

Medicare State Operations Manual

Exhibits

How to use this page:









The exhibits are in PDF format, which is the format generally used in the IOM to display files. Click on the red button in the 'Download' column to see any available file in PDF format. Also, a zipped file containing MSWord files for the exhibits shown here can be downloaded by using the button at the end of the list.

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Exhibits contain:









- Model language for correspondence and notices,
- Reporting formats and worksheets, or
- Supplemental guides for instruction in the SOM chapters or the Appendices












Exhibits which are also forms are maintained on the CMS Forms page, and can be accessed from the following list. The related link below will take you to the CMS Forms Page, from where you may access the form by form number. You may view and/or print the form from there.


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
1B-2	Model Letter Transmitting CLIA Application and CMS-1513 to Laboratories	 20 KB
1B-3	Initial Forms Required by Laboratories for CLIA Registration	 21 KB
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
1F	Model Letter Transmitting Title XVIII Materials to Individual Requesting to Participate as a Physical	 17 KB

Therapist in Independent Practice





















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
3	Expression of Intermediary Preference	 15 KB
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, 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	 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	Certification and Transmittal Spell of Illness Supplement, CMS-1539A	Not Yet Available
12	Survey Report Form (CLIA), CMS-1557	 CMS Forms
14A	Hospital Survey Report - Crucial Data Extract, CMS-1537E	 42 KB
14B	Fire Safety Survey Report - Crucial Data Extract, CMS-2786E	Not Yet Available
14C	Skilled Nursing Facility and Intermediate Care Facility Crucial Data Extract, CMS-519E	Not Yet Available
14D	Home Health Agency Survey and Deficiencies Report, CMS-1572	Deleted
14H	Outpatient Physical Therapy Survey Report - Crucial Data Extract, CMS-1893E	Not Yet Available
14I	End-Stage Renal Disease Survey Report - Crucial Data Extract, CMS-3427E	 42 KB
14J	Rural Health Clinic Survey Report - Crucial Data	Not Yet Available

	Extract, CMS-30E	
14K	Intermediate Care Facility - Mentally Retarded Survey Report-Crucial Data Extract, CMS-3070B(E)	Not Yet Available
14L	Ambulatory Surgical Center Report - Crucial Data Extract, CMS-378E	Not Yet Available
14M	Therapist in Independent Practice - Crucial Data Extract, CMS-3042E	Not Yet Available
14O	Hospice Survey Report - Crucial Data Extract, CMS-449E	Not Yet Available
15	Regional Office Request for Additional Information, CMS-1666	 CMS Forms
16	Model Letter to Psychiatric Hospital Requesting Data for Presurvey Review for CMS Surveyors	In Process (May be deleted)
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	Exhibit 22 - Guidance to Distinguish Between the Priorities of Immediate Jeopardy and Non-Immediate Jeopardy-High in Nursing Home Allegations	 88 KB
23	Exhibit 23- ACTS Required Fields	 30 KB
24	Model Letter to Ineligible Physical Therapists Requesting to Participate as a Physical Therapist in Independent Practice	 21 KB
25	Model Letter to Rural Health Clinic Regarding Scheduling a Survey	 3 0 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	Model Letter Explaining to Provider That One-Story Protected Wood Frame Facility Does Not Meet Sprinkler Equivalency Standard	 25 KB













