

Medicare State Operations Manual

Chapter 9 - Exhibits

Exhibits *(Rev. 68, 11-24-10)*

Exhibit	Description	Download
1A	Model Letter Transmitting Materials to Providers	http://www.cms.gov/manuals/downloads/som107c09_exhibitstoc.pdf
1B-1	Model Letter Transmitting CLIA Application and CMS- 855 to Laboratories	http://www.cms.gov/manuals/downloads/som107c09_exhibitstoc.pdf
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	http://www.cms.gov/manuals/downloads/som107_exhibit_001c.pdf
1D	Model Letter Transmitting Materials to Rural Health Clinics	http://www.cms.gov/manuals/downloads/som107_exhibit_001d.pdf
1E	Model Letter to Operational ESRD Facility Requesting Initial Approval	http://www.cms.gov/manuals/downloads/som107_exhibit_001e.pdf
1F	Model Letter Transmitting Title XVIII Materials to Individual Requesting to Participate as a Physical Therapist in Independent Practice	delete
2	Civil Rights Clearance for Medicare Provider	http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html

Certification

3	Expression of Intermediary Preference	delete
4	Health Insurance Benefits Agreement, CMS-1561	http://www.cms.gov/cmsforms/
4B	Health Insurance Benefits Agreement, CMS-1561A (Rural Health Clinics)	http://www.cms.gov/cmsforms/
5	Statement of Financial Solvency, CMS-2572	Deleted
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	http://www.cms.gov/cmsforms/
7A	Principles of Documentation	http://www.cms.gov/manuals/downloads/som107_exhibit_007a.pdf
8	Post-Certification Revisit Report, CMS-2567B	http://www.cms.gov/cmsforms/
9	Medicare/Medicaid Certification and Transmittal, CMS-1539	http://www.cms.gov/cmsforms/
10	Certification and Transmittal Spell of Illness Supplement, CMS-1539A	delete
12	Survey Report Form (CLIA), CMS-1557	http://www.cms.gov/cmsforms/
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, Form CMS-3427E (To be used with Part II of Form CMS-3427)	http://www.cms.gov/manuals/downloads/som107_exhibit_014i.pdf
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 - Crucial Data Extract, CMS-3042E	Located in Aspen
14O	Hospice Survey Report - Crucial Data Extract, CMS-449E	Located in Aspen
15	Regional Office	http://www.cms.gov/cmsforms/

- Request for Additional Information, CMS-1666
- 16 An Important Message from Medicare About Your Rights [http://www.cms.hhs.gov/BNI/12 HospitalDischarge AppealNotices.asp](http://www.cms.hhs.gov/BNI/12HospitalDischargeAppealNotices.asp)
- 21 Request For Certification in the Medicare and/or Medicaid Program to Provide Outpatient Physical Therapy and/or Speech Pathology Services, CMS-1856 <http://www.cms.gov/cmsforms/>
- 22 Guidance to Distinguish Between the Priorities of Immediate Jeopardy and Non-Immediate Jeopardy-High in Nursing Home Allegations http://www.cms.gov/manuals/downloads/som107_exhibit_022.pdf
- 23 ACTS Required Fields http://www.cms.gov/manuals/downloads/som107_exhibit_023.pdf
- 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 http://www.cms.gov/manuals/downloads/som107_exhibit_025.pdf
- 26 Model Letter to Rural Health Clinic Ineligible to Participate http://www.cms.gov/manuals/downloads/som107_exhibit_026.pdf
- 27 Model Letter to Previously Approved Facility Requesting Approval to Expand or Add a New End Stage Renal Disease (ESRD) Service http://www.cms.gov/manuals/downloads/som107_exhibit_027.pdf
- 30 Model Letter to Facility http://www.cms.gov/manuals/downloads/som107_exhibit_030.pdf

