

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Kansas City Regional Office
601 E. 12th Street, Room 355
Kansas City, Missouri 64106



MIDWEST DIVISION OF SURVEY AND CERTIFICATION

CMS Certification Number: 28-7118

March 20, 2019

Heartland Home Health
120 Park Avenue
Hebron, NE 68370

Dear Administrator:

The Centers for Medicare & Medicaid Services (CMS) has accepted your request to terminate your participation in the Medicare program (Title XVIII of the Social Security Act). Accordingly, your agreement with the Secretary of Health and Human Services will be terminated effective 01/31/2019. Please notify your medical and administrative staff.

Per CMS policy, public notice of termination of the agreement is necessary. Please submit a notice to publicnoticemailbox@cms.hhs.gov as soon as possible. Below is the template for publication. Please include your facility's specific information as applicable:

Heartland Home Health (address) will no longer participate in the Medicare Program (Title XVIII of the Social Security Act) effective 01/31/2019. The agreement between the Secretary of Health and Human Services will be terminated on 01/31/2019, in accordance with the provisions of the Social Security Act.

No payment will be made by the Medicare program under this agreement for covered services furnished to patients who are admitted on or after 01/31/2019.

(Name of authorized official)
(Name of Provider)

Please copy CMS on the e-mail.

Should you have any questions concerning this matter, please contact me in the Kansas City Office, at (816) 426-2011.

Sincerely,
Elizabeth A. Henningfeld -S
Digitally signed by Elizabeth A. Henningfeld -S
Date: 2019.03.19 14:06:20 -05'00'
Elizabeth Henningfeld, J.D.
Non-Long Term Care Branch
Division of Survey and Certification

cc: DMCH/DFM/KePRO/SA/SSA/WPS