

EXHIBIT 126
(Rev. 30, 12-15-07)

MODEL LETTER ACCOMPANYING SELF-ATTESTATION WORK SHEETS

(Date)

Name of *IPPS*-Excluded Hospital or Hospital *Unit*
Street Address
City, State, ZIP Code

Dear **(Name of Hospital/Unit)**:

For this facility or unit *to* continue to be eligible for exemption from the Medicare *Inpatient* Prospective Payment System (*IPPS*) for the fiscal year beginning **(date)** the Administrator or Chief Executive Officer of the hospital (i.e., the individual principally responsible for the operation of the hospital) must complete and return the attached attestation statement and work sheet. Hospitals and units may be excluded from *IPPS* if they meet certain requirements of 42 CFR Parts 412.23 through 412.30 and *§3100 of the State Operations Manual*. If a hospital/unit does not in fact, meet the exclusion criteria, Medicare payment will be made under the *IPPS*.

According to our records the **(name of *IPPS*-excluded hospital or unit)** will need to be reverified by **(date)**. In order to continue to receive payment under Medicare and Medicaid as a **(type of *IPPS*-excluded hospital or unit)**, an officer of the hospital/unit must certify, at least 90 days prior to the beginning of the next cost reporting period, that the hospital or unit currently meets and will continue to meet all of the *IPPS*-exclusion criteria.

In order to receive the certification in a timely manner, the Administrator or Chief Executive Officer, as appropriate, of the hospital must:

- Respond to every item on the attached worksheet;
- Sign and date the front page of the attached worksheet (Forms CMS-437, CMS-437A or CMS-437B, as appropriate) in the space marked, "Verified By:"; and
- Return both the signed attestation statement and the signed completed work sheet to **(State agency address)** by **(date that is 90 days prior to the beginning of the cost reporting period)**.

(Name)

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(Date)

Please note that the hospital/unit should notify the Regional Office (**RO address**) immediately if it does not wish to continue as a *IPPS*-excluded hospital/unit. In addition, if hospitals/units are not interested or otherwise unable to use the self-attestation process to apply for continued exclusion from *IPPS*, a survey process may be used to determine if the hospital/unit should continue to be excluded from *IPPS*.

Please note that hospitals/units are under a continuing obligation to notify the State agency if the hospital or unit fails to meet one of the applicable requirements in the period between the attestation and the start of the fiscal year. CMS will continue to verify separately, through the appropriate fiscal intermediary, compliance with certain criteria (e.g., the 75% requirement for rehabilitation units) currently verified by the fiscal intermediary. Please be advised that CMS may validate the compliance of any requirement without prior notice.

If there are any questions about the requirements or completion of the worksheet or the attestation, please contact (**name, address, and phone number of contact person**).

Sincerely yours,

State Agency Director