	Returning Application not Accompanied by Required Certificate of Need (Where Applicable)	
31	End Stage Renal Disease Survey Report and Deficiencies Report, CMS-3427	http://www.cms.gov/cmsforms/
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	http://www.cms.gov/cmsforms/
35	Survey Material	Deleted
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, DEEMED PROVIDER/SUPPLIE R	http://www.cms.gov/manuals/downloads/som107_exhibit_037.pdf
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	http://www.cms.gov/manuals/downloads/som107_exhibit_041.pdf
42	Orientation & Basic Training Program for the Newly Employed Health Facility Surveyor	http://www.cms.gov/manuals/downloads/som107_exhibit_042.pdf
45	State Agency Budget Expenditure Report, CMS-435	https://63.148.94.170/MBESCBES/
47	State Agency Budget List of Positions, CMS-1465A	https://63.148.94.170/MBESCBES/
52	State Survey Agency Certification Workload Report, CMS-434	https://63.148.94.170/MBESCBES/
54	State Agency Schedule for Equipment Purchases, CMS-1466	https://63.148.94.170/MBESCBES/
56	Identification of Extension Units of OPT/OSP Providers, CMS-381	http://www.cms.gov/cmsforms/
57	Model Letter Requesting Identification of Extension Units	http://www.cms.gov/manuals/downloads/som107_exhibit_057.pdf
58	Example of a Regular Disallowance Letter	http://www.cms.gov/manuals/downloads/som107_exhibit_058.pdf
59	Example of a Deferral Letter	http://www.cms.gov/manuals/downloads/som107_exhibit_059.pdf
60	Example of a Disallowance Letter for Amounts Previously Deferred	http://www.cms.gov/manuals/downloads/som107_exhibit_060.pdf

61	Example of an Audit Disallowance Letter	http://www.cms.gov/manuals/downloads/som107_exhibit_061.pdf
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)	http://www.cms.gov/manuals/downloads/som107_exhibit_063.pdf
64	Ambulatory Surgical Center Request for Certification in the Medicare Program, CMS-377	http://www.cms.gov/cmsforms/
65	Health Insurance Benefits Agreement, CMS-370	http://www.cms.gov/cmsforms/
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	http://www.cms.gov/cmsforms/
73	State Agency Worksheets for Verifying Exclusions from the Prospective Payment System, CMS-437	http://www.cms.gov/cmsforms/
74	Survey Team Composition and Workload Report, CMS-670	http://www.cms.gov/cmsforms/
75	Medicare/Medicaid Complaint Form, CMS-562	http://www.cms.gov/cmsforms/
76	Model Letter to Clinics,	http://www.cms.gov/manuals/downloads/som107_exhibit_076.pdf

Rehabilitation Agencies
and Public Health
Agencies Initially
Applying to Serve as
Providers of Outpatient
Occupational Therapy
Services

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| 77 | Model Letter to Approved Medicare Clinics, Rehabilitation Agencies and Public Health Agencies that Request to Add Outpatient Occupational Therapy Services | http://www.cms.gov/manuals/downloads/som107_exhibit_077.pdf |
| 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 | http://www.cms.gov/cmsforms/ |
| 81 | Model Letter Requirements for Swing-Bed Approval in Hospitals | http://www.cms.gov/manuals/downloads/som107_exhibit_081.pdf |
| 82 | Model Letter Approval Notification for Swing-Beds in a Hospital | http://www.cms.gov/manuals/downloads/som107_exhibit_082.pdf |
| 83 | Model Letter Denial for Swing-Bed Approval In A Hospital | http://www.cms.gov/manuals/downloads/som107_exhibit_083.pdf |
| 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	http://www.cms.gov/cmsforms/
87	Extended/Partial Extended Survey Worksheet, CMS-673	http://www.cms.gov/cmsforms/
88	Medication Pass Worksheet, CMS-677	http://www.cms.gov/cmsforms/
89	Offsite Survey Preparation Worksheet, CMS-801	http://www.cms.gov/cmsforms/
91	General Observations of the Facility, CMS-803	http://www.cms.gov/cmsforms/
92	Kitchen/Food Service Observation, CMS-804	http://www.cms.gov/cmsforms/
93	Resident Review Worksheet, CMS-805	http://www.cms.gov/cmsforms/
94	Quality of Life Assessment, CMS-806 A, B, and C	http://www.cms.gov/cmsforms/
95	Surveyor Notes Worksheet, CMS-807	http://www.cms.gov/cmsforms/
96	OSCAR Report 3 (History Facility Profile) and OSCAR Report 4 (Full Facility Profile)	delete
103	Instructions for the Home Health Functional Assessment Instrument (FAI)	http://www.cms.gov/manuals/downloads/som107_exhibit_103.pdf
104	Consent For Home Visit, CMS-36	http://www.cms.gov/cmsforms/
105	State Test Administration Plan	delete
106	Laboratory Personnel Report (CLIA), CMS-209	http://www.cms.gov/cmsforms/
107	Request for Validation	delete

