MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: LTC-R Regional Directors
Section/Unit Managers

FROM: Marc Gold
Section Manager
Long Term Care-Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #00-10

DATE: May 15, 2000

The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 00-10 -- Voluntary Terminations/Withdrawals from the Medicare Program; Call Beverly Tucker, Professional Services, at (512) 438-2631.

If you have any questions, please direct inquiries to the individuals or sections listed above.

~Original Signature on File~

Marc Gold

Attachment

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration
Division of Medicaid and State Operations, Region VI

1301 Young Street, Room 833
Dallas, Texas 75202
Phone (214) 767-6301
Fax (214) 767-0270

April 19, 2000

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 00-10

To:	All State Survey Agencies	(Action)
	All Title XIX Single State Agencies	(Information)

Subject: Voluntary Terminations/Withdrawals from the Medicare Program

EFFECTIVE IMMEDIATELY

We are rescinding Regional Survey and Certification Letter No. 98-08 that instructed State survey agencies (SSAs) to process voluntary terminations/withdrawals. Effective immediately, the HCFA Regional Office will resume processing all types of voluntary terminations/ withdrawals, with an exception to CLIA. This includes terminations because of expired/revoked licenses and cessations of business, as well as provider requests to withdraw.

Regulations at 42 CFR 489.52 specify that if a provider/supplier wishes to voluntarily terminate its participation in the Medicare program it must notify HCFA and give notice to the public. Notification may come through the SSA or directly to HCFA. If the notification comes directly to the SSA, the SSA should verify that appropriate public notice has been given, prepare the HCFA-1539, and forward the packet to the Regional Office (RO). A properly completed packet should contain the following:

1. Medicare/Medicaid Certification and Transmittal (C&T), HCFA-1539
2. Proof of the reason for voluntary termination or withdrawal; e.g., facility request to withdraw, verification of licensure expiration or revocation, or verification of cessation of business.
3. Copy of newspaper notice (if applicable).

If the request for withdrawal comes directly to the RO and does not contain all of the above, we will ask you to obtain the needed documentation and forward a completed packet. The RO will notify the provider, intermediary, and SSA when the provider number is terminated in the OSCAR/ODIE system.

If you have any questions, please contact our office at (214) 767-6301.

Sincerely,

~Signature on File~

Molly Crawshaw, Chief
Survey and Certification
Operations Branch