

Medicare State Operations Manual

Chapter 9 - Exhibits

Exhibits *(Rev. 199, 01-17-20)*

Exhibit	Description	Download
1A	Model Letter Transmitting Materials to Providers	http://www.cms.gov/manuals/downloads/som107c09_exhibits.pdf
1B-1	Model Letter Transmitting CLIA Application and CMS- 855 to Laboratories	http://www.cms.gov/manuals/downloads/som107c09_exhibitstoc.pdf
1B-2	Model Letter Transmitting CLIA Application and CMS- 1513 to Laboratories	delete
1B-3	Initial Forms Required by Laboratories for CLIA Registration	delete
1C	Model Letter transmitting Forms to Persons Furnishing Portable X- Ray Services	http://www.cms.gov/manuals/downloads/som107_exhibit_001c.pdf
1D	Model Letter Transmitting Materials to Rural Health Clinics	http://www.cms.gov/manuals/downloads/som107_exhibit_001d.pdf
1E	Model Letter to Operational ESRD Facility Requesting Initial Approval	http://www.cms.gov/manuals/downloads/som107_exhibit_001e.pdf
1F	Model Letter Transmitting Title XVIII Materials to Individual Requesting to Participate as a Physical Therapist in Independent Practice	delete
2	Civil Rights Clearance for Medicare Provider Certification	http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html

3	Expression of Intermediary Preference	delete
4	Health Insurance Benefits Agreement, CMS-1561	http://www.cms.gov/cmsforms/
4B	Health Insurance Benefits Agreement, CMS-1561A (Rural Health Clinics)	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1561A.pdf
5	Statement of Financial Solvency, CMS-2572	Deleted
6	Ownership and Control Interest Disclosure Statement, CMS-1513	Deleted
6	Errata Sheet to Ownership and Control Interest Disclosure Statement, CMS-1513	Deleted
7	Statement of Deficiencies and Plan of Correction, CMS-2567	https://www.cms.gov/Regulations-and-Guidance/Legislation/PaperworkReductionActof1995/PRA-Listing-Items/CMS-2567.html
7A	Principles of Documentation	http://www.cms.gov/manuals/downloads/som107_exhibit_007a.pdf
8	Post-Certification Revisit Report, CMS-2567B	http://www.cms.gov/cmsforms/
9	Medicare/Medicaid Certification and Transmittal, CMS-1539	http://www.cms.gov/cmsforms/
10	Certification and Transmittal Spell of Illness Supplement, CMS-1539A	delete
12	Survey Report Form (CLIA), CMS-1557	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1557.pdf
14A	Hospital Survey Report - Crucial Data Extract, CMS-1537E	delete
14B	Fire Safety Survey Report - Crucial Data Extract, CMS-2786E	delete
14C	Skilled Nursing Facility and Intermediate Care Facility Crucial Data	Located in Aspen

	Extract, CMS-519E	
14D	Home Health Agency Survey and Deficiencies Report, CMS-1572	Deleted
14H	Outpatient Physical Therapy Survey Report - Crucial Data Extract, CMS-1893E	Located in Aspen
14I	ESRD Facility Survey Report- Crucial Data Extract, Form CMS-3427E (To be used with Part II of Form CMS-3427)	http://www.cms.gov/manuals/downloads/som107_exhibit_014i.pdf
14J	Rural Health Clinic Survey Report - Crucial Data Extract, CMS-30E	Located in Aspen
14K	Intermediate Care Facility - Individuals with Intellectual Disabilities Survey Report-Crucial Data Extract, CMS-3070B(E)	Located in Aspen
14L	Ambulatory Surgical Center Report - Crucial Data Extract, CMS-378E	Located in Aspen
14M	Therapist in Independent Practice - Crucial Data Extract, CMS-3042E	Located in Aspen
14O	Hospice Survey Report - Crucial Data Extract, CMS-449E	Located in Aspen
15	Regional Office Request for Additional Information, CMS-1666	http://www.cms.gov/cmsforms/
16	Budget Request, Clinical Laboratory Improvement Amendments Program, Form CMS-102	https://scclia.cms.gov/SCCLIA/Default.aspx
21	Request For Certification in the Medicare and/or	http://www.cms.gov/cmsforms/

Medicaid Program to
Provide Outpatient
Physical Therapy and/or
Speech Pathology
Services, CMS-1856