	Survey of Laboratory, CMS-2802A	
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	http://63.148.94.170/mbescbes/
117	1465A - State Agency Budget List of Position for CLIA Program	http://63.148.94.170/mbescbes/
118	1466 – CLIA Program State Agency Schedule for Equipment Purchases	http://63.148.94.170/mbescbes/
119	Planned Workload Report, Clinical Laboratory	http://63.148.94.170/mbescbes/

	Improvement Amendments Program, CMS-105	
120	Standard Form 1199A, Direct Deposit Sign-Up Form	delete
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	www.whitehouse.gov/omb/circulars
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	http://www.cms.gov/cmsforms/
126	Model Letter Accompanying Self- Attestation Worksheets	http://www.cms.gov/manuals/downloads/som107_exhibit_126.pdf
127	Attestation Statement for Exclusion from PPS for Fiscal Year Beginning: (Date)	http://www.cms.gov/manuals/downloads/som107_exhibit_127.pdf
128	Model Consent for Hospice Home Visit	http://www.cms.gov/manuals/downloads/som107_exhibit_128.pdf
129	Hospice Survey and Deficiencies Report, CMS-643	http://www.cms.gov/cmsforms/
130	Model Letter to Entity Seeking Participation in Medicare as a Community Mental Health Center (CMHC) Providing Partial Hospitalization Services	http://www.cms.gov/manuals/downloads/som107_exhibit_130.pdf

- 131 Community Mental Health Center Crucial Data Extract http://www.cms.gov/manuals/downloads/som107_exhibit_131.pdf
- 132 Public Health Service Act-Section 1916(c)(4) http://www.cms.gov/manuals/downloads/som107_exhibit_132.pdf
- 133 Health Insurance Benefit Agreement http://www.cms.gov/manuals/downloads/som107_exhibit_133.pdf
- 134 Model Letter Transmitting Requirements to a Hospital Requesting a Change in Status to a Critical Access Hospital (CAH) http://www.cms.gov/manuals/downloads/som107_exhibit_134.pdf
- 135 Model Letter Transmitting Swing-Bed Approval Notification in a Critical Access Hospital (CAH) http://www.cms.gov/manuals/downloads/som107_exhibit_135.pdf
- 136 Request for Survey of 42 CFR §489.20 and 42 CFR §489.24, Essentials of Provider Agreements: Responsibilities of Medicare Participating Hospitals in Emergency Cases, CMS-1541A <http://www.cms.gov/cmsforms/>
- 137 Responsibilities of Medicare Participating Hospitals in Emergency Cases Investigation Report, CMS-1541B <http://www.cms.gov/cmsforms/>
- 138 EMTALA Physician Review Worksheet http://www.cms.gov/manuals/downloads/som107_exhibit_138.pdf
- 139 Model Letter to Provider (Send with Form CMS-2567)(Immediate Jeopardy Does Not Exit) http://www.cms.gov/manuals/downloads/som107_exhibit_139.pdf
- 140 Model Letter Notifying Provider of Acceptance http://www.cms.gov/manuals/downloads/som107_exhibit_140.pdf

