

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>6-12-07</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER 000775	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action		
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Bowling</i>			

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St. Suite 4T20
Atlanta, Georgia 30303-8909



June 4, 2007

RECEIVED

JUN 12 2007

Administrator
Vaughn, Buchanan, Shelley & Associates
11 Brendan Way, #150
Greenville, SC 29615

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: OPT/SP CMS Certification Number (CCN): 42-6598

Dear Administrator:

The Centers for Medicare & Medicaid Services (CMS) is assigning identification numbers to every existing extension location of a primary site outpatient therapy provider (OPT). The identification system is being implemented nationally and will uniquely identify every extension location of every OPT certified to participate in the Medicare outpatient therapy provider program. It will link the primary site to the extension locations.

Each extension location will be numbered with the same federally assigned provider number as the primary site with two modifications. There will be a "P" between the state code and four-digit provider designation plus three more digits for a 10-character extension location identifier. Extension location identification numbers will be used only once. In the event that an OPT extension location closes, its unique extension location identification number is terminated and not re-used to identify another extension location of that OPT.

On the next page, please review the information we have on file for your primary site and take note of your assigned extension location identification numbers.

Should you have any questions concerning this matter, please contact Willie Tucker at (404) 562-7470.

Sincerely,

/s/

Sandra M. Pace
Associate Regional Administrator
Division of Survey and Certification

**NOTE TO THE FISCAL INTERMEDIARY:
THIS LETTER REPLACES THE HCFA-2007, PROVIDER TIE-IN NOTICE.**

**THE NAME, ADDRESS AND MEDICARE PROVIDER NUMBER FOR YOUR
PRIMARY SITES ARE:**

Name: **Vaughn, Buchanan, Shelley & Associates**

Address: **11 Brendan Way, #150, Greenville, SC 29615**

OPT/SP CMS Certification Number (CCN): 42-6598

The following are your extension locations and Federally-assigned extension location
identification number(s) associated with the above primary site OPTS:

<u>Extension Location Name and Address</u>	<u>Extension Location ID Number</u>
1. Vaughn, Buchanan, Shelley & Associates 1403 East Greenville Street, Suite B Anderson, SC 29303	42P6598001
2. Vaughn, Buchanan, Shelley & Associates North Grove Medical Park 1330 Boiling Springs Road Spartanburg, SC 29621	42P6598002
3. Vaughn, Buchanan, Shelley & Associates 319 Mills Avenue Greenville, SC 29605	42P6598003
4. Vaughn, Buchanan, Shelley & Associates 3919 South Highway 14 Greenville, SC 29615	42P6598004
5. Vaughn, Buchanan, Shelley & Associates 6725 State Park Road, Suite C Travelers Rest, SC 29690	42P6598005
6. Vaughn, Buchanan, Shelley & Associates 712 North A Street Easley, SC 29640	42P6598006
7. Vaughn, Buchanan, Shelley & Associates 550 Memorial Drive Ext. Greer, SC 29651	42P6598007
8. Vaughn, Buchanan, Shelley & Associates 705 South East Main Street Simpsonville, SC 29681	42P6598008

9. Vaughn, Buchanan, Shelley & Associates
243 East Blackstock Road, Suite 1
Spartanburg, SC 29301

42P6598009

10. Vaughn, Buchanan, Shelley & Associates
535 West Butler Road, Suite A
Greenville, SC 29607

42P6598010