















Medicare State Operations Manual

Chapter 9 - Exhibits










Exhibits (Rev. 30, 12-14-07)







Exhibit	Description	Download
1A	Model Letter Transmitting Materials to Providers	 23 KB
1B-1	Model Letter Transmitting CLIA Application and CMS-855 to Laboratories	 23 KB
<i>1B-2</i>	<i>Model Letter Transmitting CLIA Application and CMS-1513 to Laboratories</i>	<i>delete</i>
<i>1B-3</i>	<i>Initial Forms Required by Laboratories for CLIA Registration</i>	<i>delete</i>
1C	Model Letter Transmitting Forms to Persons Furnishing Portable X-Ray Services	 15 KB
1D	Model Letter Transmitting Materials to Rural Health Clinics	 20 KB
1E	Model Letter to Operational ESRD Facility Requesting Initial Approval	 23 KB
<i>1F</i>	<i>Model Letter Transmitting Title XVIII Materials to Individual Requesting to Participate as a Physical Therapist in Independent Practice</i>	<i>delete</i>
2	Assurance of Compliance with the Department of Health and Human Services Regulations Under Title VI of the Civil Rights Act of 1964, HHS-441	 61 KB
<i>3</i>	<i>Expression of Intermediary Preference</i>	<i>delete</i>
4	Health Insurance Benefits Agreement, CMS-1561	 CMS Forms
4B	Health Insurance Benefits Agreement, CMS-1561A (Rural Health Clinics)	 CMS Forms
5	Statement of Financial Solvency,	Deleted













CMS-2572















6	Ownership and Control Interest Disclosure Statement, CMS-1513	Deleted
6	Errata Sheet to Ownership and Control Interest Disclosure Statement, CMS-1513	Deleted
7	Statement of Deficiencies and Plan of Correction, CMS-2567	 CMS Forms
7A	Principles of Documentation	 393 KB
8	Post-Certification Revisit Report, CMS-2567B	 CMS Forms
9	Medicare/Medicaid Certification and Transmittal, CMS-1539	 CMS Forms
10	<i>Certification and Transmittal Spell of Illness Supplement, CMS-1539A</i>	<i>delete</i>
12	Survey Report Form (CLIA), CMS-1557	 CMS Forms
14A	<i>Hospital Survey Report - Crucial Data Extract, CMS-1537E</i>	<i>delete</i>
14B	<i>Fire Safety Survey Report - Crucial Data Extract, CMS-2786E</i>	<i>delete</i>
14C	<i>Skilled Nursing Facility and Intermediate Care Facility Crucial Data Extract, CMS-519E</i>	<i>Located in Aspen</i>
14D	Home Health Agency Survey and Deficiencies Report, CMS-1572	Deleted
14H	<i>Outpatient Physical Therapy Survey Report - Crucial Data Extract, CMS-1893E</i>	<i>Located in Aspen</i>
14I	<i>ESRD Facility Survey Report- Crucial Data Extract, CMS-3427E</i>	 42 KB
14J	<i>Rural Health Clinic Survey Report - Crucial Data Extract, CMS-30E</i>	<i>Located in Aspen</i>
14K	<i>Intermediate Care Facility - Mentally Retarded Survey Report- Crucial Data Extract, CMS-3070B(E)</i>	<i>Located in Aspen</i>
14L	<i>Ambulatory Surgical Center Report - Crucial Data Extract, CMS-378E</i>	<i>Located in Aspen</i>
14M	<i>Therapist in Independent Practice</i>	<i>Located in Aspen</i>




