

May 30, 2018

DESTINY HOME CARE LLC
ATTN: HELEN MUNOH
4021 WILLIAMSBURG CT
FAIRFAX, VA 22032-1139

RE: CMS 588 EFT Agreement
CGS Reference #:75578244
PTAN:497749-----NPI:1053616276

Dear DESTINY HOME CARE LLC:

We are pleased to inform you that your CMS 588 Agreement Change of Information has been approved.

If the CMS 588 Agreement identified changes to the bank routing or account number, prior to any “live” transaction, we are required to first generate a pre-notification (pre-note) transaction. Pre-notes are set up at least 15 days before the first “live” transaction is scheduled to be processed, however an actual pre-note transaction will not be generated until a claim payment is made. You may expect the first “live” transaction within 7 to 14 days after the pre-note period. Funds paid will be deposited in your bank account within two business days.

If the CMS 588 Agreement identified other types of changes (i.e. bank address, bank contact person, provider/supplier legal business name, account holder address, etc.), a pre-note transaction is not applicable.

You are required to submit updates and changes to your enrollment information in accordance with specified timeframes pursuant to 42 CFR §424.516. Reportable changes include, but are not limited to, changes in: (1) legal business name (LBN)/tax identification number (TIN), (2) practice location, (3) ownership, (4) authorized/delegated officials, (5) changes in payment information such as electronic funds transfer information and (6) final adverse legal actions, including felony convictions, license suspensions or revocations, an exclusion or debarment from participation in Federal or State health care program, or a Medicare revocation by a different Medicare contractor.

Providers and suppliers may enroll or make changes to their existing enrollment in the Medicare program using the Internet-based Provider Enrollment, Chain and Organization System (PECOS). Go to: <https://www.cms.hhs.gov/MedicareProviderSupEnroll>.

Providers and suppliers enrolled in Medicare are required to ensure strict compliance with Medicare regulations, including payment policy and coverage guidelines. CMS conducts numerous types of compliance reviews to ensure providers and suppliers are meeting this obligation. Please visit the Medicare Learning Network at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> for further information about regulations and compliance reviews, as well as Continuing Medical Education (CME) courses for qualified providers.

Additional information about the Medicare program, including billing, fee schedules, and Medicare policies and regulations can be found at our Web site at www.cgsmedicare.com or the Centers for Medicare & Medicaid Services (CMS) Web site at <https://www.cms.hhs.gov/home/medicare.asp>.

Whether you are a brand new applicant or an updating provider, the CGS Provider Outreach and Education (POE) team would like to extend a warm welcome to you. Our Education & Events website (<http://www.cgsmedicare.com/hhh/education/index.html>) has the calendar for our online workshops, Ask-The- Contractor Teleconferences, (ACTs) and in-person events. We also offer New Provider webinars with topics that will interest every practice. Sign up for those webinars, and gain other valuable information from our New Provider Resource Center <http://www.cgsmedicare.com/hhh/education/NewProvider.html>.

If you have any questions regarding the information above, call the J15 Home Health & Hospice Contact Center at (877) 299-4500 between the hours of 8:00 AM and 4:00 PM Central Time.

Sincerely,

Ben Roth
Provider Enrollment Analyst
CGS Administrators, LLC