

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. LOG NUMBER 000774	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>cc: Singletary, Bowling</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____		
		<input checked="" type="checkbox"/> Necessary Action DATE DUE _____	

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

CENTERS for MEDICARE & MEDICAID SERVICES



RECEIVED

June 4, 2007

JUN 12 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Administrator
Genesis Rehabilitation Services
2825 Carter Road
Sumter, SC 29150

Re: OPT/SP CMS Certification Number (CCN): 42-6615

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: Genesis Rehabilitation Services

Address: 2825 Carter Road, Sumter, SC 29150

OPT/SP CMS Certification Number (CCN): 42-6615

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. Magnolias of Gaffney 223 Tiffany Park Gaffney, SC 29341	42P6615001
2. Haven in the Summit 3 Summit Terrace Columbia, SC 29228	42P6615002