

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>8-1-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000126</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Singleton, Basling</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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

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



July 31, 2006

RECEIVED

JUL 31 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Ms. Diana Russell, Administrator
Armedisys Home Health of Conway*
176 Waccamaw Medical Park Court
Conway, SC 29526

Re: HHA Provider Number: 42-7112

Dear Ms. Russell:

We have been notified of the change in the ownership of your facility effective **April 1, 2006**. The effective date of the previous owner was **April 9, 1999**. The fiscal year end date is **June 30*** and **Palmetto Government Benefits Administration (00380)** will continue to serve as the intermediary. They have been notified of this change by copy of this letter.

When there is a change of ownership, the Medicare agreement between the Secretary of Health and Human Services and the former owner is automatically assigned to the new owner, who is subject to all the terms and conditions of the provider agreement. These include: correcting deficiencies previously cited, complying with Title VI of the Civil Rights Act, complying with applicable health and safety requirements, and submitting the Ownership and Financial Interest Disclosure Statement to the Centers for Medicare and Medicaid Services.

Payment may be made for services rendered by your facility under the new ownership until your compliance with all Medicare requirements can be confirmed by an on-site survey. Payments will be discontinued upon the expiration of your provider agreement if certification requirements are not met.

You must take steps to maintain required records and information necessary to allocate the costs for furnishing services to beneficiaries. Payments made under Medicare are subject to a final cost report. Your fiscal intermediary will contact you shortly concerning the cost report. They will explain any records and information, which will be needed to validate these costs.

Should you have any questions concerning this matter, please contact Willkie 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 TTE-IN NOTICE

***Name & FYE changed to that shown above.**