- 22 Guidance to Distinguish http://www.cms.gov/manuals/downloads/som107_exhibit_022.pdf
Between the Priorities of
Immediate Jeopardy and
Non-Immediate
Jeopardy-High in Nursing
Home Allegations
- 23 ACTS Required Fields http://www.cms.gov/manuals/downloads/som107_exhibit_023.pdf
- 24 Model Letter to Ineligible delete
Physical Therapists
Requesting to Participate
as a Physical Therapist in
Independent Practice
- 25 Model Letter to Rural Deleted
Health Clinic Regarding
Scheduling a Survey
- 26 Model Letter to Rural http://www.cms.gov/manuals/downloads/som107_exhibit_026.pdf
Health Clinic Ineligible to
Participate
- 27 Model Letter to http://www.cms.gov/manuals/downloads/som107_exhibit_027.pdf
Previously Approved
Facility Requesting
Approval to Expand or
Add a New End Stage
Renal Disease (ESRD)
Service
- 30 Model Letter to Facility http://www.cms.gov/manuals/downloads/som107_exhibit_030.pdf
Returning Application not
Accompanied by
Required Certificate of
Need (Where Applicable)
- 31 End Stage Renal Disease <http://www.cms.gov/cmsforms/>
Survey Report and
Deficiencies Report,
CMS-3427
- 32 Model Letter Explaining delete
to Provider That One-
Story Protected Wood
Frame Facility Does Not

Meet Sprinkler
Equivalency Standard

- 33 Request for Validation of <http://www.cms.gov/cmsforms/>
Accreditation Survey,
CMS-2802
- 35 Survey Material Deleted
- 36 Instructions for delete
Completing Hospital
Request for Certification
in the Medicare/Medicaid
Program, CMS-1514
(Contains Authorization
Statement for AOA and
Joint Commission
Hospitals)
- 37 Model Letter Announcing http://www.cms.gov/manuals/downloads/som107_exhibit_037.pdf
Validation Survey Of
Deemed Status
Provider/Supplier
- 38 Model Form for delete
Certification of
Chiropractors Where
Requirements Prior to
July 1, 1974 Apply
- 39 Model Form for delete
Certification of
Chiropractors Where
Requirements After June
30, 1974 Apply
- 41 State Agency's Letter to http://www.cms.gov/manuals/downloads/som107_exhibit_041.pdf
Medicare SNF Seeking
Readmission After
Involuntary Termination
- 42 Orientation & Basic http://www.cms.gov/manuals/downloads/som107_exhibit_042.pdf
Training Program for the
Newly Employed Health
Facility Surveyor
- 45 State Agency Budget <https://scclia.cms.gov/SCCLIA/Default.aspx>
Expenditure Report,
CMS-435
- 47 State Agency Budget List <https://scclia.cms.gov/SCCLIA/Default.aspx>

of Positions, CMS-1465A
of Positions, CMS-1465A

- 52 State Survey Agency Certification Workload Report, CMS-434 <https://63.148.94.170/MBESCBES/>
- 54 State Agency Schedule for Equipment Purchases, CMS-1466 <https://scclia.cms.gov/SCCLIA/Default.aspx>
- 56 Identification of Extension Units of OPT/OSP Providers, CMS-381 <http://www.cms.gov/cmsforms/>
- 57 Model Letter Requesting Identification of Extension Units http://www.cms.gov/manuals/downloads/som107_exhibit_057.pdf
- 58 Example of a Regular Disallowance Letter http://www.cms.gov/manuals/downloads/som107_exhibit_058.pdf
- 59 Example of a Deferral Letter http://www.cms.gov/manuals/downloads/som107_exhibit_059.pdf
- 60 Example of a Disallowance Letter for Amounts Previously Deferred http://www.cms.gov/manuals/downloads/som107_exhibit_060.pdf
- 61 Example of an Audit Disallowance Letter http://www.cms.gov/manuals/downloads/som107_exhibit_061.pdf
- 62 Model Letter - State Agency Advising a Provider or Supplier of an Impending Federal Deleted
- 63 List of Documents in Certification Packets (Initial Certifications Include Initial Denials) http://www.cms.gov/manuals/downloads/som107_exhibit_063.pdf
- 64 Ambulatory Surgical Center Request for Certification in the Medicare Program, CMS-377 <http://www.cms.gov/cmsforms/>
- 65 Health Insurance Benefits Agreement, CMS-370 <http://www.cms.gov/cmsforms/>