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	Instructions for Completing Hospital Request for Certification in the Medicare/Medicaid Program, CMS-1514 (Contains Authorization Statement for AOA and Joint Commission Hospitals)	Not Yet Available
37	Model Letter Announcing Sample Validation Survey to Accredited Hospital	 21 KB
38	Model Form for Certification of Chiropractors Where Requirements Prior to July 1, 1974 Apply	 20 KB
39	Model Form for Certification of Chiropractors Where Requirements After June 30, 1974 Apply	 20 KB
41	State Agency's Letter to Medicare SNF Seeking Readmission After Involuntary Termination	 24 KB
42	Orientation Program for the Newly Employed Health Facility Surveyor	 35 KB
45	State Agency Budget Expenditure Report, CMS-435	Not Yet Available
47	State Agency Budget List of Positions, CMS-1465A	Not Yet Available
52	State Survey Agency Certification Workload Report, CMS-434	Not Yet Available
54	State Agency Schedule for Equipment Purchases, CMS-1466	Not Yet Available
56	Identification of Extension Units of OPT/OSP Providers, CMS-381	 CMS Forms
57	Model Letter Requesting Identification of Extension Units	 17 KB
58	Example of a Regular Disallowance Letter	 25 KB
59	Example of a Deferral Letter	 19 KB
60	Example of a Disallowance Letter for Amounts Previously Deferred	 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	List of Documents in Certification Packets (Initial Certifications Include Initial Denials)	 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	Certification Recommendation - CLIA Laboratory, CMS-197	Not Yet Available
71	Fire Safety Survey Report - Short Form, CMS-2786C	Not Yet Available
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	Survey Team Composition and Workload Report, CMS-670	Not Yet Available
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	Model Letter to Individuals Requesting Participation in Medicare as Occupational Therapists in Independent Practices	 78 KB
80	Intermediate Care Facility for the Mentally Retarded Survey Report, Form CMS-3070G	 CMS Forms
81	Model Letter Transmitting Materials To A Hospital Requesting Swing-Bed Approval	 28 KB
82	Model Letter Notification to a Hospital Regarding Scheduling an Initial Survey for Swing-Bed Approval	 29 KB
83	Model Letter Approval Notification For Swing-Bed In A Hospital	 17 KB
83B	Model Letter - Denial For Swing-Bed Approval In A Hospital	 14 KB
84	ESRD Facility Survey Report Form - Addendum,	Not Yet Available

CMS-3427A

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	OSCAR Report 3 (History Facility Profile) and OSCAR Report 4 (Full Facility Profile)	Not Yet Available
103	Instructions for the Home Health Functional Assessment Instrument	 242 KB
104	Consent For Home Visit, CMS-36	 CMS Forms
105	State Test Administration Plan	 123 KB
106	Laboratory Personnel Report (CLIA), CMS-209	 CMS Forms
107	Request for Validation Survey of Laboratory, CMS-2802A	 CMS Forms
108	Laboratory Authorization Form	 80 KB
110	Compliance Warning Letter - Failure to Apply for Certificate	 7 KB
111	Model Letter Notifying Laboratory of Cited Deficiencies and Requesting a Plan of Correction	 76 KB
112	Model Letter - CLIA Requirements Not Met - Laboratory Out of Compliance	 78 KB
113	Model Letter - CLIA Requirements Not Met - Immediate Jeopardy	 23 KB
114	Model Letter Warning CLIA Laboratory of Possible Sanction - Failure to Disclose Financial Interest and	 76 KB

Ownership Information

115	Model Letter - Change of Ownership - Laboratories	 16 KB
116	Budget Requests, Clinical Laboratory Improvement Amendments Program - CMS-102	Not Yet Available
117	Quarterly Expenditure Report, Clinical Laboratory Improvement Amendments Program, CMS-103	Not Yet Available
118	Budget Notice of Approval, Clinical Laboratory Improvement Amendments Program, CMS-104	Not Yet Available
119	Planned Workload Report, Clinical Laboratory Improvement Amendments Program, CMS-105	Not Yet Available
120	Standard Form 1199A, Direct Deposit Sign-Up Form	Not Yet Available
121	Payment Management System, SMARTLINK II, User's Manual	Not Yet Available
122	OMB Circular No. A-102, Subject: Uniform Administrative Requirements for Grant-In-Aid to State and Local Governments	Not Yet Available
123	Blood Bank Inspection Checklist and Report, CMS-282 (Form FDA 2609)	 CMS Forms
124	Laboratory Personnel Report, CMS-114	Not Yet Available
125	Clinical Laboratory Application, CMS-116	 CMS Forms
126	Model Letter Covering Self-Attestation Worksheets	 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	Model Letter: Letter Transmitting Materials to Rural Primary Care Hospitals (RPCHs)	 89 KB

