

EXHIBIT 1D

MODEL LETTER TRANSMITTING MATERIALS TO RURAL HEALTH CLINICS

(Date)

Rural Health Clinic Name
Address
City, State, ZIP Code

Dear _____:

This letter concerns the requirements and procedures through which you may be approved under Medicare as a Rural Health Clinic. This State agency certifies and periodically recertifies institutions and agencies to assist the Centers for Medicare & Medicaid Services in determining whether they meet the Medicare Conditions of Participation. Such approval is prerequisite to qualifying to participate in the State Medicaid program as well.

To be approved as a supplier of rural health clinic services, a clinic must be located in an area designated by the Bureau of the Census as nonurbanized and by the Secretary of Health and Human Services as a shortage area, where a shortage of personal health services or a shortage of primary medical care manpower exists. Under the law, the clinic also must employ either a physician's assistant or a nurse practitioner; must make arrangements with a physician for medical direction, guidance, and supervision; and must make arrangements with a Medicare certified hospital for referral and admission of patients by the clinic. Regulations of the Department of Health and Human Services specify the minimal health and safety standards rural health clinics must meet to qualify for reimbursement under this law.

In those instances where a central organization provides rural health services at more than one clinic site, each site is considered a clinic and the location of the clinic site determines its location eligibility (i.e., rural, shortage area) rather than the location of the central organization. A separate Request to Establish Eligibility is required for each clinic site.

Enclosed are forms which it is necessary to complete if you desire to be approved. Complete and return them promptly in order to avoid unnecessarily delaying approval, since your institution cannot claim provider reimbursement for services furnished prior to approval. If the forms are not self-explanatory, or if you need more Request to Establish Eligibility forms for multiple clinic locations, you may phone (**phone number**) for assistance. Complete and return all copies of the enclosed forms. Any questions concerning the Form CMS-855 should be directed to your fiscal intermediary/carrier. You may obtain information regarding the Form CMS-855 by contacting (**name**) at (**phone number**).

(Name)

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(Date)

On the second line of the Health Insurance Benefits Agreement, after the term, Social Security Act, enter the entrepreneurial name of the enterprise, followed by the trade name (if different from the entrepreneurial name). Ordinarily, this is the same as the business name used on all official IRS correspondence concerning payroll withholding taxes, such as the W-3 or 941 forms. For example, the ABC Corporation, owner of the Wildwood Health Center, would enter on the agreement: "ABC Corporation d/b/a Wildwood Health Center." A partnership of several persons might complete the agreement to read: "Robert Johnson, Louis Miller and Paul Allen, ptr., Easy Care Health Services." A sole proprietorship would complete the agreement to read: "John/Smith d/b/a Wembly Walk-in-Center." The person signing the Health Insurance Benefits Agreement must be someone who has the authorization of the owners of the enterprise to enter into this agreement.

Subject to availability, we are also enclosing the Medicare Conditions for Coverage. The Conditions are only a part of the Medicare regulations contained in Title 42, Chapter IV of the Code of Federal Regulations which Rural Health Clinics must meet. You can purchase 42 CFR Chapter IV from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. However, the information you need is supplied in Medicare materials provided to you without charge, and explanations are furnished either by this office or by your Medicare carrier.

Our surveyors will inspect the clinic, interview you and members of your staff, review documents, and undertake other procedures necessary to evaluate the extent to which your institution meets the Conditions of Participation. If your institution has significant deficiencies in any of the Conditions, you will be informed and given an opportunity to correct them.

After it is determined by the Centers for Medicare & Medicaid Services that **all** requirements are met, the Health Insurance Benefits Agreement will be countersigned. One copy will be returned to you along with the notification that your institution has been approved. If operation of the entire institution is later transferred to another owner, ownership group, or to a lessee, the agreement will be automatically assigned to the successor. But you are required to notify the Centers for Medicare & Medicaid Services at the time you are planning such a transfer.

Those institutions and agencies that are denied Medicare approval are sent notification giving the reasons for the denial, and information about their rights to appeal the decision.

(Name)

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(Date)

Please do not hesitate to phone this office if you have any questions.

Sincerely yours,

Enclosures

(See Exhibit 63 for list of pertinent forms to enclose.)