- Crucial Data Extract, CMS-3042E

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| 140 | <i>Hospice Survey Report - Crucial Data Extract, CMS-449E</i> | <i>Located in Aspen</i> |
| 15 | Regional Office Request for Additional Information, CMS-1666 |  CMS Forms |
| 16 | <i>An Important Message from Medicare About Your Rights</i> | <i>http://www.cms.hhs.gov/BNI/12HospitalDischargeAppealNotices.asp</i> |
| 21 | Request For Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, CMS-1856 |  CMS Forms |
| 22 | Guidance to Distinguish Between the Priorities of Immediate Jeopardy and Non-Immediate Jeopardy-High in Nursing Home Allegations |  88 KB |
| 23 | ACTS Required Fields |  30 KB |
| 24 | <i>Model Letter to Ineligible Physical Therapists Requesting to Participate as a Physical Therapist in Independent Practice</i> | <i>delete</i> |
| 25 | Model Letter to Rural Health Clinic Regarding Scheduling a Survey |  30 KB |
| 26 | Model Letter to Rural Health Clinic Ineligible to Participate |  22 KB |
| 27 | Model Letter to Previously Approved Facility Requesting Approval to Expand or Add a New ESRD Service |  23 KB |
| 30 | Model Letter to Facility Returning Application not Accompanied by Required Certificate of Need |  21 KB |
| 31 | End Stage Renal Disease Survey Report and Deficiencies Report, CMS-3427 |  CMS Forms |
| 32 | <i>Model Letter Explaining to Provider That One-Story Protected Wood Frame Facility Does Not Meet Sprinkler Equivalency Standard</i> | <i>delete</i> |
















33	Request for Validation of Accreditation Survey, CMS-2802	 CMS Forms
35	Survey Material (Attachment for Model Letters, Exhibits 37, Listing Documents Requested for Validation Surveyor's Inspection)	 32 KB
36	<i>Instructions for Completing Hospital Request for Certification in the Medicare/Medicaid Program, CMS-1514 (Contains Authorization Statement for AOA and Joint Commission Hospitals)</i>	<i>delete</i>
37	<i>Model Letter Announcing Validation Survey of Accredited Hospital</i>	 21 KB
38	<i>Model Form for Certification of Chiropractors Where Requirements Prior to July 1, 1974 Apply</i>	<i>delete</i>
39	<i>Model Form for Certification of Chiropractors Where Requirements After June 30, 1974 Apply</i>	<i>delete</i>
41	State Agency's Letter to Medicare SNF Seeking Readmission After Involuntary Termination	 24 KB
42	<i>Orientation & Basic Training Program for the Newly Employed Health Facility Surveyor</i>	 35 KB
45	<i>State Agency Budget Expenditure Report, CMS-435</i>	http://63.148.94.170/mbescbes/
47	<i>State Agency Budget List of Positions, CMS-1465A</i>	http://63.148.94.170/mbescbes/
52	<i>State Survey Agency Certification Workload Report, CMS-434</i>	http://63.148.94.170/mbescbes/
54	<i>State Agency Schedule for Equipment Purchases, CMS-1466</i>	http://63.148.94.170/mbescbes/
56	Identification of Extension Units of OPT/OSP Providers, CMS-381	 CMS Forms

57	Model Letter Requesting Identification of Extension Units	 17 KB
58	<i>Example of a Regular Disallowance Letter</i>	 25 KB
59	<i>Example of a Deferral Letter</i>	 19 KB
60	<i>Example of a Disallowance Letter for Amounts Previously Deferred</i>	 32 KB
61	Example of an Audit Disallowance Letter	 27 KB
62	Model Letter - State Agency Advising a Provider or Supplier of an Impending Federal	Deleted
63	<i>List of Documents in Certification Packets (Initial Certifications Include Initial Denials)</i>	 694 KB
64	Ambulatory Surgical Center Request for Certification in the Medicare Program, CMS-377	 CMS Forms
65	Health Insurance Benefits Agreement, CMS-370	 CMS Forms
69	<i>Certification Recommendation - CLIA Laboratory, CMS-197</i>	<i>delete</i>
71	<i>Fire Safety Survey Report - Short Form, CMS-2786C</i>	<i>delete</i>
72	Hospice Request for Certification in the Medicare Program, CMS-417	 CMS Forms
73	State Agency Worksheets for Verifying Exclusions from the Prospective Payment System, CMS-437	 CMS Forms
74	<i>Survey Team Composition and Workload Report, CMS-670</i>	
75	Medicare/Medicaid Complaint Form, CMS-562	 CMS Forms
76	Model Letter to Clinics, Rehabilitation Agencies and Public Health Agencies Initially Applying to Serve as Providers of Outpatient Occupational Therapy Services	 21 KB