of Allegation of
Compliance

- 141 Model Letter Notifying Provider of Results of Revisit http://www.cms.gov/manuals/downloads/som107_exhibit_141.pdf
- 142 Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Does Not Exist) http://www.cms.gov/manuals/downloads/som107_exhibit_142.pdf
- 143 Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Exists) http://www.cms.gov/manuals/downloads/som107_exhibit_143.pdf
- 144 Notice of Imposition of a Civil Money Penalty (Insert to formal notice) http://www.cms.gov/manuals/downloads/som107_exhibit_144.pdf
- 145 Notification of Change in the Amount of the Civil Money Penalty http://www.cms.gov/manuals/downloads/som107_exhibit_145.pdf
- 146 Notice of Receipt of the Written Request of Waiver of Right to a Hearing http://www.cms.gov/manuals/downloads/som107_exhibit_146.pdf
- 147 Notice of Payment Amount Due and Payable http://www.cms.gov/manuals/downloads/som107_exhibit_147.pdf
- 148 Notification of Deduction of Civil Money Penalty from Money Owning to the Provider http://www.cms.gov/manuals/downloads/som107_exhibit_148.pdf
- 149 Model Letter Critical Access Hospital (CAH) Denial for Medicare Participation http://www.cms.gov/manuals/downloads/som107_exhibit_149.pdf
- 150 Model Letter Critical Access Hospital (CAH) Approval Notification http://www.cms.gov/manuals/downloads/som107_exhibit_150.pdf
- 151 Model Letter Request For A Plan of Correction Following an Initial Critical http://www.cms.gov/manuals/downloads/som107_exhibit_151.pdf

	Access Hospital (CAH) Survey	
152	Model Letter Critical Access Hospital (CAH) Termination Letter	http://www.cms.gov/manuals/downloads/som107_exhibit_152.pdf
153	Notice of Technical Denial - Certificate of Need Denied	Deleted
154	Notice of Initial Approval of End - State Renal Disease (ESRD) Facility	http://www.cms.gov/manuals/downloads/som107_exhibit_154.pdf
155	End-Stage Renal Disease (ESRD) Denial Notice	http://www.cms.gov/manuals/downloads/som107_exhibit_155.pdf
156	Provider Tie-In Notice, CMS-2007	http://www.cms.gov/cmsforms/
157	Notice - Expansion and/or Additional Service (Approval, Partial Approval or Denial) of ESRD Facility	http://www.cms.gov/manuals/downloads/som107_exhibit_157.pdf
158	Notice - Recertification of ESRD Facility (Not Used for Special Purpose Renal Dialysis Facilities)	http://www.cms.gov/manuals/downloads/som107_exhibit_158.pdf
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	http://www.cms.gov/manuals/downloads/som107_exhibit_160.pdf
161	Notice of Interim Approval of CAPD Services	http://www.cms.gov/manuals/downloads/som107_exhibit_161.pdf
162	Model Letter Request	http://www.cms.gov/manuals/downloads/som107_exhibit_162.pdf

	for a Plan of Correction Following an Initial Survey for Swing-Bed Approval in a Hospital	
163	Model Letter Termination Letter for Hospital Swing-Bed Services	http://www.cms.gov/manuals/downloads/som107_exhibit_163.pdf
164	RO Adjudication of SA Certification Actions	Delete
165	Notice to a Provider that Agreement Was Accepted	http://www.cms.gov/manuals/downloads/som107_exhibit_165.pdf
165a	Notice to a Deemed Provider/ Supplier that Agreement was Accepted	http://www.cms.gov/manuals/downloads/som107_exhibit_165a.pdf
166	Notice of Approval of Supplier of Services	http://www.cms.gov/manuals/downloads/som107_exhibit_166.pdf
167	CMS-576, CMS-576A, Organ Procurement Organization Application and Agreement	www.cms.hhs.gov/cmsforms/
168	Organ Procurement Organization Report Form	http://www.cms.gov/manuals/downloads/som107_exhibit_168.pdf
169	United Network for Organ Sharing Members	http://optn.org/members/
170	Model Letter: Organ Procurement Organization Denial - Failure to Meet Requirements	http://www.cms.gov/manuals/downloads/som107_exhibit_170.pdf
171	Model Letter: Organ Procurement Organization Denial - Competing Applications	http://www.cms.gov/manuals/downloads/som107_exhibit_171.pdf
172	Model Letter: Organ Procurement Organization Approval	http://www.cms.gov/manuals/downloads/som107_exhibit_172.pdf

