



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

1100 West 49th Street • Austin, Texas 78756  
P.O. Box 149347 • Austin, Texas 78714-9347  
1-888-963-7111 • [www.dshs.state.tx.us](http://www.dshs.state.tx.us)

DAVID L. LAKEY, M.D.  
COMMISSIONER

Date

Facility Name  
Address  
City, State Zip

Dear Provider:

We recently received an approved 855 from the fiscal intermediary regarding your application to participate in the Medicare program as a certified provider. Based on recent instructions we have received from the Centers for Medicare and Medicaid Services (CMS) in their Mission and Priority document regarding prioritized workload (Tiers I-IV), we are not able to schedule initial Medicare surveys unless we have completed all our higher priority workload (Tiers I-III; initials are Tier IV). As we cannot anticipate when we will be able to schedule Medicare initial surveys, you may want to consider the accreditation/deemed status option if you are a hospital or ambulatory surgical centers (ASCs). End Stage Renal Disease facilities (ESRDs) are an exception at this time. We suggest that you also may want to look into a provider-based determination from CMS under 42 CFR Part 413.65.

Prior to your admission of patients and informing us of your readiness for an initial survey, CMS has instructed us to inform facilities that if the facility believes there is a serious access to care issue in the community, the facility may submit documentation to us and we will forward the initial request to the CMS Dallas Regional Office for further consideration. We can and will continue to conduct initial licensing surveys. CMS has indicated that possible reasons to support your access to care based request could include the distance patients would have to travel to access care, and whether the facility provides a unique service to the community.

If you submit such a request and it is approved by CMS, you will be informed of that decision and then requested to admit patients and inform us of your readiness for an initial survey. If CMS does not approve your request, then you would be responsible for keeping your 855 in effect until such time as we are able to schedule an initial Medicare certification survey. Should you have any questions, please contact me at xxx-xxx-xxxx.

Sincerely,

XXXXXX

Manager  
Health Facility Compliance Group-XXXX  
Patient Quality Care Unit  
Division for Regulatory Services