

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO Wells	DATE 12-21-06
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000422	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Bowling, Singleton	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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 4120
Atlanta, Georgia 30303-8909



December 20, 2006

RECEIVED

DEC 21 2006

Mr. Hunter Jones, Administrator
Allen Bennett Memorial Hospital SNF
313 Memorial Drive
Greer, SC 29651

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: SNF Provider No.: **42-5358**

Dear Mr. Jones:

Your request to withdraw from the Health Insurance for the Aged and Disabled Program (Medicare) as a provider of services has been accepted. Accordingly, your agreement with the Secretary of Health and Human Services terminated effective **October 1, 2006**.

In accordance with your Health Insurance Benefits agreement, public notice of this voluntary termination is necessary. Please publish a notice in the local newspaper with the widest circulation as soon as possible. The notice should be along the following lines:

Allen Bennett Memorial Hospital SNF will no longer participate in the Medicare Program (Title XVIII of the Social Security Act) effective **October 1, 2006**. The agreement between Allen Bennett Memorial Hospital SNF and the Secretary of Health and Human Services will be terminated on **October 1, 2006** in accordance with the provisions of the Social Security Act.

The Medicare program will not make payment for inpatient hospital or Skilled Nursing Facility services furnished to patients who were admitted on or after **October 1, 2006**. For patients admitted prior to **October 1, 2006**, payment may continue to be made for up to 30 days of inpatient services furnished on or after **October 1, 2006**.

Name of authorized official

Name of institution

Please provide our office with a copy of the newspaper notice. Send to: Atlanta Federal Center, CMS, Region IV, 61 Forsyth Street, S.W., Suite 4120, Atlanta, Georgia 30303-8909. You should be touch with **Palmetto Government Benefits Administration (00380)** to make arrangements for completing a final cost report and to adjust any outstanding current financing or accelerated emergency payments. They have been notified of this action by copy of this letter.

Should you have any questions concerning this matter, please contact Willie Tucker (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 CMS-2007, PROVIDER TIE-IN NOTICE.**