentation and provide specific information to PEOG.
- PEOG will update ASPEN.
- Approval recommendations will be eliminated.

Voluntary Termination: Cessation of Business

Voluntary terminations by certified providers/suppliers cessation of business:

1. The SA identifies non-operational providers
2. State fails to renew a license
3. Provider fails to renew a license

Cessation of Business:
Summary of MAC Processing Actions

Summary of MAC Required Action:

1. SA identifies the business as **non-operational**:

   MAC Action: review PECOS, develop

2. **State fails to renew a license**

   MAC Action: Revoke

- **Provider fails to renew a license**

   MAC Action: Revoke

Non-operational:
MAC Processing Actions

1. MAC receives CMS 1539 from SA stating provider/supplier is non operational:

Action: New Address located in PECOS:

If the MAC finds a new address in PECOS:

- Notify the SA of the new address and effective date via email.
- No further action is required unless the MAC is notified by the SA.

Non-operational: MAC Processing Actions

1. MAC receives CMS 1539 from SA stating provider/supplier is non operational (continued)

- The MACs will send the Certified Provider/Supplier Voluntary Termination Development Letter to the provider of record.

- The provider must respond within 10 days.

Non-operational: MAC Processing Actions

Within 10 days the provider/suppliers must provide:

a. Evidence/statement indicating they are still operational at the existing location;
b. Completed CMS 855 requesting an update to their enrollment information (e.g. change in practice location);
c. Completed CMS 855 requesting voluntary termination of their enrollment.

Operational via Letter Response: MAC Processing Actions

When a provider responds to the development letter:

a) Evidence/statement indicating they are still operational at the same/existing location

- The MAC shall notify the PEOG BFL that a state survey is required and provide the name, address and location of the new practice location.
- CMS will notify the SA of the providers response and location.
- MACs shall not take any action until they receive notification from the SA.
- The SA will forward the outcome to the PEOG, MAC and CMS Location.
- No further MAC action MAY be required.

Operational via CMS-855: MAC Processing Actions

(b) Completed CMS 855 requesting an update to their enrollment information (e.g. change in practice location):

- The MAC shall notify the PEOG BFL that a state survey is required and provide the name, address and location of the new practice location.
- CMS will notify the SA of the new location.
- MACs will hold the application pending the SA response.

Operational via CMS-855: MAC Processing Actions

b) Completed CMS 855 requesting an update to their enrollment information (e.g. change in practice location (continued):

- The SA will conduct a review and a new survey within 15 days of receiving the certified provider or supplier's evidence.
- The SA will forward the outcome to the MAC with a copy to the CMS Location.
- MACs shall not take further action until they receive notification from the SA.
- MACs will finalize processing the enrollment application once the SA response is received.

CMS-855 Voluntary Termination: MAC Processing Actions

(c) CMS 855 Voluntary Termination application submitted by provider:

- The contractor may ask the provider or supplier to complete the "Special Payment's" portion of section 4 of the Form CMS-855 so that future payments can be sent appropriately.

- If the provider or supplier has no special payments address already on file, the addition should be included in the same transaction as the termination (i.e., one transaction incorporating both items).

CMS-855 Voluntary Termination: MAC Processing Actions

(c) 855 Voluntary Termination application submitted by provider: (continued)

- If the provider or supplier wants to change its existing special payments address, the transaction should be treated as a separate change request (i.e., one termination and one change request).

- The provider or supplier is not required to submit a Form CMS-588 in conjunction with a voluntary termination.

Failure to Renew License:
MAC Processing Actions

2. SA Fails to Renew License or
3. Provider Fails to Renew License

MACs will revoke a provider or supplier's enrollment when:

- The SA informs the MAC that the SA will not renew a certified provider or supplier's license to operate, or
- SA informs the MAC that certified provider or supplier decides not to renew their state license to operate.

Failure to Renew License: MAC Processing Actions

SA or Provider Fails to Renew License (continued)

- The MAC is required to follow PIM guidance refer the draft letter to the appropriate PEOG mailbox for approval by PEOG; and updating of ASPEN.

- After the MAC receives approval of the content of the letter, the MAC will notify the provider.

- The MAC should send the SA & RO a copy of the letter sent to the provider within 3 calendar days.

Processing a Voluntary Termination: Summary

Processing a Voluntary Termination when received by the SA

- The State will send the provider's termination notice MAC. For SNFs, the State must review the request to ensure all of the requirements in 42 CFR §483.70.
- The MAC reviews and approves the application and sends the termination letter to PEOG for signature.
- The PEOG signs the termination letter within 3 business days and sends it back to the MAC.
- The MAC sends the termination approval letter to the State and respective CMS Location.
- The MAC sends the termination approval letter to the Accrediting Organization if the provider has "deemed" accreditation.
- The PEOG will attach all documents in ASPEN/iQIES, sign the sign-off field (which uploads the certification kit and notifies the State), and terminate the provider's file & CMS Certification Number (CCN).

Processing a Voluntary Termination when received by the MAC

- The MAC reviews and approves the application and sends the termination letter to PEOG for signature.
- The PEOG signs the termination letter within 3 business days and sends it back to the MAC.
- The MAC sends the termination approval letter to the State and respective CMS Location
- The MAC sends the termination approval letter to the Accrediting Organization if the provider has "deemed" accreditation.
- The PEOG will attach all documents in ASPEN/iQIES, sign the sign-off field (which uploads the certification kit and notifies the State), and terminate the provider's file & CMS Certification Number (CCN).

Processing the Voluntary Termination Due to a Cessation of Business

- The State will provide documentation and notify the MAC if the provider has ceased operations or the provider's license has been revoked (SA licensure not Medicare privileges) or denied for renewal.
- The MAC will determine if the provider has submitted a change of address or billed for Medicare services within the past 6 months. *(If the provider did submit a change of address or billed for services, the MAC will notify the State and provide approval documentation for the new location)*
- If the MAC determines the provider did not submit a 855 for a change of address and has not billed within the past 6 months, the MAC will send a Cessation of Business letter to the Provider. *(If the provider responds and informs the MAC that they have not ceased operations, the MAC/PEOG will determine whether to continue with termination actions on a case-by-case basis).*
- The MAC/PEOG will wait the allotted time *(10 Calendar Days)* before terminating the provider and sending the notice (1539) to the State and notifying the Accrediting Organization if the provider has "deemed" accreditation.
- The MAC/PEOG will attach all documents in ASPEN/iQIES when the process has been completed.
- The MAC/PEOG will terminate the provider's file & CMS Certification Number (CCN) in ASPEN/iQIES.

Q&As

Many thanks!