









# Medicare State Operations Manual







## Chapter 9 - Exhibits









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### Exhibits (Rev. 40, 03-20-09)













Exhibit	Description	Download
1A	Model Letter Transmitting Materials to Providers	 <a href="#">23 KB</a>
1B-1	Model Letter Transmitting CLIA Application and CMS-855 to Laboratories	 <a href="#">23 KB</a>
1B-2	Model Letter Transmitting CLIA Application and CMS-1513 to Laboratories	delete
1B-3	Initial Forms Required by Laboratories for CLIA Registration	delete
1C	Model Letter Transmitting Forms to Persons Furnishing Portable X-Ray Services	 <a href="#">15 KB</a>
1D	Model Letter Transmitting Materials to Rural Health Clinics	 <a href="#">20 KB</a>
1E	Model Letter to Operational ESRD Facility Requesting Initial Approval	 <a href="#">23 KB</a>
1F	Model Letter Transmitting Title XVIII Materials to Individual Requesting to Participate as a Physical Therapist in Independent Practice	delete
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	 <a href="#">61 KB</a>
3	Expression of Intermediary Preference	delete
4	Health Insurance Benefits Agreement, CMS-1561	 <a href="#">CMS Forms</a>
4B	Health Insurance Benefits Agreement, CMS-1561A (Rural Health Clinics)	 <a href="#">CMS Forms</a>
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	 <a href="#">CMS Forms</a>
7A	Principles of Documentation	 <a href="#">393 KB</a>
8	Post-Certification Revisit Report, CMS-2567B	 <a href="#">CMS Forms</a>
9	Medicare/Medicaid Certification and Transmittal, CMS-1539	 <a href="#">CMS Forms</a>
10	Certification and Transmittal Spell of Illness Supplement, CMS-1539A	delete
12	Survey Report Form (CLIA), CMS-1557	 <a href="#">CMS Forms</a>
14A	Hospital Survey Report - Crucial Data Extract, CMS-1537E	delete
14B	Fire Safety Survey Report - Crucial Data Extract, CMS-2786E	delete
14C	Skilled Nursing Facility and Intermediate Care Facility Crucial Data Extract, CMS-519E	Located in Aspen
14D	Home Health Agency Survey and Deficiencies Report, CMS-1572	Deleted
14H	Outpatient Physical Therapy Survey Report - Crucial Data Extract, CMS-1893E	Located in Aspen
14I	ESRD Facility Survey Report- Crucial Data Extract, CMS-3427E	 <a href="#">42 KB</a>
14J	Rural Health Clinic Survey Report - Crucial Data Extract, CMS-30E	Located in Aspen
14K	Intermediate Care Facility - Mentally Retarded Survey Report- Crucial Data Extract, CMS-3070B(E)	Located in Aspen
14L	Ambulatory Surgical Center Report - Crucial Data Extract, CMS-378E	Located in Aspen
14M	Therapist in Independent Practice	Located in Aspen




	- Crucial Data Extract, CMS-3042E	
140	Hospice Survey Report - Crucial Data Extract, CMS-449E	Located in Aspen
15	Regional Office Request for Additional Information, CMS-1666	 <a href="#">CMS Forms</a>
16	An Important Message from Medicare About Your Rights	<a href="http://www.cms.hhs.gov/BNI/12HospitalDischargeAppealNotices.asp">http://www.cms.hhs.gov/BNI/12HospitalDischargeAppealNotices.asp</a>
21	Request For Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, CMS-1856	 <a href="#">CMS Forms</a>
22	Guidance to Distinguish Between the Priorities of Immediate Jeopardy and Non-Immediate Jeopardy-High in Nursing Home Allegations	 <a href="#">88 KB</a>
23	ACTS Required Fields	 <a href="#">30 KB</a>
24	Model Letter to Ineligible Physical Therapists Requesting to Participate as a Physical Therapist in Independent Practice	delete
25	Model Letter to Rural Health Clinic Regarding Scheduling a Survey	 <a href="#">30 KB</a>
26	Model Letter to Rural Health Clinic Ineligible to Participate	 <a href="#">22 KB</a>
27	Model Letter to Previously Approved Facility Requesting Approval to Expand or Add a New ESRD Service	 <a href="#">23 KB</a>
30	Model Letter to Facility Returning Application not Accompanied by Required Certificate of Need	 <a href="#">21 KB</a>
31	End Stage Renal Disease Survey Report and Deficiencies Report, CMS-3427	 <a href="#">CMS Forms</a>
32	Model Letter Explaining to Provider That One-Story Protected Wood Frame Facility Does Not Meet Sprinkler Equivalency Standard	delete