135	Model Letter: Notification of Rural Primary Care Hospital Regarding Scheduling a Survey	 93 KB
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	 CMS Forms
137	Responsibilities of Medicare Participating Hospitals in Emergency Cases Investigation Report, CMS-1541B	 CMS Forms
138	Physician Review Outline for Emergency Care Obligations of Medicare Hospitals	 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	Model Letter: EACH Approval Notification	 16 KB
150	Model Letter: RPCH Approval Letter Notification	 22 KB
151	Model Letter: EACH Denial Letter	 19 KB
152	Model Letter: RPCH Denial Letter	 23 KB
153	Notice of Technical Denial - Certificate of Need Denied	Deleted
154	Notice of Initial Approval of End - State Renal	 32 KB

	Disease (ESRD) Facility	
155	End-Stage Renal Disease (ESRD) Denial Notice	 23 KB
156	Provider Tie-In Notice, CMS-2007	 CMS Forms
157	Notice - Expansion and/or Additional Service (Approval, Partial Approval or Denial) of ESRD Facility	 27 KB
158	Notice - Recertification of ESRD Facility	 25 KB
159	List of VA Hospitals Having Sharing Arrangements with Participating ESRD Hospitals	 14 KB
160	Notice to ESRD Facility - Alternative Sanction for failure to participate with Network Goals and Objectives	 19 KB
161	Notice of Interim Approval of CAPD Services	 77 KB
162	Approval Letter for Extended Care Services (Swing-Beds) in Hospitals (50 - 99 Beds)	 25 KB
163	Notice to SNFs that a Hospital Has Been Approved to Provide Extended Care Services (Swing-Bed Services)	 23 KB
164	RO Adjudication of SA Certification Actions	 107 KB
165	Notice to a Provider that Agreement Was Accepted	 75 KB
166	Notice of Approval of Supplier of Services	 75 KB
167	CMS-576, CMS-576A, Organ Procurement Organization Application and Agreement	Not Yet Available
168	Organ Procurement Organization Report Form	 97 KB
169	United Network for Organ Sharing Members	Not Yet Available
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	Model Letter: Organ Procurement Organization Approval	 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	Federally Qualified Health Center Crucial Data Extract	 83 KB
179	Model Letter to Applicants for Participation in Medicare as a Federally Qualified Health Center	Deleted
180	Notice to Accredited Psychiatric Hospital of Involuntary Termination	 80 KB
181	Notice to Hospital Provider of Involuntary Termination	 19 KB
182	Notice of Termination to Supplier	 16 KB
183	Model Public Notice of Medicare Termination of Providers Agreement	 4 KB
184	Advertising Order, SF-1143, and Public Voucher for Advertising, SF-1144	Not Yet Available
185	Model Telegram-Notice of Termination to a Medicaid ICF/MR Following "Look Behind" Survey: Immediate and Serious Threat to Patient Health and Safety	 18 KB
186	Sample Memorandum Disallowance Claims for Federal Payments, (Used in Look-Behind Disapprovals)	 76 KB
187	Notification to Previously Approved Supplier of a Pending Termination	 15 KB
188	Notification: Voluntary Termination of Provider Agreement Approved	 18 KB
189	Notification: Approval of Voluntary Termination of a Supplier	 14 KB
190	Notification to Provider That Has Ceased or Is Ceasing Operations	 79 KB
191	Notification to Supplier That Has Ceased or is Ceasing Operations	 15 KB