173	Model Letter: Organ Procurement Organization Notice of Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_173.pdf
174	Model Letter: Organ Procurement Organization Notice to Public and State Medicaid/Medicare Agencies	http://www.cms.gov/manuals/downloads/som107_exhibit_174.pdf
175	Model Letter: Organ Procurement Organization Notice to Bordering OPOs	http://www.cms.gov/manuals/downloads/som107_exhibit_175.pdf
176	Model Letter: Organ Procurement Organization Corrective Action Notice	http://www.cms.gov/manuals/downloads/som107_exhibit_176.pdf
177	Attestation Statement for Federally Qualified Health Centers	http://www.cms.gov/manuals/downloads/som107_exhibit_177.pdf
178	Federally Qualified Health Center Crucial Data Extract	delete
179	Information on Medicare Participation/Federally Qualified Health Centers	http://www.cms.gov/manuals/downloads/som107_exhibit_179.pdf
180	Notice to Accredited Psychiatric Hospital of Involuntary Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_180.pdf
181	Notice to Hospital Provider of Involuntary Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_181.pdf
182	Notice of Termination to Supplier	http://www.cms.gov/manuals/downloads/som107_exhibit_182.pdf
183	Model Public Notice of Medicare Termination of Hospital Provider Agreement	http://www.cms.gov/manuals/downloads/som107_exhibit_183.pdf
184	Advertising Order, SF-	delete

	1143, and Public Voucher for Advertising, 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	http://www.cms.gov/manuals/downloads/som107_exhibit_185.pdf
186	Sample Memorandum Disallowance Claims for Federal Payments, (Used in Look-Behind Disapprovals)	delete
187	Notification to Previously Approved Supplier of a Pending Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_187.pdf
188	Notification: Voluntary Termination of Provider Agreement Approved	http://www.cms.gov/manuals/downloads/som107_exhibit_188.pdf
189	Notification: Approval of Voluntary Termination of a Supplier	http://www.cms.gov/manuals/downloads/som107_exhibit_189.pdf
190	Notification to Provider That Has Ceased or Is Ceasing Operations	http://www.cms.gov/manuals/downloads/som107_exhibit_190.pdf
191	Notification to Supplier That Has Ceased or is Ceasing Operations	http://www.cms.gov/manuals/downloads/som107_exhibit_191.pdf
192	Acknowledgment of Request for Hearing	http://www.cms.gov/manuals/downloads/som107_exhibit_192.pdf
193	Model Letter Informing PPS-Excluded Hospital/Units that Reverification has Been Approved	Deleted
194	Model Letter Announcing to <i>Deemed</i> , Accredited	http://www.cms.gov/manuals/downloads/som107_exhibit_194.pdf

- Provider/Supplier
Compliance with all
Surveyed Medicare
Conditions of
Participation, *Coverage
or Certification* after a
Sample Validation or
Substantial Allegation
Survey
- 195 *Model Letter* http://www.cms.gov/manuals/downloads/som107_exhibit_195.pdf
Announcing to *Deemed*,
Accredited
Provider/Supplier that
the Facility Does Not
Comply with all the
Conditions of
Participation, *Coverage
or Certification* and
That There is
Immediate and Serious
Threat to Patient Health
and Safety
- 196 *Model Letter* http://www.cms.gov/manuals/downloads/som107_exhibit_196.pdf
Announcing to
Deemed, Accredited
Provider/Supplier after
a Sample Validation
Survey that it does not
Comply with all
Conditions of
Participation, *Coverage
or Certification*
- 197 *Notice to Accredited* http://www.cms.gov/manuals/downloads/som107_exhibit_197.pdf
Hospital Announcing
Approval of Plan of
Correction and
Completion Schedule
- 198 *Model Letter* http://www.cms.gov/manuals/downloads/som107_exhibit_198.pdf
Announcing
Compliance with all
Conditions of
Participation after the
Effectuation of an
Acceptable Plan of
Correction
- 199 *Model Letter* http://www.cms.gov/manuals/downloads/som107_exhibit_199.pdf

Announcing to
Accredited Hospital
after a Substantial
Allegation Survey that
the Hospital does not
Comply with all
Conditions of
Participation