77	Model Letter to Approved Medicare Clinics, Rehabilitation Agencies and Public Health Agencies that Request to Add Outpatient Occupational Therapy Services	 18 KB
79	<i>Model Letter to Individuals Requesting Participation in Medicare as Occupational Therapists in Independent Practices</i>	<i>delete</i>
80	Intermediate Care Facility for the Mentally Retarded Survey Report, Form CMS-3070G	 CMS Forms
81	<i>Model Letter Transmitting Requirements to a Hospital Requesting Swing-Bed Approval</i>	 28 KB
82	<i>Model Letter Approval Notification for Swing-Beds in a Hospital</i>	 29 KB
83	<i>Model Letter Denial for Swing-Bed Approval In A Hospital</i>	 17 KB
83B	<i>Model Letter - Denial For Swing-Bed Approval In A Hospital</i>	<i>delete</i>
84	<i>ESRD Facility Survey Report Form - Addendum, CMS-3427A</i>	<i>delete</i>
85	Long Term Care Facility Application for Medicare and Medicaid, CMS-671	 CMS Forms
87	Extended/Partial Extended Survey Worksheet, CMS-673	 CMS Forms
88	Medication Pass Worksheet, CMS-677	 CMS Forms
89	Offsite Survey Preparation Worksheet, CMS-801	 CMS Forms
91	General Observations of the Facility, CMS-803	 CMS Forms
92	Kitchen/Food Service Observation, CMS-804	 CMS Forms
93	Resident Review Worksheet, CMS-805	 CMS Forms
94	Quality of Life Assessment, CMS-806 A, B, and C	 CMS Forms
95	Surveyor Notes Worksheet, CMS-807	 CMS Forms

96	<i>OSCAR Report 3 (History Facility Profile) and OSCAR Report 4 (Full Facility Profile)</i>	<i>delete</i>
103	Instructions for the Home Health Functional Assessment Instrument	 242 KB
104	Consent For Home Visit, CMS-36	 CMS Forms
105	<i>State Test Administration Plan</i>	<i>delete</i>
106	Laboratory Personnel Report (CLIA), CMS-209	 CMS Forms
107	<i>Request for Validation Survey of Laboratory, CMS-2802A</i>	<i>delete</i>
108	<i>Laboratory Authorization Form</i>	<i>delete</i>
110	<i>Compliance Warning Letter - Failure to Apply for Certificate</i>	<i>delete</i>
111	<i>Model Letter Notifying Laboratory of Cited Deficiencies and Requesting a Plan of Correction</i>	<i>delete</i>
112	<i>Model Letter - CLIA Requirements Not Met - Laboratory Out of Compliance</i>	<i>delete</i>
113	<i>Model Letter - CLIA Requirements Not Met - Immediate Jeopardy</i>	<i>delete</i>
114	<i>Model Letter Warning CLIA Laboratory of Possible Sanction - Failure to Disclose Financial Interest and Ownership Information</i>	<i>delete</i>
115	<i>Model Letter - Change of Ownership - Laboratories</i>	<i>delete</i>
116	Budget Requests, Clinical Laboratory Improvement Amendments Program - CMS-102	http://63.148.94.170/mbescbes/
117	<i>1465A - State Agency Budget List of Position for CLIA Program</i>	http://63.148.94.170/mbescbes/
118	<i>1466 – CLIA Program State Agency Schedule for Equipment Purchases</i>	http://63.148.94.170/mbescbes/
119	<i>Planned Workload Report, Clinical Laboratory Improvement Amendments Program, CMS-105</i>	http://63.148.94.170/mbescbes/

