

EXHIBIT 26

MODEL LETTER TO RURAL HEALTH CLINIC INELIGIBLE TO PARTICIPATE

(Rev. 139, Issued: 04-24-15, Effective: 04-24-15, Implementation: 04-24-15)

(Date)

Administrator

Applicant Clinic Name

Address

City, State, ZIP Code

Dear _____:

This is to inform you that, on the basis of information submitted *by your clinic* to *the Centers for Medicare & Medicaid Services (CMS)*, the **(name of health clinic)** *located at (clinic's address)* has been identified as not meeting eligibility requirements *to participate in the Medicare program as a rural health clinic (RHC)*. *As a result, your request for certification as a RHC is denied.*

This determination is based on the following:

- A. The clinic is not located in an area that is designated as a non-urbanized area.
- B. The clinic is not located in an area designated either as a primary medical shortage area or an area with a shortage of personal health services.
- C. The clinic does not employ either a nurse practitioner or a physician assistant.
- D. The clinic does not have a physician providing medical direction.

If you *believe this initial determination is not correct, you may request that it be reconsidered. The request must be submitted in writing within sixty days of the date you receive this notice, in accordance with 42 CFR 498.22, to:*

(ARA name, title and address)

The date of receipt of this letter will be presumed to be five (5) days after the date of the notice unless there is a showing that it was, in fact, received earlier or later. The request should state the legal and factual reasons why you consider the decision to be incorrect and should include any documentation supporting these legal and factual conclusions.

Sincerely,

Regional Office DSC

cc: *(State Agency)*
(if applicable, Accrediting Organization)