



MEDICARE



June 25, 2024

AUBREY HARRIS
1311 CHISHOLM TRAIL RD
STE 201
ROUND ROCK TX 78681-2969

Reference #: 6241729016

Dear Aubrey Harris:

Novitas Solutions, Inc. approved your Medicare opt-out affidavit.

Opt-out Affidavit Information:

Eligible Practitioner Name: Aubrey Harris
Address on File: 1311 CHISHOLM TRAIL RD STE 201 ROUND ROCK, TX 78681-2969
National Provider Identifier (NPI): 1720822497
Specialty: MENTAL HEALTH COUNSELOR
Ordering and Referring: You are not eligible to Order and Refer*
Effective Date: June 20, 2024

* You may opt-out of Medicare, but you are not permitted to order and refer items and services to Medicare beneficiaries as you did not elect to be an ordering and referring practitioner on your opt-out affidavit.

Your opt-out will automatically renew every 2 years.

Since you are opting out for the very first time, you have a one-time, 90 day period to change your mind about opting out. If you decide to terminate during this 90 day period, you must submit your request, in writing, no later than September 18, 2024. After this 90 day period ends, you can only cancel the opt-out at the end of a 2 year opt-out period. If you were unable to submit a termination request, you may appeal after the 90 day period ends. Please follow the Right to Submit a Reconsideration Request section below.

To cancel opt-out, you must submit a cancellation request at least 30 days prior to the end of the opt-out period. For example, if you decide you want to cancel your opt-out at the end of this opt-out period, you must submit your cancellation request before May 21, 2026.

We're looking for ways to improve your experience during the provider enrollment process. Please take a few minutes to share your thoughts with us. <https://tinyurl.com/novitaspe>

Right to Submit a Reconsideration Request:

You may request a reconsideration of this determination. This is an independent review conducted by a person not involved in the implementation of the initial determination.

Reconsideration requests must:

- Be received in writing within 65 calendar days of the date of this letter and mailed or emailed to the address below.
- State the issues or findings of fact with which you disagree and the reasons for disagreement.
- Be signed by the provider or supplier, an authorized or delegated official that has been reported within your Medicare enrollment record, or an authorized representative.
 - If the authorized representative is an attorney, the attorney's statement that he/she/they have the authority to represent the provider or supplier is sufficient to accept this individual as the representative.
 - If the authorized representative is not an attorney, the individual provider, supplier, or authorized or delegated official must file written notice of the appointment of its representative with the submission of the reconsideration request.
 - Authorized or delegated officials for groups cannot sign and submit a reconsideration request on behalf of a reassigned provider/supplier without the provider/supplier submitting a signed statement authorizing that individual from the group to act on his/her/their behalf.

Providers and suppliers may:

- Submit additional information with the reconsideration that 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 (ALJ) 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 unless an ALJ allows additional information to be submitted.
- Include an email address if you want to receive correspondence regarding your appeal via email.

Failure to submit a reconsideration request is deemed a waiver of all rights to further administrative review. More information regarding appeal rights can be found at 42 C.F.R. Part 498.

The reconsideration request should be sent to:

Centers for Medicare & Medicaid Services
Center for Program Integrity
Provider Enrollment & Oversight Group
ATTN: Division of Provider Enrollment Appeals
7500 Security Blvd.
Mailstop: AR-19-51
Baltimore, MD 21244-1850

Or emailed to: ProviderEnrollmentAppeals@cms.hhs.gov

For questions concerning this letter, contact Novitas Solutions, Inc. at 1-855-252-8782 between the hours of 8:00 AM and 4:00 PM (CT and MT) Monday - Friday for providers/suppliers in Jurisdiction H (Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, or Texas) or 1-877-235-8073 between the hours of 8:00 AM and 4:00 PM (EST) Monday - Friday for providers/suppliers in Jurisdiction L (Pennsylvania, New Jersey, Maryland, Delaware, the District of Columbia, the Counties of Arlington and Fairfax in Virginia or the City of Alexandria in Virginia).

Sincerely,

Teresa Lahaza
Lead Specialist
Novitas Solutions, Inc.