33	Request for Validation of Accreditation Survey, CMS-2802	 <a href="#">CMS Forms</a>
35	Survey Material (Attachment for Model Letters, Exhibits 37, Listing Documents Requested for Validation Surveyor's Inspection)	 <a href="#">32 KB</a>
36	Instructions for Completing Hospital Request for Certification in the Medicare/Medicaid Program, CMS-1514 (Contains Authorization Statement for AOA and Joint Commission Hospitals)	delete
37	Model Letter Announcing Validation Survey of Accredited Hospital	 <a href="#">21 KB</a>
38	Model Form for Certification of Chiropractors Where Requirements Prior to July 1, 1974 Apply	delete
39	Model Form for Certification of Chiropractors Where Requirements After June 30, 1974 Apply	delete
41	State Agency's Letter to Medicare SNF Seeking Readmission After Involuntary Termination	 <a href="#">24 KB</a>
42	Orientation & Basic Training Program for the Newly Employed Health Facility Surveyor	 <a href="#">35 KB</a>
45	State Agency Budget Expenditure Report, CMS-435	<a href="http://63.148.94.170/mbescbes/">http://63.148.94.170/mbescbes/</a>
47	State Agency Budget List of Positions, CMS-1465A	<a href="http://63.148.94.170/mbescbes/">http://63.148.94.170/mbescbes/</a>
52	State Survey Agency Certification Workload Report, CMS-434	<a href="http://63.148.94.170/mbescbes/">http://63.148.94.170/mbescbes/</a>
54	State Agency Schedule for Equipment Purchases, CMS-1466	<a href="http://63.148.94.170/mbescbes/">http://63.148.94.170/mbescbes/</a>
56	Identification of Extension Units of OPT/OSP Providers, CMS-381	 <a href="#">CMS Forms</a>
57	Model Letter Requesting Identification of Extension Units	 <a href="#">17 KB</a>













58	Example of a Regular Disallowance Letter	 <a href="#">25 KB</a>
59	Example of a Deferral Letter	 <a href="#">19 KB</a>
60	Example of a Disallowance Letter for Amounts Previously Deferred	 <a href="#">32 KB</a>
61	Example of an Audit Disallowance Letter	 <a href="#">27 KB</a>
62	Model Letter - State Agency Advising a Provider or Supplier of an Impending Federal	Deleted
63	List of Documents in Certification Packets (Initial Certifications Include Initial Denials)	 <a href="#">694 KB</a>
64	Ambulatory Surgical Center Request for Certification in the Medicare Program, CMS-377	 <a href="#">CMS Forms</a>
65	Health Insurance Benefits Agreement, CMS-370	 <a href="#">CMS Forms</a>
69	Certification Recommendation - CLIA Laboratory, CMS-197	delete
71	Fire Safety Survey Report - Short Form, CMS-2786C	delete
72	Hospice Request for Certification in the Medicare Program, CMS-417	 <a href="#">CMS Forms</a>
73	State Agency Worksheets for Verifying Exclusions from the Prospective Payment System, CMS-437	 <a href="#">CMS Forms</a>
74	Survey Team Composition and Workload Report, CMS-670	
75	Medicare/Medicaid Complaint Form, CMS-562	 <a href="#">CMS Forms</a>
76	Model Letter to Clinics, Rehabilitation Agencies and Public Health Agencies Initially Applying to Serve as Providers of Outpatient Occupational Therapy Services	 <a href="#">21 KB</a>
77	Model Letter to Approved Medicare Clinics, Rehabilitation Agencies and Public Health Agencies that Request to Add Outpatient Occupational Therapy	 <a href="#">18 KB</a>

## Services

79	Model Letter to Individuals Requesting Participation in Medicare as Occupational Therapists in Independent Practices	delete
80	Intermediate Care Facility for the Mentally Retarded Survey Report, Form CMS-3070G	 <a href="#">CMS Forms</a>
81	Model Letter Transmitting Requirements to a Hospital Requesting Swing-Bed Approval	 <a href="#">28 KB</a>
82	Model Letter Approval Notification for Swing-Beds in a Hospital	 <a href="#">29 KB</a>
83	Model Letter Denial for Swing-Bed Approval In A Hospital	 <a href="#">17 KB</a>
83B	Model Letter - Denial For Swing-Bed Approval In A Hospital	delete
84	ESRD Facility Survey Report Form - Addendum, CMS-3427A	delete
85	Long Term Care Facility Application for Medicare and Medicaid, CMS-671	 <a href="#">CMS Forms</a>
87	Extended/Partial Extended Survey Worksheet, CMS-673	 <a href="#">CMS Forms</a>
88	Medication Pass Worksheet, CMS-677	 <a href="#">CMS Forms</a>
89	Offsite Survey Preparation Worksheet, CMS-801	 <a href="#">CMS Forms</a>
91	General Observations of the Facility, CMS-803	 <a href="#">CMS Forms</a>
92	Kitchen/Food Service Observation, CMS-804	 <a href="#">CMS Forms</a>
93	Resident Review Worksheet, CMS-805	 <a href="#">CMS Forms</a>
94	Quality of Life Assessment, CMS-806 A, B, and C	 <a href="#">CMS Forms</a>
95	Surveyor Notes Worksheet, CMS-807	 <a href="#">CMS Forms</a>
96	OSCAR Report 3 (History Facility	delete
