120	<i>Standard Form 1199A, Direct Deposit Sign-Up Form</i>	<i>delete</i>
121	<i>Payment Management System, SMARTLINK II, User's Manual</i>	<i>delete</i>
122	<i>OMB Circular No. A-102, Subject: Uniform Administrative Requirements for Grant-In-Aid to State and Local Governments</i>	www.whitehouse.gov/omb/circulars
123	<i>Blood Bank Inspection Checklist and Report, CMS-282 (Form FDA 2609)</i>	<i>delete</i>
124	<i>Laboratory Personnel Report, CMS-114</i>	<i>delete</i>
125	Clinical Laboratory Application, CMS-116	 CMS Forms
126	<i>Model Letter Accompanying Self-Attestation Worksheets</i>	 87 KB
127	Attestation Statement for Exclusion from PPS	 78 KB
128	Model Consent for Hospice Home Visit	 75 KB
129	Hospice Survey and Deficiencies Report, CMS-643	 CMS Forms
130	Model Letter to Entity Seeking Participation in Medicare as a Community Mental Health Center (CMHC) Providing Partial Hospitalization Services	 18 KB
131	Community Mental Health Center Crucial Data Extract	 110 KB
132	Public Health Service Act-Section 1916(c)(4)	 82 KB
133	Health Insurance Benefit Agreement	 80 KB
134	<i>Model Letter Transmitting Requirements to a Hospital Requesting a Change in Status to a Critical Access Hospital (CAH)</i>	 89 KB
135	<i>Model Letter Critical Access Hospital Swing-Bed Approval Notification</i>	 93 KB
136	Request for Survey of 42 CFR §489.20 and 42 CFR §489.24,	 CMS Forms

	Essentials of Provider Agreements: Responsibilities of Medicare Participating Hospitals in Emergency Cases, CMS-1541A	
137	Responsibilities of Medicare Participating Hospitals in Emergency Cases Investigation Report, CMS-1541B	 CMS Forms
138	<i>EMTALA Physician Review Worksheet</i>	 150 KB
139	Model Letter to Provider (Send with Form CMS-2567)(Immediate Jeopardy Does Not Exit)	 46 KB
140	Model Letter Notifying Provider of Acceptance of Allegation of Compliance	 16 KB
141	Model Letter Notifying Provider of Results of Revisit	 20 KB
142	Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Does Not Exist)	 28 KB
143	Model Letter to Provider (Imposition of Remedies)	 51 KB
144	Notice of Imposition of a Civil Money Penalty (Insert to formal notice)	 13 KB
145	Notification of Change in the Amount of the Civil Money Penalty	 26 KB
146	Notice of Receipt of the Written Request of Waiver of Right to a Hearing	 14 KB
147	Notice of Payment Amount Due and Payable	 15 KB
148	Notification of Deduction of Civil Money Penalty from Money Owing to the Provider	 14 KB
149	<i>Critical Access Hospital (CAH) Denial for Medicare Participation</i>	 16 KB
150	<i>Critical Access Hospital (CAH) Approval Notification</i>	 22 KB
151	<i>Request For A Plan of Correction Following an Initial Critical Access</i>	 19 KB











Hospital (CAH) Survey











152	<i>Critical Access Hospital (CAH) Termination Letter</i>	 <u>23 KB</u>
153	Notice of Technical Denial - Certificate of Need Denied	Deleted
154	Notice of Initial Approval of End - State Renal Disease (ESRD) Facility	 <u>32 KB</u>
155	End-Stage Renal Disease (ESRD) Denial Notice	 <u>23 KB</u>
156	Provider Tie-In Notice, CMS-2007	 <u>CMS Forms</u>
157	Notice - Expansion and/or Additional Service (Approval, Partial Approval or Denial) of ESRD Facility	 <u>27 KB</u>
158	Notice - Recertification of ESRD Facility	 <u>25 KB</u>
159	<i>List of VA Hospitals Having Sharing Arrangements with Participating ESRD Hospitals</i>	Delete
160	Notice to ESRD Facility - Alternative Sanction for failure to participate with Network Goals and Objectives	 <u>19 KB</u>
161	<i>Notice of Interim Approval of CAPD Services</i>	 <u>77 KB</u>
162	<i>Model Letter Request for a Plan of Correction Following an Initial Survey for Swing-Bed Approval in a Hospital</i>	 <u>25 KB</u>
163	<i>Model Letter Termination Letter for Hospital Swing-Bed Services</i>	 <u>23 KB</u>
164	<i>RO Adjudication of SA Certification Actions</i>	Delete
165	Notice to a Provider that Agreement Was Accepted	 <u>75 KB</u>
166	Notice of Approval of Supplier of Services	 <u>75 KB</u>
167	<i>CMS-576, CMS-576A, Organ Procurement Organization Application and Agreement</i>	www.cms.hhs.gov/cmsforms/
168	Organ Procurement Organization	 <u>97 KB</u>