- 69 Certification delete
Recommendation - CLIA
Laboratory, CMS-197
- 71 Fire Safety Survey Report delete
- Short Form, CMS-
2786C
- 72 Hospice Request for <http://www.cms.gov/cmsforms/>
Certification in the
Medicare Program, CMS-
417
- 73 State Agency Worksheets <http://www.cms.gov/cmsforms/>
for Verifying Exclusions
from the Prospective
Payment System, CMS-
437
- 74 Survey Team https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107_exhibit_074.pdf
Composition and
Workload Report, CMS-
670
- 75 Medicare/Medicaid <http://www.cms.gov/cmsforms/>
Complaint Form, CMS-
562
- 76 Model Letter to Clinics, http://www.cms.gov/manuals/downloads/som107_exhibit_076.pdf
Rehabilitation Agencies
and Public Health
Agencies Initially
Applying to Serve as
Providers of Outpatient
Occupational Therapy
Services
- 77 Model Letter to http://www.cms.gov/manuals/downloads/som107_exhibit_077.pdf
Approved Medicare
Clinics, Rehabilitation
Agencies and Public
Health Agencies that
Request to Add
Outpatient Occupational
Therapy Services
- 79 Model Letter to delete
Individuals Requesting
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as Occupational
Therapists in Independent
Practices

80	Intermediate Care Facility for Individuals with Intellectual Disabilities Survey Report, Form CMS-3070G	http://www.cms.gov/cmsforms/
81	Model Letter Requirements for Swing-Bed Approval in Hospitals	http://www.cms.gov/manuals/downloads/som107_exhibit_081.pdf
82	Model Letter Approval Notification for Swing-Beds in a Hospital	http://www.cms.gov/manuals/downloads/som107_exhibit_082.pdf
83	Model Letter Denial for Swing-Bed Approval In A Hospital	http://www.cms.gov/manuals/downloads/som107_exhibit_083.pdf
83B	Model Letter - Denial For Swing-Bed Approval In A Hospital	delete
84	ESRD Facility Survey Report Form - Addendum, CMS-3427A	delete
85	Long Term Care Facility Application for Medicare and Medicaid, CMS-671	http://www.cms.gov/cmsforms/
87	Extended/Partial Extended Survey Worksheet, CMS-673	http://www.cms.gov/cmsforms/
88	Medication Pass Worksheet, CMS-677	http://www.cms.gov/cmsforms/
89	Offsite Survey Preparation Worksheet, CMS-801	http://www.cms.gov/cmsforms/
91	General Observations of the Facility, CMS-803	http://www.cms.gov/cmsforms/
92	Kitchen/Food Service Observation, CMS-804	http://www.cms.gov/cmsforms/
93	Resident Review Worksheet, CMS-805	http://www.cms.gov/cmsforms/
94	Quality of Life Assessment, CMS-806 A, B, and C	http://www.cms.gov/cmsforms/

95	Surveyor Notes Worksheet, CMS-807	http://www.cms.gov/cmsforms/
96	OSCAR Report 3 (History Facility Profile) and OSCAR Report 4 (Full Facility Profile)	delete
103	Instructions for the Home Health Functional Assessment Instrument (FAI)	http://www.cms.gov/manuals/downloads/som107_exhibit_103.pdf
104	Consent For Home Visit, CMS-36	http://www.cms.gov/cmsforms/
105	State Test Administration Plan	delete
106	Laboratory Personnel Report (CLIA), CMS-209	https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS008840.html
107	Request for Validation Survey of Laboratory, CMS-2802A	delete
108	Laboratory Authorization Form	delete
110	Compliance Warning Letter - Failure to Apply for Certificate	delete
111	Model Letter Notifying Laboratory of Cited Deficiencies and Requesting a Plan of Correction	delete
112	Model Letter - CLIA Requirements Not Met - Laboratory Out of Compliance	delete
113	Model Letter - CLIA Requirements Not Met - Immediate Jeopardy	delete
114	Model Letter Warning CLIA Laboratory of Possible Sanction - Failure to Disclose Financial Interest and Ownership Information	delete

