

EXHIBIT 208
(Rev. 30, 12-15-07)

**MODEL LETTER FOR REFERRING A VIOLATION OF 42 CFR 489.24 TO
THE OFFICE OF INSPECTOR GENERAL**

(Date)

OIG Director Name
Office of Inspector General Director
Address
City, State, ZIP Code

Re: CMS Certification Number (CCN)
Hospital (Hospital Name)

Dear **(OIG Director Name)**:

In order to participate in the Medicare program, a hospital must meet the requirements established under title XVIII of the Social Security Act (the Act) and must also meet the additional requirements established by the Secretary of Health and Human Services under the authority contained in §1861(e) of the Act. Further, §1866(b) of the Act authorizes the Secretary to terminate the provider agreement of a hospital that fails to meet these provisions.

This office authorized the **(State,)** State agency to conduct a survey of **(hospital)** on **(date)**. As a result of that survey, it was determined that the facility violated 42 CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases. The deficiencies cited in the enclosed Statement of Deficiencies posed: **(select as appropriate)**:

- An immediate and serious threat to the health and safety of *patients* in need of emergency medical care, **(23 day termination track)**; or
- A threat to the health and safety of patients in need of emergency care, **(90 day termination track)**; and we initiated termination action on **(date)**.

(Add, if applicable: The hospital completed sustainable corrective actions, and remains a participant in the Medicare program.)

We are referring this case to the Office of Inspector General for *determination of the* enforcement of the civil monetary penalties *authorized by* §1867 of the Act.

(Name)

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(Date)

If you have any questions or concerns about this matter, please let us know.

Sincerely yours,

Associate Regional Administrator

(or its equivalent)

Enclosures