	Profile) and OSCAR Report 4 (Full Facility Profile)	
103	Instructions for the Home Health Functional Assessment Instrument	 <a href="#">242 KB</a>
104	Consent For Home Visit, CMS-36	 <a href="#">CMS Forms</a>
105	State Test Administration Plan	delete
106	Laboratory Personnel Report (CLIA), CMS-209	 <a href="#">CMS Forms</a>
107	Request for Validation Survey of Laboratory, CMS-2802A	delete
108	Laboratory Authorization Form	delete
110	Compliance Warning Letter - Failure to Apply for Certificate	delete
111	Model Letter Notifying Laboratory of Cited Deficiencies and Requesting a Plan of Correction	delete
112	Model Letter - CLIA Requirements Not Met - Laboratory Out of Compliance	delete
113	Model Letter - CLIA Requirements Not Met - Immediate Jeopardy	delete
114	Model Letter Warning CLIA Laboratory of Possible Sanction - Failure to Disclose Financial Interest and Ownership Information	delete
115	Model Letter - Change of Ownership - Laboratories	delete
116	Budget Requests, Clinical Laboratory Improvement Amendments Program - CMS-102	<a href="http://63.148.94.170/mbescbes/">http://63.148.94.170/mbescbes/</a>
117	1465A - State Agency Budget List of Position for CLIA Program	<a href="http://63.148.94.170/mbescbes/">http://63.148.94.170/mbescbes/</a>
118	1466 – CLIA Program State Agency Schedule for Equipment Purchases	<a href="http://63.148.94.170/mbescbes/">http://63.148.94.170/mbescbes/</a>
119	Planned Workload Report, Clinical Laboratory Improvement Amendments Program, CMS-105	<a href="http://63.148.94.170/mbescbes/">http://63.148.94.170/mbescbes/</a>
120	Standard Form 1199A, Direct	delete














Deposit Sign-Up Form













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






Agreements: Responsibilities of Medicare Participating Hospitals in Emergency Cases, CMS-1541A










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









152	Critical Access Hospital (CAH) Termination Letter	 <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	List of VA Hospitals Having Sharing Arrangements with Participating ESRD Hospitals	Delete
160	Notice to ESRD Facility - Alternative Sanction for failure to participate with Network Goals and Objectives	 <u>19 KB</u>
161	Notice of Interim Approval of CAPD Services	 <u>77 KB</u>
162	Model Letter Request for a Plan of Correction Following an Initial Survey for Swing-Bed Approval in a Hospital	 <u>25 KB</u>
163	Model Letter Termination Letter for Hospital Swing-Bed Services	 <u>23 KB</u>
164	RO Adjudication of SA Certification Actions	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	CMS-576, CMS-576A, Organ Procurement Organization Application and Agreement	<a href="http://www.cms.hhs.gov/cmsforms/">www.cms.hhs.gov/cmsforms/</a>
168	Organ Procurement Organization Report Form	 <u>97 KB</u>










169	United Network for Organ Sharing Members	<a href="http://optn.org/members/">http://optn.org/members/</a>
170	Model Letter A: Organ Procurement Organization Denial - Failure to Meet Requirements	 <a href="#">76 KB</a>
171	Model Letter B: Organ Procurement Organization Denial - Competing Applications	 <a href="#">28 KB</a>
172	Model Letter: Organ Procurement Organization Approval	 <a href="#">15 KB</a>
173	Model Letter: Organ Procurement Organization Notice of Termination	 <a href="#">17 KB</a>
174	Model Letter: Organ Procurement Organization Notice to Public and State Medicaid/Medicare Agencies	 <a href="#">14 KB</a>
175	Model Letter: Organ Procurement Organization Notice to Bordering OPOs	 <a href="#">15 KB</a>
176	Model Letter: Organ Procurement Organization Corrective Action Notice	 <a href="#">15 KB</a>
177	Attestation Statement for Federally Qualified Health Centers	 <a href="#">16 KB</a>
178	Federally Qualified Health Center Crucial Data Extract	delete
179	<i>Information on Medicare Participation/Federally Qualified Health Centers</i>	<a href="#">58KB</a>
180	Notice to Accredited Psychiatric Hospital of Involuntary Termination	 <a href="#">80 KB</a>
181	Notice to Hospital Provider of Involuntary Termination	 <a href="#">19 KB</a>
182	Notice of Termination to Supplier	 <a href="#">16 KB</a>
183	Model Public Notice of Medicare Termination of Hospital Provider Agreement	 <a href="#">4 KB</a>
184	Advertising Order, SF-1143, and Public Voucher for Advertising, SF-1144	delete