- 200 Model Letter http://www.cms.gov/manuals/downloads/som107_exhibit_200.pdf
Acknowledging
Complaint Alleging
Noncompliance with 42
CFR 489.24 and/or the
Related Requirements
of 42 CFR 489.20
Investigation not
warranted
- 201 Model Letter http://www.cms.gov/manuals/downloads/som107_exhibit_201.pdf
Acknowledging
Complaint Alleging
Noncompliance with 42
CFR 489.24 and/or the
Related Requirements
of 42 CFR 489.20
Investigation warranted
- 202 Model Letter http://www.cms.gov/manuals/downloads/som107_exhibit_202.pdf
Requesting QIO
Review of a Possible
Violation of 42 CFR
489.24
- 203 Model Letter Following http://www.cms.gov/manuals/downloads/som107_exhibit_203.pdf
Investigation Into
Alleged Violation of 42
CFR 489.24 And/Or
The Related
Requirements of 42
CFR 489.20 Facility In
Compliance
- 204 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_204.pdf
Violation of 42 CFR
489.24: Preliminary
Determination Letter
(Immediate and Serious
Threat)
- 205 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_205.pdf
Violation of 42 CFR

- 489.24 And/Or The
Related Requirements
of 42 CFR 489.20:
Preliminary
Determination Letter
(90 Day Termination
Track)
- 206 Model Letter To http://www.cms.gov/manuals/downloads/som107_exhibit_206.pdf
Complainant Following
Investigation of Alleged
Violation of 42 CFR
489.24 And/Or The
Related Requirement of
42 CFR 489.20
Complaint Not
Substantiated
- 207 Model Letter To http://www.cms.gov/manuals/downloads/som107_exhibit_207.pdf
Complainant Following
Investigation of Alleged
Violation of 42 CFR
489.24 And/Or The
Related Requirements
of 42 CFR 489.20
Complaint
Substantiated
- 208 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_208.pdf
Referring Violation of
42 CFR 489.24 To The
Office of Inspector
General
- 209 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_209.pdf
Referring Violation of
42 CFR 489.24 To The
Regional Office for
Civil Rights
- 210 Model Letter For Past http://www.cms.gov/manuals/downloads/som107_exhibit_210.pdf
Violation of 42 CFR
489.24 And/Or The
Related Requirements
of 42 CFR 489.20 No
Termination
- 211 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_211.pdf
Violation of 42 CFR
489.24 And/Or The
Related Provisions of
42 CFR 489.20 Notice

of Termination

- | | | |
|-----|---|---|
| 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 | http://www.cms.gov/manuals/downloads/som107_exhibit_212.pdf |
| 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) | http://www.cms.gov/manuals/downloads/som107_exhibit_214.pdf |
| 215 | Notification to
Provider/Supplier
Warning of Possible
Termination--Failure to
Disclose Financial
Interest and Ownership
Information | delete |
| 216 | Report on Initial Survey
Activity | http://www.cms.gov/manuals/downloads/som107_exhibit_216.pdf |
| 217 | Aging Report on
Pending Initial Survey
Activity | http://www.cms.gov/manuals/downloads/som107_exhibit_217.pdf |
| 218 | Prerelease Notification
Document | delete |
| 219 | Model Audit
Disallowance Letter -
Title XVIII | http://www.cms.gov/manuals/downloads/som107_exhibit_219.pdf |
| 220 | Model Audit
Disallowance Letter -
Title XIX | http://www.cms.gov/manuals/downloads/som107_exhibit_220.pdf |
| 221 | Example of Regular
Disallowance Letter | http://www.cms.gov/manuals/downloads/som107_exhibit_221.pdf |

222	Audit Clearance Document	http://www.cms.gov/manuals/downloads/som107_exhibit_222.pdf
223	Model Letter Announcing to Deemed, Accredited Provider/Supplier After a Sample Validation Survey That It Does Not Comply with all Conditions of Participation/Conditions for Coverage	http://www.cms.gov/manuals/downloads/som107_exhibit_223.pdf
224	Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies	http://www.cms.gov/manuals/downloads/som107_exhibit_224.pdf
225	Model Letter: Announcing Compliance With Applicable CLIA Conditions After A Sample Validation or Substantial Allegation of Noncompliance Survey	http://www.cms.gov/manuals/downloads/som107_exhibit_225.pdf
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	http://www.cms.gov/manuals/downloads/som107_exhibit_227.pdf
228	Model Letter: Announcing to the State Laboratory Program, After A Sample	http://www.cms.gov/manuals/downloads/som107_exhibit_228.pdf

