

EXHIBIT 147A

(Rev. 118, Issued: 06-12-14, Effective: 01-01-12, Implementation: 01-01-12)

**NOTICE OF PAYMENT AMOUNT DUE FOR PLACEMENT IN ESCROW (IDR COMPLETE OR NOT
TIMELY REQUESTED-FACILITY IS FILING FORMAL APPEAL)**

(Date)

Provider Name

Address

City, State, ZIP Code

Dear (Provider Name):

RE: CMS Certification Number (CMS Certification Number):

Civil Money Penalty Case Number:

In accordance with the statutory provisions of §1819(h) and/or §1919(h) of the Social Security Act, and the regulations at Title 42 of the Code of Federal Regulations, §488.430, a civil money penalty in the amount of (dollar amount per day or per instance) was imposed on (facility name) for noncompliance with the participation requirements. This is to inform you that the civil money penalty imposed on (effective date of the penalty) is due on (date). Since you have filed a request for a formal appeal, the civil money penalty for your facility will be placed in an escrow account and held there pending a final administrative decision. Any collected civil money penalty amount owed to the facility based on a final administrative decision will be returned to the facility with applicable interest as specified in section 1878(f)(2) of the Social Security Act. In situations where CMS enters into a settlement arrangement/agreement with a nursing home, the facility will not receive any interest payment for any CMP funds held in escrow by CMS.

The total amount of the civil money penalty due is (total dollar amount). This total represents the imposition of a civil money penalty in the amount of (dollar amount) per day for (number of days of noncompliance) [and (dollar amount) per day for (number of days of noncompliance at a different range of penalty amounts)].

The civil money penalty is due on (insert the earlier of the date the Independent IDR process is completed or the date which is 90 days after the notice of imposition). The civil money penalty is payable by check to the Centers for Medicare & Medicaid Services.

You should pay the full CMP amount by certified check. In order to return any applicable amount owed to the facility based on a final administrative decision, we must have a completed W-9 form on file. Please include this with your payment. Please note that, in accordance with the regulations at 42 C.F.R. § 488.442, CMS will assess interest on any unpaid balance of the penalty beginning on the due date. The rate of interest is [specify the current Federal Treasury rate of interest].

To ensure proper crediting of your payment, please include your CMS Certification Number and the CMP case number, shown above, on your certified check. Make the certified check payable to the Centers for Medicare & Medicaid Services and send your certified check to:

Centers for Medicare & Medicaid Services

Division of Accounting Operations

Civil Money Penalty

Post Office Box 7520

(Name)

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(Date)

Baltimore, Maryland 21207-0520

If you use a delivery service, such as Federal Express, use the following address only:

*Centers for Medicare & Medicaid Services
Division of Accounting Operations
Civil Money Penalty
7500 Security Boulevard, Mail Stop C3-11-03
Baltimore, Maryland 21244*

Do not send your original CMP payment check to this Regional Office. Otherwise, your payment will be considered late and offset may be initiated and/or interest may be imposed. Please send only a copy of your payment check to this Regional Office.

If CMS does not receive a certified check for the full amount by the CMP due date, both the CMP and any interest accrued after the payment due date will be deducted from sums owing to you from Medicare and/or Medicaid without any further notification from this office.

If you need further assistance, please contact [name] at [telephone number]. All correspondence should be directed to [name/telephone number].

*Sincerely yours,
(Name and Title)*

*Enclosure
cc: State Survey Agency and/or State Medicaid Agency*