

DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS for MEDICARE & MEDICAID SERVICES
7500 Security Boulevard, Mail Stop AR-18-50
Baltimore, Maryland 21244-1850



Center for Program Integrity

[Month] [day], [year]

[Provider/Supplier Name] [Address] [City] ST [Zip]

[Tax Identification Number]:

[National Provider Identifier]:

Dear [Provider/Supplier Name]:

You are being added to the CMS preclusion list effective **[Insert Date]**, because your Medicare billing privileges have previously been revoked and you are currently under a reenrollment bar. CMS has determined that the underlying conduct that led to the revocation is detrimental to the best interests of the Medicare program. This action is taken pursuant to 42 C.F.R. §§ 422.2, 422.222, 423.100, and 423.120(c)(6).

During the time period that your name will be included on the preclusion list as listed above, any claims you submit for health care items or services furnished under a Medicare Advantage (MA) benefit may be denied. Additionally, any pharmacy claims submitted for Medicare Part D drugs that you prescribe may be rejected or denied. This means that your patients may not be able to receive coverage of their prescriptions using their Part D benefit at the pharmacy.

If you believe that this determination is not correct, you may request a reconsideration before a hearing officer. The reconsideration is an independent review and will be conducted by a person who was not involved in the initial determination. The request for reconsideration must be made in writing to the office listed below and must be received within 60 calendar days of the postmark date of this letter. The request for reconsideration must state the issues, or the findings of fact with which you disagree and the reasons for disagreement. You may submit additional information with the reconsideration request that you believe may have a bearing on the decision. However, if you have additional information that you would like a hearing officer to consider during the reconsideration or, if necessary, an administrative law judge to consider during a hearing, you must submit that information with your request for reconsideration. This is your only opportunity to submit information during the administrative appeals process; you will not have another opportunity to do so unless an administrative law judge specifically allows you to do so under 42 CFR § 498.56(e).

The reconsideration request must be signed and dated by the individual provider or supplier, the authorized or delegated official, or a legal representative. Failure to timely request a reconsideration is deemed a waiver of all rights to further administrative review and your

addition to the preclusion list will become effective 90 calendar days following the expiration of the 60 day timeframe specified above. You may not appeal, through this process, the merits of any past Medicare revocation or any exclusion by another Federal agency that has resulted in you being placed on the preclusion list. Any further permissible administrative appeal involving the merits of such revocation must be separately appealed timely with CMS or the applicable Medicare Administrative Contractor. An appeal of an exclusion must be filed separately with the Federal agency that took the action. The reconsideration process described in this letter applies only to your placement on the preclusion list. If you would like to receive information regarding your appeal via email, please include an email address with your submission. The request for reconsideration should be sent to:

Centers for Medicare & Medicaid Services
Provider Enrollment & Oversight Group
7500 Security Blvd.
Mailstop: AR-18-50
Baltimore, MD 21244-1850

Sincerely,

[Name]

[Title]

[Company]