

EXHIBIT 205
(Rev. 30, 12-15-07)

**MODEL LETTER FOR A VIOLATION OF 42 CFR 489.24 AND/OR THE
RELATED REQUIREMENTS OF 42 CFR 489.20 PRELIMINARY
DETERMINATION LETTER (90 DAY TERMINATION TRACK)**

(Date)

Hospital Administrator Name
Hospital Name
Address
City, State, ZIP Code

Re: CMS Certification Number (CCN)

Dear **(Hospital Administrator Name)**:

To participate in the Medicare program, a hospital must meet the requirements established under title XVIII of the Social Security Act (the Act) and the regulations established by the Secretary of Health and Human Services under the authority contained in §1861(e) of the Act. Further, §1866(b) of the Act authorizes the Secretary to terminate the provider agreement of a hospital that fails to meet these provisions.

Your hospital was surveyed on **(date)** by the **(State survey agency)** based on an allegation of noncompliance with the requirements of 42 CFR 489.24, Responsibilities of Medicare Participating Hospitals in Emergency Cases and/or the related requirements at 42 CFR 489.20. After a careful review of the findings, we have determined that your hospital violated: **(Select as appropriate)**

- The requirements of 42 CFR 489.24 based on (failure to screen, failure to treat, failure to appropriately transfer, failure to accept an individual who required the hospital's specialized capabilities, delay in examination or treatment to inquire about an individual's method of payment or insurance status, or adverse action taken against a physician, qualified medical person or hospital employee).
- The related anti-dumping provisions found at 42 CFR 489.20 based on the hospital's failure to (have and enforce policies to ensure compliance with the requirements of 42 CFR 489.24, maintain transfer records, maintain a list of physicians on call, maintain a central emergency services log, report the reception of a dump, or meet the sign posting requirements.)

The deficiencies identified are listed on the enclosed Form CMS-2567, Statement of Deficiencies and *Plan of Correction*.

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(Date)

Under 42 CFR 489.53, a hospital that violates the provisions of 42 CFR 489.20 or 42 CFR 489.24 is subject to termination of its provider agreement. Consequently, we plan to terminate name of hospital participation in the Medicare program.

This preliminary determination letter serves to notify you of the violation. The projected date on which your agreement will terminate is **(date - 90th day from the date of this letter)**.

You will receive a “notice of termination letter” on **(date - 5th day from the date of this preliminary determination letter)**. This final notice will be sent to you concurrently with notice to the public, in accordance with regulations at 42 CFR 489.53.

You may avoid termination action and notice to the public either by providing *prior to the projected public notification date* a credible allegation of correction of the deficiencies, or credible evidence that the deficiencies did not exist. A credible allegation of correction by the hospital requires a resurvey *prior to the projected termination date, and must be received by this office so as to permit timely resurvey to verify the corrections*. If we verify your corrective action, or determine that the findings contained in this letter were in error, your planned termination from the Medicare program will be rescinded.

If you have any questions concerning this preliminary determination letter, please contact **(name of contact)** at **(phone number)**, *(e-mail address)*.

Sincerely yours,

Associate Regional Administrator
(or its equivalent)

Enclosure: Form CMS-2567, Statement of Deficiencies *and Plan of Correction*

(Name)

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(Date)

cc's:

State *Survey* Agency

State *Medicaid* Agency

OIG

QIO

Accreditation Organization

Complainant

State Licensing Body

DHHS Congressional Liaison Office

CMS Office of Legislation