

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Jacob K. Javits Federal Building
26 Federal Plaza, Room 37-130
New York, New York 10278-0063



Northeast Division of Survey & Certification

August 22, 2017

CMS Certification Number (CCN): 337446

Laura Hernandez
Isabella Care at Home, Inc .
5073 Broadway
New York, NY 10034-1131

Dear Ms Hernandez:

We have been notified that Isabella Care at Home, Inc. has voluntarily closed and terminated its participation in the Medicare program on August 4, 2017. Under the provisions of regulations 42 CFR 489.52(b)(3), your provider agreement with the Secretary of Health and Human Services has terminated effective with that date. No payment can be made under the Medicare program for services rendered on or after August 4, 2017.

In accordance with your Health Insurance Benefits Agreement, public notice of termination of the agreement 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:

The Isabella Care at Home, Inc. has closed on August 4, 2017, the facility will no longer participate in the Medicare Program (title XVIII of the Social Security Act) effective August 4, 2017. The agreement between the Isabella Care at Home, Inc. and the Secretary of Health and Human Services has been terminated on in accordance with the provisions of the Social Security Act.

The Medicare program will not make payment for services furnished to patients who are serviced by Isabella Care at Home, Inc. on or after August 4, 2017. For patients serviced prior to August 4, 2017, payment may continue to be made for up to 30 days for services furnished on or after August 4, 2017.

Name of authorized official from your facility
Isabella Care at Home, Inc.

You should be in touch with your fiscal intermediary to make arrangements for completing a fiscal cost report and to make provision for the return of any outstanding current financing or emergency payment.

If your facility is reopened and you again wish to participate as a provider of services, you should contact the New York State Department of Health. They will assist you in taking action necessary to become certified for participation as a provider.

If you have any questions, please contact Edwin Walaszek at (212) 616-2512 or at Edwin.Walaszek@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink, reading "Lauren Reinertsen". The signature is written in a cursive style with a large, decorative flourish at the end of the name.

Dr. Lauren D. Reinertsen, MPA, NHA
Branch Manager
Division of Survey, Certification and Enforcement