

EXHIBIT 202
(Rev. 30, 12-15-07)

**MODEL LETTER REQUESTING *QIO* REVIEW OF A POSSIBLE VIOLATION
OF 42 CFR 489.24**

(Date)

Name of QIO Executive Director
Quality Improvement Organization (QIO) Name
Address
City, State, ZIP Code

Dear **(QIO Executive Director Name)**:

Enclosed is a case we have identified as a potential violation of 42 CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases. Section 489.24 places special responsibilities on Medicare-participating hospitals that offer emergency services.

Please have this case reviewed by a physician who is a specialist in either the specialty of the physician who attended the patient or the type of service under review. Whenever possible, the physician reviewer should practice in a similar setting as that of the physician who attended the patient.

This review is necessary for the purpose of assisting us in making a compliance determination on an alleged 42 CFR 489.24 violation. We have the onsite investigation findings and require a medical opinion on this case. In order to prevent further situations endangering the community's access to quality emergency care, please sign, date and return this packet to us within 5 working days.

Since the physician reviewer could be needed to serve as an expert witness in the case, secure from the physician a statement of willingness to provide service on the additional development needed to properly adjudicate any issues and to testify as an expert witness.

To assist you in performing your review, we have enclosed:

- A copy of the patient's medical record (at both hospitals, if pertinent);
- A copy of 42 CFR 489.24 and related parts of 42 CFR 489.20; and
- The "*EMTALA* Physician Review *Worksheet*" upon which the physician should document his/her findings. *The reviewer's* response is not limited to the space provided on the *worksheet*; additional paper *may be used* as needed. It is

(Name)

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important that the physician thoroughly document the rationale for each response.

A response should be provided to each worksheet question.

Thank you for your assistance. **If you wish to discuss this case further, please contact (EMTALA policy person in RO) at (phone number).**

Sincerely yours,

*Associate Regional Administrator
(or its equivalent)*

Enclosures