Report Form








169	United Network for Organ Sharing Members	http://optn.org/members/
170	Model Letter A: Organ Procurement Organization Denial - Failure to Meet Requirements	 76 KB
171	Model Letter B: Organ Procurement Organization Denial - Competing Applications	 28 KB
172	<i>Model Letter: Organ Procurement Organization Approval</i>	 15 KB
173	Model Letter: Organ Procurement Organization Notice of Termination	 17 KB
174	Model Letter: Organ Procurement Organization Notice to Public and State Medicaid/Medicare Agencies	 14 KB
175	Model Letter: Organ Procurement Organization Notice to Bordering OPOs	 15 KB
176	Model Letter: Organ Procurement Organization Corrective Action Notice	 15 KB
177	Attestation Statement for Federally Qualified Health Centers	 16 KB
178	<i>Federally Qualified Health Center Crucial Data Extract</i>	<i>delete</i>
179	Model Letter to Applicants for Participation in Medicare as a Federally Qualified Health Center	Deleted
180	<i>Notice to Accredited Psychiatric Hospital of Involuntary Termination</i>	 80 KB
181	<i>Notice to Hospital Provider of Involuntary Termination</i>	 19 KB
182	Notice of Termination to Supplier	 16 KB
183	<i>Model Public Notice of Medicare Termination of Hospital Provider Agreement</i>	 4 KB
184	<i>Advertising Order, SF-1143, and Public Voucher for Advertising,</i>	<i>delete</i>











SF-1144





185	Model Telegram-Notice of Termination to a Medicaid ICF/MR Following "Look Behind" Survey: Immediate and Serious Threat to Patient Health and Safety	 <u>18 KB</u>
<i>186</i>	<i>Sample Memorandum Disallowance Claims for Federal Payments, (Used in Look-Behind Disapprovals)</i>	<i>delete</i>
187	Notification to Previously Approved Supplier of a Pending Termination	 <u>15 KB</u>
188	Notification: Voluntary Termination of Provider Agreement Approved	 <u>18 KB</u>
189	Notification: Approval of Voluntary Termination of a Supplier	 <u>14 KB</u>
190	Notification to Provider That Has Ceased or Is Ceasing Operations	 <u>79 KB</u>
191	Notification to Supplier That Has Ceased or is Ceasing Operations	 <u>15 KB</u>
192	Acknowledgment of Request for Hearing	 <u>14 KB</u>
<i>193</i>	<i>Model Letter Informing PPS-Excluded Hospital/Units that Reverification has Been Approved</i>	<i>Deleted</i>
194	Model Letter Announcing Compliance with all Surveyed Medicare Conditions of Participation After a Sample Validation or Substantial Allegation Survey	 <u>18 KB</u>
<i>195</i>	<i>Model Notice Announcing to an Accredited Hospital That the Hospital Does Not Comply with all the Conditions of Participation and That There is Immediate or Serious Threat to Patient Health and Safety</i>	 <u>80 KB</u>
<i>196</i>	<i>Model Letter Announcing to Accredited Hospital After a Sample Validation Survey That the Hospital Does Not Comply with all Conditions of Participation</i>	 <u>27 KB</u>