192	Acknowledgment of Request for Hearing	 14 KB
193	Model Letter Informing PPS-Excluded Hospital/Units That Reverification Has Been Approved	 14 KB
194	Model Letter Announcing Compliance with all Surveyed Medicare Conditions of Participation After a Sample Validation or Substantial Allegation Survey	 18 KB
195	Model Telegram Notice Announcing to an Accredited Hospital That the Hospital Does Not Comply with all the Conditions of Participation and That There is Immediate or Service Threat to Patient Health and Safety	 80 KB
196	Model Letter Announcing to Accredited Hospital After a Sample Validation Survey That the Hospital Does Not Comply with all Conditions of Participation	 27 KB
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	Model Letter Announcing to Accredited Hospital after a Substantial Allegation Survey that the Hospital does not Comply with all Conditions of Participation	 83 KB
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	 15 KB
201	Model Letter Acknowledging Complaint Alleging Noncompliance with 42 CFR 489.24 and/or the Related Requirements of 42 CFR 489.20 Investigation warranted	 14 KB
202	Model Letter Requesting Physician Review of Possible Violation of 42 CFR 489.24	 26 KB
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	 15 KB
204	Model Letter For Violation of 42 CFR 489.24: Preliminary Determination Letter (Immediate and Serious Threat	 21 KB
205	Model Letter For Violation of 42 CFR 489.20 And/Or The Related Requirements of 42 CFR 489.24:	 29 KB

Preliminary Determination Letter (90 Day Termination Track)






















206	Model Letter To Complaint Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirement of 42 CFR 489.20 Complaint Not Substantiated	 14 KB
207	Model Letter To Complaint Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 Complaint Substantiated	 15 KB
208	Model Letter For Referring Violation of 42 CFR 489.24 To The Office of Inspector General	 25 KB
209	Model Letter For Referring Violation of 42 CFR 489.24 To The Regional Office for Civil Rights	 16 KB
210	Model Letter For Past Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 No Termination	 18 KB
211	Model Letter For Violation of 42 CFR 489.24 And/Or The Related Provisions of 42 CFR 489.20 Notice of Termination	 34 KB
212	Model Letter Requesting PRO Review of A Confirmed Violation of 42 CFR 489.24 For Purpose of Assessing Civil Monetary Penalties (CMPs) Or Excluding Physicians	 26 KB
213	State Test Administration Plan	 59 KB
214	Model Letter Announcing to State Survey Agency the Requirements for Administering the Long Term Care Surveyor Minimum Qualifications Test (SMQT)	 23 KB
215	Notification to Provider/Supplier Warning of Possible Termination--Failure to Disclose Financial Interest and Ownership Information	 24 KB
216	Report on Initial Survey Activity	Not Yet Available
217	Aging Report on Pending Initial Survey Activity	Not Yet Available
218	Prerelease Notification Document	Not Yet Available
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
222	Audit Clearance Document	Not Yet Available









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
226	Accredited Laboratory Allegation(s) Report, CMS-2878A	Not Yet Available
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 State Laboratory Licensure Program That CMS Will Seek a Temporary Injunction or Restraining Order to Enjoin Continued Operation	 18 KB
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	Fraud and Abuse - Office of Inspector General, Office of Investigations Field Officer	 52 KB
234	CLIA Notice of Noncompliance and Proposed Alternative Sanction(s) - No Immediate Jeopardy	 20 KB

235	Notice of Suspension or Limitation of the CLIA Certification - Immediate Jeopardy.	 21 KB
236	Notice of Imposition of Sanction(s): Acknowledgment of Information Received	 15 KB
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	Clinical Laboratory Improvement Amendments (CLIA) Alternate Quality Assessment Survey, CMS-667	 CMS Forms
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	 23 KB
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	CLIA Adverse Action Extract, CMS-462A/B	 CMS Forms
246	Model Letter: Regional Office Notifying a State-Operated Laboratory of Cited Deficiencies and Requesting a Plan of Correction	 32 KB
247	Notice of (Limitation or) Revocation of a Laboratory's CLIA Certificate - No Immediate	 16 KB

