

## **Medicare Voluntary Termination**

### **Indiana Providers Only**

Dear Provider:

To voluntarily terminate your Medicare provider agreement your agency must submit the following information and/or documentation:

**A letter on your agency's letterhead to voluntarily terminate Medicare participation to include:**

- The agency's license number and Medicare provider number (CCN).
- The agency's name, complete address, city, state and zip code.
- Any applicable branches associated with the Medicare provider number being voluntarily terminated.
- A statement of voluntary termination of your agency's participation with the Medicare program.
- Effective date of voluntary termination. The effective date is the date the business ceased (if there is closure) and should allow sufficient lead-time to notify CMS components and to give the public notice of the termination. The termination date must not be more than 6 months from the date the notice is filed.
- Signature of administrator on the letter (the name must be on record with the Department).

**Please ensure you file a CMS-855 by checking the box entitled "Deactivation of Medicare Billing Number(s)". The provider should send the CMS-855 to their Fiscal Intermediary/Carrier.**

- ✓ In voluntary termination cases, the provider or supplier is obligated to notify the public of the effective termination date. The public notice should

be published in the local newspaper with the widest circulation as soon as possible after the provider receives the RO's (Regional Office's) letter, and if time permits, not less than 15 calendar days before the effective termination date.

Once the above mentioned documents are submitted, the Department will forward the information to CMS-RO for processing.

**Indiana Medicare providers submit Medicare voluntary termination requests to:**

Kelly Hemmelgarn  
Program Director, Acute Care  
Indiana State Department of Health  
Acute Care Division  
2 N Meridian St., Section 4A 07  
Indianapolis, IN 46204