197	Notice to Accredited Hospital Announcing Approval of Plan of Correction and Completion Schedule	 76 KB
198	Model Letter Announcing Compliance with all Conditions of Participation after the Effectuation of an Acceptable Plan of Correction	 76 KB
199	<i>Model Letter Announcing to Accredited Hospital after a Substantial Allegation Survey that the Hospital does not Comply with all Conditions of Participation</i>	 83 KB
200	<i>Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation not warranted</i>	 15 KB
201	<i>Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation warranted</i>	 14 KB
202	<i>Model Letter Requesting QIO Review of a Possible Violation of 42 CFR 489.24</i>	 26 KB
203	<i>Model Letter Following Investigation Into Alleged Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 Facility In Compliance</i>	 15 KB
204	<i>Model Letter For Violation of 42 CFR 489.24: Preliminary Determination Letter (Immediate and Serious Threat)</i>	 21 KB
205	<i>Model Letter For Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20: Preliminary Determination Letter (90 Day Termination Track)</i>	 29 KB
206	<i>Model Letter To Complainant Following Investigation of Alleged Violation of 42 CFR 489.24</i>	 14 KB








*And/Or The Related Requirement
of 42 CFR 489.20 Complaint Not
Substantiated*
















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| 207 | <i>Model Letter To Complainant
Following Investigation of Alleged
Violation of 42 CFR 489.24
And/Or The Related
Requirements of 42 CFR 489.20
Complaint Substantiated</i> |  <u>15 KB</u> |
| 208 | <i>Model Letter For Referring
Violation of 42 CFR 489.24 To
The Office of Inspector General</i> |  <u>25 KB</u> |
| 209 | <i>Model Letter For Referring
Violation of 42 CFR 489.24 To
The Regional Office for Civil
Rights</i> |  <u>16 KB</u> |
| 210 | <i>Model Letter For Past Violation of
42 CFR 489.24 And/Or The
Related Requirements of 42 CFR
489.20 No Termination</i> |  <u>18 KB</u> |
| 211 | <i>Model Letter For Violation of 42
CFR 489.24 And/Or The Related
Provisions of 42 CFR 489.20
Notice of Termination</i> |  <u>34 KB</u> |
| 212 | <i>Model Letter Requesting QIO
Review of A Confirmed Violation
of 42 CFR 489.24 For Purpose of
Assessing Civil Monetary
Penalties (CMPs) Or Excluding
Physicians</i> |  <u>26 KB</u> |
| 213 | <i>State Test Administration Plan</i> | <i>delete</i> |
| 214 | Model Letter Announcing to State
Survey Agency the Requirements
for Administering the Long Term
Care Surveyor Minimum
Qualifications Test (SMQT) |  <u>23 KB</u> |
| 215 | <i>Notification to Provider/Supplier
Warning of Possible Termination--
Failure to Disclose Financial
Interest and Ownership
Information</i> | <i>delete</i> |
| 216 | <i>Report on Initial Survey Activity</i> | |
| 217 | <i>Aging Report on Pending Initial
Survey Activity</i> | |
| 218 | <i>Prerelease Notification Document</i> | <i>delete</i> |














219	Model Audit Disallowance Letter - Title XVIII	 24 KB
220	Model Audit Disallowance Letter - Title XIX	 25 KB
221	Example of Regular Disallowance Letter	 26 KB
<i>222</i>	<i>Audit Clearance Document</i>	
223	Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies	 15 KB
224	Model Letter: Announcing to Accredited Laboratory That It Is In Compliance With All Conditions After The Correction of Deficiencies	 15 KB
225	Model Letter: Announcing Compliance With Applicable CLIA Conditions After A Sample Validation or Substantial Allegation of Noncompliance Survey	 17 KB
<i>226</i>	<i>Accredited Laboratory Allegation(s) Report, CMS-2878A</i>	<i>delete</i>
227	Model Letter: Announcing to the CLIA-Exempt Laboratory After a Sample Validation or Substantial Allegation of Noncompliance Survey That It Does Not Comply With Application Program Requirements	 19 KB
228	Model Letter: Announcing to the State Laboratory Program, After A Sample Validation or Substantial Allegation of Noncompliance Survey That a CLIA-Exempt Laboratory Does Not Comply With Applicable Program Requirements	 18 KB
229	Model Letter: Announcing to the CLIA-Exempt Laboratory, That CMS Will Seek a Temporary Injunction or Restraining Order	 18 KB
230	Model Letter: Announcing to the	 18 KB