- Validation or
Substantial Allegation
of Noncompliance
Survey That a CLIA-
Exempt Laboratory
Does Not Comply With
Applicable Program
Requirements
- 229 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_229.pdf
Announcing to the
CLIA-Exempt
Laboratory, That CMS
Will Seek a Temporary
Injunction or
Restraining Order
- 230 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_230.pdf
Announcing to the State
Laboratory Licensure
Program That CMS
Will Seek a Temporary
Injunction or
Restraining Order to
Enjoin Continued
Operation
- 231 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_231.pdf
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)
- 232 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_232.pdf
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)	
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	http://www.cms.gov/manuals/downloads/som107_exhibit_237.pdf
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	http://www.cms.gov/manuals/downloads/som107_exhibit_238.pdf
239	Clinical Laboratory	delete

- Improvement
Amendments (CLIA)
Alternate 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) http://www.cms.gov/manuals/downloads/som107_exhibit_241.pdf
- 242 Request for Validation of Accreditation Survey for Laboratories, CMS-2802A <http://www.cms.gov/cmsforms/>
- 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 http://www.cms.gov/manuals/downloads/som107_exhibit_243.pdf
- 244 Model Letter: Announcing to the State Laboratory Program, That A CLIA-Exempt Laboratory is in Compliance with the CLIA Conditions After http://www.cms.gov/manuals/downloads/som107_exhibit_244.pdf

	a Sample Validation or Substantial Allegation of Noncompliance Survey	
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	http://www.cms.gov/manuals/downloads/som107_exhibit_249.pdf
250	Model Application Letter to Transplant Hospital Requiring Partial Medicare General Enrollment Health Care CMS-855A	http://www.cms.gov/manuals/downloads/som107_exhibit_250.pdf
251	Model Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs	http://www.cms.gov/manuals/downloads/som107_exhibit_251.pdf
252	Model Reminder Letter for First Rejection of a	http://www.cms.gov/manuals/downloads/som107_exhibit_252.pdf

- Request for Medicare approval of one or more Organ Transplant Programs
- 253 Organ Transplant Hospital Worksheet http://www.cms.gov/manuals/downloads/som107_exhibit_253.pdf
- 254 Model Letter: Notification to Applicant that Medicare General Enrollment Health Care Provider/Supplier Application Has Been Denied http://www.cms.gov/manuals/downloads/som107_exhibit_254.pdf
- 255A Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies http://www.cms.gov/manuals/downloads/som107_exhibit_255A.pdf
- 255B Model Letter Notification of Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application (Form CMS 855) http://www.cms.gov/manuals/downloads/som107_exhibit_255B.pdf
- 256 Form CMS-855 - Medicare and Other Federal Health Care Program General Enrollment Health Care Provider/Supplier Application <http://www.cms.gov/cmsforms/>
- 257 Form CMS-855C - Medicare and Other Federal Health Care Program Change of Information Health Care Provider/Supplier Application <http://www.cms.gov/cmsforms/>

258	Form CMS-855R - Medicare and Other Federal Health Care Program Individual Reassignment of Benefits Health Care Provider/Supplier Application	http://www.cms.gov/cmsforms/
259	Minimum Data Set Automation Contract/Agreement Approval RO Checklist	http://www.cms.gov/manuals/downloads/som107_exhibit_259.pdf
260	MDS Key Field Correction Form	http://www.cms.gov/manuals/downloads/som107_exhibit_260.pdf
261	Privacy Act Statement - Health Care Records	http://www.cms.gov/manuals/downloads/som107_exhibit_261.pdf
262	Overview of MDS Version 2.0 Correction Policy for Locked Records	http://www.cms.gov/manuals/downloads/som107_exhibit_262.pdf
263	Submission Timeframe for MDS Records	http://www.cms.gov/manuals/downloads/som107_exhibit_263.pdf
264	Resident Census and Conditions of Residents - CMS-672	http://www.cms.gov/cmsforms/
265	Roster/Sample Matrix - CMS-802	http://www.cms.gov/cmsforms/
266	Roster/Sample Matrix Provider Instructions (Use with Form CMS-802) - CMS-802P	http://www.cms.gov/manuals/downloads/som107_exhibit_266.pdf
267	Roster/Sample Matrix Instructions for Surveyors (Use with Form CMS-802) - CMS-802S	http://www.cms.gov/manuals/downloads/som107_exhibit_267.pdf
268	Facility Characteristics	http://www.cms.gov/manuals/downloads/som107_exhibit_268.pdf
269	Facility Quality Measure/Indicator Report	http://www.cms.gov/manuals/downloads/som107_exhibit_269.pdf
270	Resident Level Quality	http://www.cms.gov/manuals/downloads/som107_exhibit_270.pdf