- 115 Model Letter - Change of Ownership - Laboratories delete
- 116 Budget Requests, Clinical Laboratory Improvement Amendments Program - CMS-102 <https://scclia.cms.gov/SCCLIA/Default.aspx>
- 117 1465A - State Agency Budget List of Position for CLIA Program <http://63.148.94.170/mbescbes/>
- 118 1466 – CLIA Program State Agency Schedule for Equipment Purchases <https://scclia.cms.gov/SCCLIA/Default.aspx>
- 119 Planned Workload Report, Clinical Laboratory Improvement Amendments Program, CMS-105 <https://scclia.cms.gov/SCCLIA/Default.aspx>
- 120 Standard Form 1199A, Direct Deposit Sign-Up Form delete
- 121 Payment Management System, SMARTLINK II, User's Manual *Specific Items to Consider When Completing the Form CMS-1557 Deleted*
- 122 OMB Circular No. A-102, Subject: Uniform Administrative Requirements for Grant-In-Aid to State and Local Governments www.whitehouse.gov/omb/circulars
- 123 Blood Bank Inspection Checklist and Report, CMS-282 (Form FDA 2609) delete
- 124 Laboratory Personnel Report, CMS-114 delete
- 125 CLIA Laboratory Application, CMS-116 <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/CMS-Forms-Items/CMS012169.html?DLPage=1&DLEntries=10&DLFilter=116&DLSort=0&DLSortDir=ascending>
- 126 Model Letter http://www.cms.gov/manuals/downloads/som107_exhibit_126.pdf

Accompanying Self-
Attestation Worksheets

- 127 Attestation Statement for Exclusion from PPS for Fiscal Year Beginning: (Date) http://www.cms.gov/manuals/downloads/som107_exhibit_127.pdf
- 128 Model Consent for Hospice Home Visit http://www.cms.gov/manuals/downloads/som107_exhibit_128.pdf
- 129 Hospice Survey and Deficiencies Report, CMS-643 <http://www.cms.gov/cmsforms/>
- 130 Model Letter to Entity Seeking Participation in Medicare as a Community Mental Health Center (CMHC) Providing Partial Hospitalization Services http://www.cms.gov/manuals/downloads/som107_exhibit_130.pdf
- 131 Community Mental Health Center Crucial Data Extract http://www.cms.gov/manuals/downloads/som107_exhibit_131.pdf
- 132 Public Health Service Act-Section 1916(c)(4) http://www.cms.gov/manuals/downloads/som107_exhibit_132.pdf
- 133 Health Insurance Benefit Agreement http://www.cms.gov/manuals/downloads/som107_exhibit_133.pdf
- 134 Model Letter Transmitting Requirements to a Hospital Requesting a Change in Status to a Critical Access Hospital (CAH) http://www.cms.gov/manuals/downloads/som107_exhibit_134.pdf
- 135 Model Letter Transmitting Swing-Bed Approval Notification in a Critical Access Hospital (CAH) http://www.cms.gov/manuals/downloads/som107_exhibit_135.pdf
- 136 Request for Survey of 42 CFR §489.20 and 42 CFR §489.24, Essentials of Provider Agreements: Responsibilities of Medicare Participating <http://www.cms.gov/cmsforms/>

	Hospitals in Emergency Cases, CMS-1541A	
137	Responsibilities of Medicare Participating Hospitals in Emergency Cases Investigation Report, CMS-1541B	http://www.cms.gov/cmsforms/
138	EMTALA Physician Review Worksheet	http://www.cms.gov/manuals/downloads/som107_exhibit_138.pdf
139	Model Letter to Provider (Send with Form CMS-2567)(Immediate Jeopardy Does Not Exit)	http://www.cms.gov/manuals/downloads/som107_exhibit_139.pdf
140	Model Letter Notifying Provider of Acceptance of Allegation of Compliance	http://www.cms.gov/manuals/downloads/som107_exhibit_140.pdf
141	Model Letter Notifying Provider of Results of Revisit	http://www.cms.gov/manuals/downloads/som107_exhibit_141.pdf
142	Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Does Not Exist)	http://www.cms.gov/manuals/downloads/som107_exhibit_142.pdf
143	Model Letter to Provider (Imposition of Remedies) (Immediate Jeopardy Exists)	http://www.cms.gov/manuals/downloads/som107_exhibit_143.pdf
144	Notice of Imposition of a Civil Money Penalty (Insert to formal notice)	http://www.cms.gov/manuals/downloads/som107_exhibit_144.pdf
145	Notification of Change in the Amount of the Civil Money Penalty	http://www.cms.gov/manuals/downloads/som107_exhibit_145.pdf
146	Notice of Receipt of the Written Request of Waiver of Right to a Hearing	http://www.cms.gov/manuals/downloads/som107_exhibit_146.pdf
147	Notice of Payment Amount Due and Payable	http://www.cms.gov/manuals/downloads/som107_exhibit_147.pdf
147A	Notice Of Payment Amount Due For	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_147A.pdf