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>
186	Sample Memorandum Disallowance Claims for Federal Payments, (Used in Look-Behind Disapprovals)	delete
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>
193	Model Letter Informing PPS-Excluded Hospital/Units that Reverification has Been Approved	Deleted
194	Model Letter Announcing Compliance with all Surveyed Medicare Conditions of Participation After a Sample Validation or Substantial Allegation Survey	 <u>18 KB</u>
195	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	 <u>80 KB</u>
196	Model Letter Announcing to Accredited Hospital After a Sample Validation Survey That the Hospital Does Not Comply with all Conditions of Participation	 <u>27 KB</u>
197	Notice to Accredited Hospital Announcing Approval of Plan of Correction and Completion	 <u>76 KB</u>

Schedule

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|-----|---|---|
| 198 | Model Letter Announcing Compliance with all Conditions of Participation after the Effectuation of an Acceptable Plan of Correction                                    |  <a href="#">76 KB</a>   |
| 199 | Model Letter Announcing to Accredited Hospital after a Substantial Allegation Survey that the Hospital does not Comply with all Conditions of Participation           |  <a href="#">83 KB</a>   |
| 200 | Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation not warranted           |  <a href="#">15 KB</a>   |
| 201 | Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation warranted               |  <a href="#">14 KB</a>   |
| 202 | Model Letter Requesting QIO Review of a Possible Violation of 42 CFR 489.24   |  <a href="#">26 KB</a> |
| 203 | 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                  |  <a href="#">15 KB</a> |
| 204 | Model Letter For Violation of 42 CFR 489.24: Preliminary Determination Letter (Immediate and Serious Threat)  |  <a href="#">21 KB</a> |
| 205 | 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)             |  <a href="#">29 KB</a> |
| 206 | Model Letter To Complainant Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirement of 42 CFR 489.20 Complaint Not Substantiated |  <a href="#">14 KB</a> |





207	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	 <a href="#">15 KB</a>
208	Model Letter For Referring Violation of 42 CFR 489.24 To The Office of Inspector General	 <a href="#">25 KB</a>
209	Model Letter For Referring Violation of 42 CFR 489.24 To The Regional Office for Civil Rights	 <a href="#">16 KB</a>
210	Model Letter For Past Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 No Termination	 <a href="#">18 KB</a>
211	Model Letter For Violation of 42 CFR 489.24 And/Or The Related Provisions of 42 CFR 489.20 Notice of Termination	 <a href="#">34 KB</a>
212	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	 <a href="#">26 KB</a>
213	State Test Administration Plan	delete
214	Model Letter Announcing to State Survey Agency the Requirements for Administering the Long Term Care Surveyor Minimum Qualifications Test (SMQT)	 <a href="#">23 KB</a>
215	Notification to Provider/Supplier Warning of Possible Termination-- Failure to Disclose Financial Interest and Ownership Information	delete
216	Report on Initial Survey Activity	
217	Aging Report on Pending Initial Survey Activity	
218	Prerelease Notification Document	delete
219	Model Audit Disallowance Letter - Title XVIII	 <a href="#">24 KB</a>








220	Model Audit Disallowance Letter - Title XIX	 <a href="#">25 KB</a>
221	Example of Regular Disallowance Letter	 <a href="#">26 KB</a>
222	Audit Clearance Document	
223	Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies	 <a href="#">15 KB</a>
224	Model Letter: Announcing to Accredited Laboratory That It Is In Compliance With All Conditions After The Correction of Deficiencies	 <a href="#">15 KB</a>
225	Model Letter: Announcing Compliance With Applicable CLIA Conditions After A Sample Validation or Substantial Allegation of Noncompliance Survey	 <a href="#">17 KB</a>
226	Accredited Laboratory Allegation(s) Report, CMS-2878A	delete
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	 <a href="#">19 KB</a>
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	 <a href="#">18 KB</a>
229	Model Letter: Announcing to the CLIA-Exempt Laboratory, That CMS Will Seek a Temporary Injunction or Restraining Order	 <a href="#">18 KB</a>
230	Model Letter: Announcing to the State Laboratory Licensure Program That CMS Will Seek a Temporary Injunction or	 <a href="#">18 KB</a>


















