

EXHIBIT 37

(Rev. 117, Issued: 06-06-14)

**MODEL LETTER ANNOUNCING VALIDATION SURVEY OF
DEEMED *STATUS* PROVIDER/SUPPLIER**

PLEASE NOTE: Per Section 2700A, all surveys are unannounced; this letter is to be provided to the facility administrator as part of the survey entrance conference.

(Date)

Facility Administrator Name

Facility Name

Address

City, State, ZIP Code

Re: CMS Certification Number (CCN)

Dear **(Administrator Name)**:

Section 1865 of the Social Security Act (the Act) provides that entities accredited by *Centers for Medicare & Medicaid (CMS)*-recognized national *accrediting* organizations may be deemed to meet the *applicable* Medicare Conditions *of Participation, Conditions for Coverage, or Conditions for Certification*.

Section 1864 of the Act authorizes the Secretary to enter into an agreement with State health or other appropriate agencies to conduct, on a selective sampling basis *or in response to a substantial allegation of noncompliance*, surveys of deemed *status providers or suppliers* subject to Medicare certification requirements. CMS uses such surveys as a means of validating the accrediting organization's survey and accreditation process. In **(Name of State)**, Medicare validation surveys of accredited deemed providers and suppliers are conducted by the **(State agency)**. This agency, under agreement with CMS, surveys providers and suppliers *subject to certification* to determine compliance with the *applicable* Medicare conditions.

[Choose one of the following, whichever is applicable] Your facility *(has been selected for a sample validation survey) (is the subject of a substantial allegation of noncompliance)*. This is an unannounced survey following procedures established by CMS.

In accordance with the provisions of 42 CFR §488.7(b), your facility must authorize:

- 1) *The validation survey by the State Survey Agency to take place; and*

- 2) *The State Survey Agency to monitor the correction of substantial noncompliance found through the validation survey.*

You may also be requested to provide or verify additional information required by CMS for general certification purposes by a member of the survey team.

During the validation survey, the State agency will determine compliance with Medicare health and safety requirements applicable to your type of facility. The survey team will *require access to all areas of the facility, observe patient services or procedures to assist them in their compliance determination, ask questions of facility staff and may also request facility documents to review.*

If the validation survey results in a finding by the CMS Regional Office that a *deemed status* provider or supplier is *not in substantial* compliance with one or more Medicare conditions, the provider or supplier will no longer be deemed to meet Medicare conditions and may be subject to termination of its provider or supplier agreement, in accordance with 42 CFR §488.7(d).

Additionally, in accordance with 42 CFR §401.133, a copy of the Medicare validation survey findings will be subject to public disclosure after the facility has been given an opportunity to review the findings, present comments to CMS, and submit a plan of correction for deficiencies cited. *In those cases where the deemed status provider or supplier is not required to submit an acceptable plan of correction, the provider or supplier may voluntarily submit one. In the latter case the plan of correction will not be reviewed for acceptability but may be released along with the validation survey findings.*

If you have any questions regarding this letter, please telephone [Name] at [Telephone number].

Sincerely yours,

State Agency Director

Enclosures:

Authorization by Deemed Provider/Supplier *for* Validation Survey

cc:

CMS, DSC, Regional Office

(For sample validation surveys only) CMS, CCSQ, SCG, Division of Acute Care Services