

EXHIBIT 173

MODEL LETTER: ORGAN PROCUREMENT ORGANIZATION NOTICE OF TERMINATION

(Date)

Name of Organ Procurement Organization (OPO) Administrator

Name of OPO

Address of OPO

City, State, ZIP Code

Dear **(OPO Administrator)**

This is to inform you that we have determined that **(name of organization)** did not achieve and/or maintain compliance with the Organ Procurement Organization (OPO) provisions of §1138 of the Social Security Act. The organization has not demonstrated that it can achieve and maintain compliance with **(list requirements not met)**.

Therefore, the **(name of organization)** is scheduled for termination from the Medicare and Medicaid programs effective **(enter the effective date of termination)**.

You may appeal this decision to terminate under CMS 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 materials within a reasonable time after your appeal request. You may be represented by legal counsel at the appeal proceedings.

The service area now has been opened to new applicants. You may, however, apply for approval even though your current agreement is being terminated. Enclosed are the necessary application materials: Form CMS-576, Request for Organ Procurement Organization Approval to Participate in the Medicare and Medicaid Program; and Form CMS-576A, Health Insurance Benefits Agreement for OPO. To be considered, you must demonstrate how you achieved compliance with these requirements.

If you wish to apply, it is essential that you complete the application materials and forward them to this office. We will consider all applications to service the open area that are received by **(enter date by which new applications must be received)**. Please make a copy of the application and agreement for your records.

(Name)

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(Date)

If you have any questions, please let us know.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)