	State Laboratory Licensure Program That CMS Will Seek a Temporary Injunction or Restraining Order to Enjoin Continued Operation	
231	Model Letter: Announcing to the CLIA-Exempt Laboratory, After a Sample Validation or Substantial Allegation of Noncompliance Survey That It Does Not Comply With Applicable Program Requirements (No Immediate Jeopardy)	 19 KB
232	Model Letter: Announcing to the State Laboratory Program, After a Sample Validation or Substantial Allegation of Noncompliance Survey, That a CLIA-Exempt Laboratory Does Not Comply With Applicable Program Requirements (No Immediate Jeopardy)	 18 KB
233	<i>Fraud and Abuse - Office of Inspector General, Office of Investigations Field Officer</i>	<i>delete</i>
234	<i>CLIA Notice of Noncompliance and Proposed Alternative Sanction(s) - No Immediate Jeopardy</i>	<i>delete</i>
235	<i>Notice of Suspension or Limitation of the CLIA Certification - Immediate Jeopardy.</i>	<i>delete</i>
236	<i>Notice of Imposition of Sanction(s): Acknowledgment of Information Received</i>	<i>delete</i>
237	Model Letter: Announcing to an Accredited Laboratory After a Sample Validation Survey or a Substantial Allegation of Noncompliance Survey That It Does Not Comply with all CLIA Conditions and That There Exists, Immediate Jeopardy to the Health and Safety of Individuals or That of the General Public	 96 KB
238	Model Letter: Announcing to an Accredited Laboratory After a Sample Validation Survey That the Laboratory Does Not Comply With All the CLIA Conditions- No Immediate Jeopardy	 38 KB

239	<i>Clinical Laboratory Improvement Amendments (CLIA) Alternate Quality Assessment Survey, CMS-667</i>	<i>delete</i>
240	<i>Notice of Proposed Limitation of the CLIA Certification and Suspension of Medicare Payments When a Laboratory Has Failed to Participate Successfully in a Proficiency Testing Program</i>	<i>delete</i>
241	Model Letter: Announcing to Accredited Laboratory After a Substantial Allegation of Noncompliance Survey That the Laboratory Does Not Comply With All CLIA Conditions (Complaint)	 38 KB
242	Request for Validation of Accreditation Survey for Laboratories, CMS-2802A	 CMS Forms
243	Model Letter: Announcing to a CLIA Exempt Laboratory That It Is In Compliance With the CLIA Conditions After a Sample Validation or Substantial Allegation of Noncompliance Survey	 17 KB
244	Model Letter: Announcing to the State Laboratory Program, That A CLIA-Exempt Laboratory is in Compliance with the CLIA Conditions After a Sample Validation or Substantial Allegation of Noncompliance Survey	 15 KB
245	<i>CLIA Adverse Action Extract, CMS-462A/B</i>	<i>delete</i>
246	<i>Model Letter: Regional Office Notifying a State-Operated Laboratory of Cited Deficiencies and Requesting a Plan of Correction</i>	<i>delete</i>
247	<i>Notice of (Limitation or) Revocation of a Laboratory's CLIA Certificate - No Immediate Jeopardy</i>	<i>delete</i>
248	<i>Notice of Proposed Limitation, Suspension, or Revocation of the CLIA Certificate; Opportunity for a Hearing - No Immediate Jeopardy</i>	<i>delete</i>

249	<i>Model Application Letter Notifying Transplant Hospital that a complete Medicare General Enrollment Health Care CMS-855A need to be completed</i>	 <u>16 KB</u>
250	<i>Model Application Lettter to Transplant Hospital Requiring Partial Medicare General Enrollment Health Care CMS-855A</i>	 <u>16 KB</u>
251	<i>Model Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs</i>	 <u>17 KB</u>
252	<i>Model Reminder Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs</i>	 <u>17 KB</u>
253	<i>Organ Transplant Hospital Worksheet</i>	<u>NEW</u>
254	Model Letter: Notification to Applicant that Medicare General Enrollment Health Care Provider/Supplier Application Has Been Denied	 <u>28 KB</u>
255A	Model Letter: Notification of Pending Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application	 <u>30 KB</u>
255B	Model Letter: Notification of Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application	 <u>34 KB</u>
256	Form CMS-855 - Medicare and Other Federal Health Care Program General Enrollment Health Care Provider/Supplier Application	<u>CMS Forms</u>
257	Form CMS-855C - Medicare and Other Federal Health Care Program Change of Information Health Care Provider/Supplier Application	CMS Forms

