

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

March 17, 2017

Bryan Merrick, M.D.
205 Hospital Drive
Suite A
McKenzie, Tennessee 38201-1649

Reference: NPI: [REDACTED]
PTAN(s): [REDACTED]

Certified Mail Number: 7002 3150 0004 9376 9859
Return receipt requested

Dear Dr. Bryan Merrick:

Your Medicare privileges are being revoked effective **April 16, 2017** for the following reasons:

42 CFR §424.535(a)(8)(i) - Abuse of Billing Privileges

Data analysis was conducted on claims billed by McKenzie Medical Center PC, on which Bryan Merrick was listed as the rendering provider, for dates of service from September 18, 2014 through May 23, 2016.

The data analysis revealed that for multiple claims, on which Dr. Merrick was listed as the rendering provider, services were allegedly provided to multiple Medicare beneficiaries who were deceased on each purported date of service, as demonstrated on thirty (30) claims submitted for ten (10) beneficiaries attached to this letter. *See Enclosure A.* Furthermore, Dr. Merrick is a partner and 5% or more owner of McKenzie Medical Center PC.

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 not involved in the initial determination. You must request the reconsideration in writing to this office within 60 calendar days of the postmark date of this letter. The reconsideration must state the issues or findings of fact with which you disagree and the reasons for disagreement. You may submit additional information with the reconsideration 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 must be signed and dated by the authorized or delegated official within the entity. Failure to timely request a reconsideration is deemed a waiver of all rights to further administrative review.

The reconsideration request should be sent to:

Centers for Medicare & Medicaid Services
Provider Enrollment & Oversight Group
ATTN: Division of Compliance and Appeals
Mailstop: AR-19-51
7500 Security Blvd.
Baltimore, MD 21244-1150

Pursuant to 42 CFR §424.535(c), CMS is establishing a re-enrollment bar for a period of three years that shall begin 30 days after the postmark date of this letter. This enrollment bar only applies to your participation in the Medicare program. In order to re-enroll, you must meet all requirements for your provider or supplier type.

If you have any questions, please contact me at providerenrollmentrevocations@cms.hhs.gov.

Sincerely,



Anthony Gattine
Division of Enforcement Actions
Provider Enrollment & Oversight Group
Centers for Medicare and Medicaid Services

Enclosure