	Placement In Escrow (Iidr Complete Or Not Timely Requested- Facility Is Filing Formal Appeal)	
148	Notification of Deduction of Civil Money Penalty from Money Owing to the Provider	http://www.cms.gov/manuals/downloads/som107_exhibit_148.pdf
149	Model Letter Critical Access Hospital (CAH) Denial for Medicare Participation	http://www.cms.gov/manuals/downloads/som107_exhibit_149.pdf
150	Model Letter Critical Access Hospital (CAH) Approval Notification	http://www.cms.gov/manuals/downloads/som107_exhibit_150.pdf
151	Model Letter Request For A Plan of Correction Following an Initial Critical Access Hospital (CAH) Survey	http://www.cms.gov/manuals/downloads/som107_exhibit_151.pdf
152	Model Letter Critical Access Hospital (CAH) Termination Letter	http://www.cms.gov/manuals/downloads/som107_exhibit_152.pdf
153	Notice of Technical Denial - Certificate of Need Denied	Deleted
154	Notice of Initial Approval of End - State Renal Disease (ESRD) Facility	http://www.cms.gov/manuals/downloads/som107_exhibit_154.pdf
155	End-Stage Renal Disease (ESRD) Denial Notice	http://www.cms.gov/manuals/downloads/som107_exhibit_155.pdf
156	Provider Tie-In Notice, CMS-2007	http://www.cms.gov/cmsforms/
157	Notice - Expansion and/or Additional Service (Approval, Partial Approval or Denial) of ESRD Facility	http://www.cms.gov/manuals/downloads/som107_exhibit_157.pdf
158	Notice - Recertification of ESRD Facility (Not Used for Special Purpose Renal Dialysis Facilities)	http://www.cms.gov/manuals/downloads/som107_exhibit_158.pdf

159	List of VA Hospitals Having Sharing Arrangements with Participating ESRD Hospitals	Delete
160	Notice to ESRD Facility - Alternative Sanction for failure to participate with Network Goals and Objectives	http://www.cms.gov/manuals/downloads/som107_exhibit_160.pdf
161	Notice of Interim Approval of CAPD Services	http://www.cms.gov/manuals/downloads/som107_exhibit_161.pdf
162	Model Letter Request for a Plan of Correction Following an Initial Survey for Swing-Bed Approval in a Hospital	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_162.pdf
163	Model Letter Termination Letter for Hospital Swing-Bed Services	http://www.cms.gov/manuals/downloads/som107_exhibit_163.pdf
164	RO Adjudication of SA Certification Actions	Delete
165	Notice to a Provider that Agreement Was Accepted	http://www.cms.gov/manuals/downloads/som107_exhibit_165.pdf
165a	Notice to a Deemed Provider/ Supplier that Agreement was Accepted	http://www.cms.gov/manuals/downloads/som107_exhibit_165a.pdf
166	Notice of Approval of Supplier of Services	http://www.cms.gov/manuals/downloads/som107_exhibit_166.pdf
167	CMS-576, CMS-576A, Organ Procurement Organization Application and Agreement	www.cms.hhs.gov/cmsforms/
168	Organ Procurement Organization Report Form	http://www.cms.gov/manuals/downloads/som107_exhibit_168.pdf
169	United Network for Organ Sharing Members	http://optn.org/members/
170	Model Letter: Organ Procurement Organization Denial -	http://www.cms.gov/manuals/downloads/som107_exhibit_170.pdf