258	Form CMS-855R - Medicare and Other Federal Health Care Program Individual Reassignment of Benefits Health Care Provider/Supplier Application	<u>CMS Forms</u>
259	Minimum Data Set Automation Contract/Agreement Approval RO Checklist	 <u>16 KB</u>
260	MDS Key Field Correction Form	 <u>43 KB</u>
261	Privacy Act Statement - Health Care Records	 <u>22 KB</u>
262	Overview of MDS Version 2.0 Correction Policy for Locked Records	 <u>29 KB</u>
263	Maximum Time Frames for MDS Completion, Data Entry, Editing, Locking and Transmission	 <u>50 KB</u>
264	Resident Census and Conditions of Residents - CMS-672	 <u>CMS Forms</u>
265	Roster/Sample Matrix - CMS-802	 <u>CMS Forms</u>
266	Roster/Sample Matrix Provider Instructions (Use with Form CMS-802) - CMS-802P	 <u>80 KB</u>
267	Roster/Sample Matrix Instructions for Surveyors (Use with Form CMS-802) - CMS-802S	 <u>67 KB</u>
268	Facility Characteristics	 <u>28 KB</u>
269	Facility Quality Indicator Profile	 <u>44 KB</u>
270	Resident Level Summary	 <u>39 KB</u>
271	Quality Indicator Matrix	 <u>233 KB</u>
272	Overview of MDS Submission Record	 <u>25 KB</u>
273	Correction Policy Summary Matrix	 <u>69 KB</u>
274	Definition of Selected Dates in the RAI Process	 <u>24 KB</u>
275	Attestation Statement for CMHCs	 <u>15 KB</u>
276	Health Insurance Benefit Agreement for CMHCs	Deleted

277	Fiscal Intermediary (FI) Provider Billing Number Deactivation Letter Used by FI	 <u>17 KB</u>
278	Model Denial Letter for CMHC Applicants - State Restrictions on Screening	 <u>17 KB</u>
279	Model Letter - Notice of Findings for Noncompliance for CMHCs	 <u>22 KB</u>
280	Model Letter - Notice of Termination of Provider Agreement for CMHCs	 <u>27 KB</u>
281	Model Letter - CMHC That Has Ceased Operation	 <u>17 KB</u>
282	Model Letter - Participation in Medicare as a CMHC Providing Partial Hospitalization Services (Including Threshold and Service Requirements)	 <u>48 KB</u>
283	Model Letter - Notice of Failure to Meet Threshold and Service Requirements, CMHCs	 <u>35 KB</u>
284	Model Denial Letter - To a Home Health Agency (HHA) That Requested a Branch Office	 <u>28 KB</u>
285	Worksheet for OBQM & OBQI Reports	 <u>164 KB</u>
<i>286</i>	<i>Hospital/CAH Medicare Database Worksheet</i>	 <u><i>176 KB</i></u>
<i>287</i>	<i>Authorization by Deemed Provider/Supplier Selected for Accreditation Organization Validation Survey</i>	 <u><i>26 KB</i></u>
288	Surveyor Worksheet For Swing-Beds	 <u>351 KB</u>
<i>289</i>	<i>Model Reciprocal Agreement Survey and Certification of Home Health Agencies and/or Hospices</i>	 <u><i>25 KB</i></u>
<i>290</i>	<i>Model letter to HHAs Assigning Branch Identification Numbers</i>	<u>NEW</u>
<i>291</i>	<i>Model Notice to Hospital/CAH of Collection of Data by the State Agency</i>	<u>NEW</u>