

**Exhibit A:
BCMS Instructions
Submitting a Termination
of Participating Letter to Medicare**



Do not include these instructions with your letter.

Instructions

1. Gather the following demographic items (see Exhibit B) to include in your letter (Exhibit A):
 - a. Legal Clinic/Organization Name for each Tax Identification # (TIN) associated with a Group-NPI and Group-Provider Transaction Access Number (PTAN)
 - b. You may list each clinic with its address that are associated with each Group-NPI, and Group-PTAN, but it is not necessary. Just a good check and balance precaution
 - c. Address(es) for each Group-NPI, Group-PTAN tied to a TIN
 - d. Authorized Official's Name for the organization or for each Group-NPI and Group-PTAN
 - e. Name of Delegated Official, if indicated on the Enrollment Application 855B or 855i, if different from the Authorized Official's Name
 - f. Phone number for both the Authorized Official and Delegated Official, as applicable
 - g. Current participating status effective through 1-31-2021
 - h. Non-participating status effective date beginning 02-01-2021
 - i. Dated signature of the Authorized Official as noted on CMS 855B or 855i
2. Please amend the letter to reflect the number of clinics, etc. but please avoid eliminating any content as the identifying information is required, and without it the status change could be rejected. This decision is time sensitive as the letters must be received by January 31, 2021 for an effective date of February 1, 2021.
3. You may begin collecting at the Non-Participating rate once you have confirmation from CMS of receipt of your request by January 31, 2021. (see Exhibit D).
4. A separate letter must be written for each Group-NPI & Group-PTAN. Please note you can have multiple Group NPIs and PTANs under one TIN. All therapists who have assigned benefits to the Group-NPI/Group PTAN have the enrollment status of the Group's PTAN so they do not need to file an individual request for status change.

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BUSINESS & CLINICAL MANAGEMENT SERVICES, INC.

5. Letters should be mailed to your Medicare Administrative Contractor- MAC (see Exhibit C). Please contact them for the EXACT address for Provider Enrollment by paper. If they advise you to use PECOS, you will have to upload your letter which could be complicated because the CMS 460 (Participating Provider/Supplier) Form does not have a place to reverse your status. The instructions state: Send a letter (see Exhibit D).
6. Mailing your letter(s):
 - a. Use Trackable Mail, preferably Priority Mail or Express Mail, requesting Signature Receipt.
 - b. Note that Federal Express and United Postal Services do not deliver to Post Office Box address, so if that is all you are given you will have to use the United States Postal Service. Be certain to track your letter and make a copy of the confirmed (signed) receipt.
7. Make a copy of every page you send your MAC and keep it on file with your other Medicare documents.