	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)	 <u>19 KB</u>
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)	 <u>18 KB</u>
233	Fraud and Abuse - Office of Inspector General, Office of Investigations Field Officer	delete
234	CLIA Notice of Noncompliance and Proposed Alternative Sanction(s) - No Immediate Jeopardy	delete
235	Notice of Suspension or Limitation of the CLIA Certification - Immediate Jeopardy.	delete
236	Notice of Imposition of Sanction(s): Acknowledgment of Information Received	delete
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	 <u>96 KB</u>
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	 <u>38 KB</u>
239	Clinical Laboratory Improvement Amendments (CLIA) Alternate	delete
















Quality Assessment Survey, CMS-667

240	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	delete
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)	 <a href="#">38 KB</a>
242	Request for Validation of Accreditation Survey for Laboratories, CMS-2802A	 <a href="#">CMS Forms</a>
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	 <a href="#">17 KB</a>
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	 <a href="#">15 KB</a>
245	CLIA Adverse Action Extract, CMS-462A/B	delete
246	Model Letter: Regional Office Notifying a State-Operated Laboratory of Cited Deficiencies and Requesting a Plan of Correction	delete
247	Notice of (Limitation or) Revocation of a Laboratory's CLIA Certificate - No Immediate Jeopardy	delete
248	Notice of Proposed Limitation, Suspension, or Revocation of the CLIA Certificate; Opportunity for a Hearing - No Immediate Jeopardy	delete

249	Model Application Letter Notifying Transplant Hospital that a complete Medicare General Enrollment Health Care CMS-855A need to be completed	 <a href="#">16 KB</a>
250	Model Application Lettter to Transplant Hospital Requiring Partial Medicare General Enrollment Health Care CMS-855A	 <a href="#">16 KB</a>
251	Model Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs	 <a href="#">17 KB</a>
252	Model Reminder Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs	 <a href="#">17 KB</a>
253	Organ Transplant Hospital Worksheet	<a href="#">NEW</a>
254	Model Letter: Notification to Applicant that Medicare General Enrollment Health Care Provider/Supplier Application Has Been Denied	 <a href="#">28 KB</a>
255A	Model Letter: Notification of Pending Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application	 <a href="#">30 KB</a>
255B	Model Letter: Notification of Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application	 <a href="#">34 KB</a>
256	Form CMS-855 - Medicare and Other Federal Health Care Program General Enrollment Health Care Provider/Supplier Application	<a href="#">CMS Forms</a>
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	<a href="#">CMS Forms</a>
259	Minimum Data Set Automation Contract/Agreement Approval RO Checklist	 <a href="#">16 KB</a>
260	MDS Key Field Correction Form	 <a href="#">43 KB</a>
261	Privacy Act Statement - Health Care Records	 <a href="#">22 KB</a>
262	Overview of MDS Version 2.0 Correction Policy for Locked Records	 <a href="#">29 KB</a>
263	Maximum Time Frames for MDS Completion, Data Entry, Editing, Locking and Transmission	 <a href="#">50 KB</a>
264	Resident Census and Conditions of Residents - CMS-672	 <a href="#">CMS Forms</a>
265	Roster/Sample Matrix - CMS-802	 <a href="#">CMS Forms</a>
266	Roster/Sample Matrix Provider Instructions (Use with Form CMS-802) - CMS-802P	 <a href="#">80 KB</a>
267	Roster/Sample Matrix Instructions for Surveyors (Use with Form CMS-802) - CMS-802S	 <a href="#">67 KB</a>
268	Facility Characteristics	 <a href="#">28 KB</a>
269	Facility Quality Indicator Profile	 <a href="#">44 KB</a>
270	Resident Level Summary	 <a href="#">39 KB</a>
271	Quality Indicator Matrix	 <a href="#">233 KB</a>
272	Overview of MDS Submission Record	 <a href="#">25 KB</a>
273	Correction Policy Summary Matrix	 <a href="#">69 KB</a>
274	Definition of Selected Dates in the RAI Process	 <a href="#">24 KB</a>
275	Attestation Statement for CMHCs	 <a href="#">15 KB</a>
276	Health Insurance Benefit Agreement for CMHCs	Deleted

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