Measure/Indicator
Report: Chronic Care
Sample

271	QM/QI Reports Technical Specifications: Version 1.0	http://www.cms.gov/manuals/downloads/som107_exhibit_271.pdf
272	Overview of MDS Submission Record	http://www.cms.gov/manuals/downloads/som107_exhibit_272.pdf
273	Correction Policy Summary Matrix	http://www.cms.gov/manuals/downloads/som107_exhibit_273.pdf
274	Definition of Important Dates in the RAI Process	http://www.cms.gov/manuals/downloads/som107_exhibit_274.pdf
275	Attestation Statement for CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_275.pdf
276	Health Insurance Benefit Agreement for CMHCs	Deleted
277	Fiscal Intermediary (FI) Medicare Provider Billing Number Deactivation Letter Used by FI	http://www.cms.gov/manuals/downloads/som107_exhibit_277.pdf
278	Model Denial Letter for CMHC Applicants - State Restrictions on Screening	http://www.cms.gov/manuals/downloads/som107_exhibit_278.pdf
279	Model Letter - Notice of Findings for Noncompliance for CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_279.pdf
280	Model Letter - Notice of Termination of Provider Agreement for CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_280.pdf
281	Model Letter - CMHC That Has Ceased Operation	http://www.cms.gov/manuals/downloads/som107_exhibit_281.pdf
282	Model Letter - Participation in Medicare as a CMHC	http://www.cms.gov/manuals/downloads/som107_exhibit_282.pdf

	Providing Partial Hospitalization Services (Including Threshold and Service Requirements)	
283	Model Letter - Notice of Failure to Meet Threshold and Service Requirements, CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_283.pdf
284	Model Denial Letter - To a Home Health Agency (HHA) That Requested a Branch Office	http://www.cms.gov/manuals/downloads/som107_exhibit_284.pdf
285	Worksheet for OBQM & OBQI Reports – Pre-Survey Process and Sample Selection	http://www.cms.gov/manuals/downloads/som107_exhibit_285.pdf
286	Hospital/CAH Medicare Database Worksheet	http://www.cms.gov/manuals/downloads/som107_exhibit_286.pdf
287	Authorization by Deemed Provider/Supplier Selected for Accreditation Organization Validation Survey	http://www.cms.gov/manuals/downloads/som107_exhibit_286.pdf
288	Surveyor Worksheet For Swing-Beds	http://www.cms.gov/manuals/downloads/som107_exhibit_288.pdf
289	Model Reciprocal Agreement Between States for Survey and Certification of Home Health Agencies and/or Hospices	http://www.cms.gov/manuals/downloads/som107_exhibit_289.pdf
290	Model letter to HHAs Assigning Branch Identification Numbers	http://www.cms.gov/manuals/downloads/som107_exhibit_290.pdf
291	Model Notice to Hospital/CAH of Collection of Data by the State Agency	http://www.cms.gov/manuals/downloads/som107_exhibit_290.pdf

- 292 INSTRUCTIONS FOR http://www.cms.gov/manuals/downloads/som107_exhibit_292.pdf
COMPLETING THE
DATA USE
AGREEMENT (DUA)
FORM CMS-R-0235
- 293 CMS DUA: ACTS http://www.cms.gov/manuals/downloads/som107_exhibit_293.pdf
SOR Attachment - P&A
- 294 DUA Multi-Signature http://www.cms.gov/manuals/downloads/som107_exhibit_294.pdf
Addendum
- 295 DUA Disclosure http://www.cms.gov/manuals/downloads/som107_exhibit_295.pdf
Tracking Addendum
- 351 *Ambulatory Surgical* http://www.cms.gov/manuals/downloads/som107_exhibit_351.pdf
Center Infection
Control Surveyor
Worksheet
- 352 Notice to a http://www.cms.gov/manuals/downloads/som107_exhibit_352.pdf
Provider/supplier that
Agreement was not
Accepted