

EXHIBIT 170

**MODEL LETTER: ORGAN PROCUREMENT ORGANIZATION
DENIAL FAILURE TO MEET REQUIREMENTS**

(Date)

Name of OPO Administrator

Name of OPO

Address of OPO

City, State, ZIP

Dear **(OPO Administrator)**

We have carefully considered your request for designation as an Organ Procurement Organization (OPO) for your service area pursuant to §1138 of the Social Security Act (the Act). We have denied that application.

To qualify for reimbursement under Medicare or Medicaid, organs which are procured from an OPO must have been procured from an entity designated under the requirements specified under §1138(b)(1) of the Act. That legislation directs the Secretary to designate no more than one OPO for each service area. The following are reasons you do not qualify for designation:

(List deficiencies).

You may appeal the decision not to designate you as the OPO for your service area under Centers for Medicare & Medicaid Services regulations at 42 CFR Part 498. The request must be submitted to this office (**name, address, and telephone number**) within 60 days of receipt of this notice. Your request should state the issues or findings of fact with which you disagree and the reasons for your disagreement. You may also submit written evidence and statements that are relevant and material within a reasonable time after your request for reconsideration.

If you have any questions concerning this decision, please let us know.

Sincerely,

Associate Regional Administrator
(or its equivalent)