Failure to Meet
Requirements

171	Model Letter: Organ Procurement Organization Denial - Competing Applications	http://www.cms.gov/manuals/downloads/som107_exhibit_171.pdf
172	Model Letter: Organ Procurement Organization Approval	http://www.cms.gov/manuals/downloads/som107_exhibit_172.pdf
173	Model Letter: Organ Procurement Organization Notice of Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_173.pdf
174	Model Letter: Organ Procurement Organization Notice to Public and State Medicaid/Medicare Agencies	http://www.cms.gov/manuals/downloads/som107_exhibit_174.pdf
175	Model Letter: Organ Procurement Organization Notice to Bordering OPOs	http://www.cms.gov/manuals/downloads/som107_exhibit_175.pdf
176	Model Letter: Organ Procurement Organization Corrective Action Notice	http://www.cms.gov/manuals/downloads/som107_exhibit_176.pdf
177	Attestation Statement for Federally Qualified Health Centers	http://www.cms.gov/manuals/downloads/som107_exhibit_177.pdf
178	Federally Qualified Health Center Crucial Data Extract	delete
179	Information on Medicare Participation/Federally Qualified Health Centers	http://www.cms.gov/manuals/downloads/som107_exhibit_179.pdf
180	Notice to Accredited Psychiatric Hospital of Involuntary Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_180.pdf
181	Notice to Hospital Provider of Involuntary Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_181.pdf

182	Notice of Termination to Supplier	http://www.cms.gov/manuals/downloads/som107_exhibit_182.pdf
183	Model Public Notice of Medicare Termination of Hospital Provider Agreement	http://www.cms.gov/manuals/downloads/som107_exhibit_183.pdf
184	Advertising Order, SF-1143, and Public Voucher for Advertising, SF-1144	delete
185	Model Telegram-Notice of Termination to a Medicaid ICF/IID Following "Look Behind" Survey: Immediate and Serious Threat to Patient Health and Safety	http://www.cms.gov/manuals/downloads/som107_exhibit_185.pdf
186	Sample Memorandum Disallowance Claims for Federal Payments, (Used in Look-Behind Disapprovals)	delete
187	Notification to Previously Approved Supplier of a Pending Termination	http://www.cms.gov/manuals/downloads/som107_exhibit_187.pdf
188	Notification: Voluntary Termination of Provider Agreement Approved	http://www.cms.gov/manuals/downloads/som107_exhibit_188.pdf
189	Notification: Approval of Voluntary Termination of a Supplier	http://www.cms.gov/manuals/downloads/som107_exhibit_189.pdf
190	Notification to Provider That Has Ceased or Is Ceasing Operations	http://www.cms.gov/manuals/downloads/som107_exhibit_190.pdf
191	Notification to Supplier That Has Ceased or is Ceasing Operations	http://www.cms.gov/manuals/downloads/som107_exhibit_191.pdf
192	Acknowledgment of Request for Hearing	http://www.cms.gov/manuals/downloads/som107_exhibit_192.pdf
193	Model Letter Informing PPS-Excluded Hospital/Units that Reverification has Been Approved	Deleted

- 194 Model Letter Announcing http://www.cms.gov/manuals/downloads/som107_exhibit_194.pdf
to Deemed, Accredited
Provider/Supplier
Compliance with all
Surveyed Medicare
Conditions of
Participation, Coverage
or Certification after a
Sample Validation or
Substantial Allegation
Survey
- 195 Model Letter Announcing http://www.cms.gov/manuals/downloads/som107_exhibit_195.pdf
to Deemed, Accredited
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Facility Does Not
Comply with all the
Conditions of
Participation, Coverage
or Certification and That
There is Immediate and
Serious Threat to Patient
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- 196 Model Letter Announcing http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_196.pdf
to Deemed Status
Provider/Supplier after a
Validation Survey that it
does not Comply with all
Medicare Conditions
- 197 Notice to Accredited http://www.cms.gov/manuals/downloads/som107_exhibit_197.pdf
Hospital Announcing
Approval of Plan of
Correction and
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- 198 Model Letter Announcing http://www.cms.gov/manuals/downloads/som107_exhibit_198.pdf
Compliance with all
Conditions of
Participation after the
Effectuation of an
Acceptable Plan of
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- 199 Model Letter Announcing http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_199.pdf
to Deemed Status
Provider/Supplier after a
Substantial Allegation
Survey that it will
Undergo a Full Survey

