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January 22, 2024

AMANDA ALEXANDER  
ATTN: TERESA LLOYD  
4010 DUPONT CIRCLE, STE 582  
LOUISVILLE, KY 40207-

Reference Number: 181290226

Dear AMANDA ALEXANDER,

CGS Administrators LLC (CGS) approved your initial enrollment and reassignment application(s).

**Medicare Enrollment Information**

Individual Name	AMANDA ALEXANDER
Individual Specialty	CLINICAL SOCIAL WORKER
Individual National Provider Identifier (NPI)	1114338605
Individual Provider Transaction Access Number (PTAN)	K0002650
Group Legal Business Name (LBN)	TRANSFORMATIONS HOPE FOR TODAY'S FAMILIEE LLC
Group NPI	1427229483
Group PTAN	K290020
Reassignment Effective Date	January 1, 2024

Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

You must include your NPI, as the billing and rendering provider, on all Medicare claim submissions.

Enroll, make changes or view your existing enrollment information by logging into PECOS at <https://pecos.cms.hhs.gov>.

Submit updates and changes to your enrollment information within the timeframes specified at 42 CFR §424.516. For more information on the reporting requirements, go to Medicare Learning Network Article SE1617.

Find additional Medicare program information, including billing, fee schedules, and Medicare policies and regulations at <https://cgsmedicare.com> or <https://www.cms.gov>.



### **Right to Submit a Reconsideration Request:**

You may request a reconsideration of this determination. This is an independent review conducted by a person not involved in the initial determination. To facilitate the processing of your reconsideration request, please utilize and include the coversheet found at [https://www.cgsmedicare.com/partb/enrollment/j15\\_partb\\_cap\\_reconsideration\\_request.pdf](https://www.cgsmedicare.com/partb/enrollment/j15_partb_cap_reconsideration_request.pdf) with your submission.

Reconsideration requests must:

- Be received in writing within 65 calendar days of the date of this letter and mailed or emailed to the address below.
- State the issues or findings of fact with which you disagree and the reasons for disagreement.
- Be signed by the provider or supplier, an authorized or delegated official that has been reported within your Medicare enrollment record, or an authorized representative.
  - If the authorized representative is an attorney, the attorney's statement that he or she has the authority to represent the provider or supplier is sufficient to accept this individual as the representative.
  - If the authorized representative is not an attorney, the individual provider, supplier, or authorized or delegated official must file written notice of the appointment of its representative with the submission of the reconsideration request.
  - Authorized or delegated officials for groups cannot sign and submit a reconsideration request on behalf of a reassigned provider/supplier without the provider/supplier submitting a signed statement authorizing that individual from the group to act on his/her behalf.

Providers and suppliers may:

- Submit additional information with the reconsideration that may have a bearing on the decision. However, if you have additional information that you would like a Hearing Officer to consider during the reconsideration or, if necessary, an Administrative Law Judge (ALJ) to consider during a hearing, you must submit that information with your request for reconsideration. This is your only opportunity to submit information during the administrative appeals process unless an ALJ allows additional information to be submitted.
- Include an email address if you want to receive correspondence regarding your appeal via email.

If a reconsideration is not requested, CMS deems this a waiver of all rights to further administrative review. More information regarding appeal rights can be found at 42 C.F.R. Part 498.

The reconsideration request should be sent to:

CGS Administrators, LLC  
J15 Part B Provider Enrollment Department

P.O. Box 20017  
Nashville, TN 37202-0013

Or emailed to: [J15.Provider.Enrollment@cgsadmin.com](mailto:J15.Provider.Enrollment@cgsadmin.com)

We're looking for ways to improve your experience during the provider enrollment process. Please take a few minutes to share your thoughts with us.

[https://cmsmacfedramp.gov1.qualtrics.com/jfe/form/SV\\_eKyaZJteGmk2VBY](https://cmsmacfedramp.gov1.qualtrics.com/jfe/form/SV_eKyaZJteGmk2VBY)

For questions concerning this letter, contact CGS at (866) 276-9558, Option 3.

Sincerely,

Whitney Townes  
Provider Enrollment Analyst  
CGS Administrators, LLC