Jeopardy

248	Notice of Proposed Limitation, Suspension, or Revocation of the CLIA Certificate; Opportunity for a Hearing - No Immediate Jeopardy	 20 KB
249	Model Letter: To Be Sent To The Laboratory in Conjunction With the Notice of Sanction, In Order to Officially Inform the Laboratory that the Responsibility Lies With the Laboratory to Achieve Compliance, Even if They Have Successfully Completed the Directed Plan of Correction	 16 KB
250	Notice of the Reissuance of a CLIA Certificate In Order to Keep a Laboratory Operational if it is Due to Expire Prior to the Administrative Hearing	 16 KB
251	Model Letter: Offering the Opportunity for a Reconsideration of the Addition of Specialties or Subspecialties by a Laboratory is Denied by CMS	 17 KB
252	Model Letter: To Laboratory Director to Accompany the AQAS Instrument	 17 KB
253	Reserved for SAQIP	Not Yet Available
254	Model Letter: Notification to Applicant that Medicare General Enrollment Health Care Provider/Supplier Application Has Been Denied	 28 KB
255A	Model Letter: Notification of Pending Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application	 30 KB
255B	Model Letter: Notification of Involuntary Termination Based on CHOW Review of the Medicare General Enrollment Health Care Provider/Supplier Application	 34 KB
256	Form CMS-855 - Medicare and Other Federal Health Care Program General Enrollment Health Care Provider/Supplier Application	 Provider Enrollment Forms
257	Form CMS-855C - Medicare and Other Federal Health Care Program Change of Information Health Care Provider/Supplier Application	 Provider Enrollment Forms
258	Form CMS-855R - Medicare and Other Federal Health Care Program Individual Reassignment of Benefits Health Care Provider/Supplier Application	 Provider Enrollment Forms
259	Minimum Data Set Automation Contract/Agreement Approval RO Checklist	 16 KB

260	MDS Key Field Correction Form	 43 KB
261	Privacy Act Statement - Health Care Records	 22 KB
262	Overview of MDS Version 2.0 Correction Policy for Locked Records	 29 KB
263	Maximum Time Frames for MDS Completion, Data Entry, Editing, Locking and Transmission	 50 KB
264	Resident Census and Conditions of Residents - CMS-672	 CMS Forms
265	Roster/Sample Matrix - CMS-802	 CMS Forms
266	Roster/Sample Matrix Provider Instructions (Use with Form CMS-802) - CMS-802P	 80 KB
267	Roster/Sample Matrix Instructions for Surveyors (Use with Form CMS-802) - CMS-802S	 67 KB
268	Facility Characteristics	 28 KB
269	Facility Quality Indicator Profile	 44 KB
270	Resident Level Summary	 39 KB
271	Quality Indicator Matrix	 233 KB
272	Overview of MDS Submission Record	 25 KB
273	Correction Policy Summary Matrix	 69 KB
274	Definition of Selected Dates in the RAI Process	 24 KB
275	Attestation Statement for CMHCs	 15 KB
276	Health Insurance Benefit Agreement for CMHCs	Deleted
277	Fiscal Intermediary (FI) Provider Billing Number Deactivation Letter Used by FI	 17 KB
278	Model Denial Letter for CMHC Applicants - State Restrictions on Screening	 17 KB
279	Model Letter - Notice of Findings for Noncompliance for CMHCs	 22 KB
280	Model Letter - Notice of Termination of Provider Agreement for CMHCs	 27 KB
281	Model Letter - CMHC That Has Ceased Operation	 17 KB

282	Model Letter - Participation in Medicare as a CMHC Providing Partial Hospitalization Services (Including Threshold and Service Requirements)	 48 KB
283	Model Letter - Notice of Failure to Meet Threshold and Service Requirements, CMHCs	 35 KB
284	Model Denial Letter - To a Home Health Agency (HHA) That Requested a Branch Office	 28 KB
285	Worksheet for OBQM & OBQI Reports	 164 KB
286	Hospital/CAH Medicare Database Worksheet	 176 KB
287	Authorization For Accreditation Organization To Release The Most Recent Accreditation Survey For A Hospital Or A CAH	 26 KB
288	Surveyor Worksheet For Swing-Beds	 351 KB
289	Model Reciprocal Agreement	 25 KB