- 200 Model Letter http://www.cms.gov/manuals/downloads/som107_exhibit_200.pdf
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Noncompliance with 42
CFR 489.24 and/or the
Related Requirements of
42 CFR 489.20
Investigation not
warranted
- 201 Model Letter http://www.cms.gov/manuals/downloads/som107_exhibit_201.pdf
Acknowledging
Complaint Alleging
Noncompliance with 42
CFR 489.24 and/or the
Related Requirements of
42 CFR 489.20
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- 202 Model Letter Requesting http://www.cms.gov/manuals/downloads/som107_exhibit_202.pdf
QIO Review of a Possible
Violation of 42 CFR
489.24
- 203 Model Letter Following http://www.cms.gov/manuals/downloads/som107_exhibit_203.pdf
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489.24 And/Or The
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42 CFR 489.20 Facility
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- 204 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_204.pdf
Violation of 42 CFR
489.24: Preliminary
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- 205 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_205.pdf
Violation of 42 CFR
489.24 And/Or The
Related Requirements of
42 CFR 489.20:
Preliminary
Determination Letter (90
Day Termination Track)
- 206 Model Letter To http://www.cms.gov/manuals/downloads/som107_exhibit_206.pdf
Complainant Following
Investigation of Alleged
Violation of 42 CFR

489.24 And/Or The
Related Requirement of
42 CFR 489.20
Complaint Not
Substantiated

- 207 Model Letter To http://www.cms.gov/manuals/downloads/som107_exhibit_207.pdf
Complainant Following
Investigation of Alleged
Violation of 42 CFR
489.24 And/Or The
Related Requirements of
42 CFR 489.20
Complaint Substantiated
- 208 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_208.pdf
Referring Violation of 42
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- 209 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_209.pdf
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- 210 Model Letter For Past http://www.cms.gov/manuals/downloads/som107_exhibit_210.pdf
Violation of 42 CFR
489.24 And/Or The
Related Requirements of
42 CFR 489.20 No
Termination
- 211 Model Letter For http://www.cms.gov/manuals/downloads/som107_exhibit_211.pdf
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489.24 And/Or The
Related Provisions of 42
CFR 489.20 Notice of
Termination
- 212 Model Letter Requesting http://www.cms.gov/manuals/downloads/som107_exhibit_212.pdf
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Confirmed Violation of
42 CFR 489.24 For
Purpose of Assessing
Civil Monetary Penalties
(CMPs) Or Excluding
Physicians
- 213 State Test Administration delete
Plan

214	Model Letter Announcing the Requirements for Administering the Long Term Care Surveyor Minimum Qualifications Test (SMQT)	http://www.cms.gov/manuals/downloads/som107_exhibit_214.pdf
215	Notification to Provider/Supplier Warning of Possible Termination--Failure to Disclose Financial Interest and Ownership Information	delete
216	Report on Initial Survey Activity	http://www.cms.gov/manuals/downloads/som107_exhibit_216.pdf
217	Aging Report on Pending Initial Survey Activity	http://www.cms.gov/manuals/downloads/som107_exhibit_217.pdf
218	Prerelease Notification Document	delete
219	Model Audit Disallowance Letter - Title XVIII	http://www.cms.gov/manuals/downloads/som107_exhibit_219.pdf
220	Model Audit Disallowance Letter - Title XIX	http://www.cms.gov/manuals/downloads/som107_exhibit_220.pdf
221	Example of Regular Disallowance Letter	http://www.cms.gov/manuals/downloads/som107_exhibit_221.pdf
222	Audit Clearance Document	http://www.cms.gov/manuals/downloads/som107_exhibit_222.pdf
223	Model Letter Announcing to Deemed, Accredited Provider/Supplier After a Sample Validation Survey That It Does Not Comply with all Conditions of Participation/Conditions for Coverage	http://www.cms.gov/manuals/downloads/som107_exhibit_223.pdf
224	Notice to Accredited Laboratory Announcing Approval of Plan of Correction and	http://www.cms.gov/manuals/downloads/som107_exhibit_224.pdf

Completion Schedule for
Correcting Deficiencies

- 225 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_225.pdf
Announcing Compliance
With Applicable CLIA
Conditions After A
Sample Validation or
Substantial Allegation of
Noncompliance Survey
- 226 Accredited Laboratory Allegation(s) Report,
CMS-2878A delete
- 227 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_227.pdf
Announcing to the CLIA-
Exempt Laboratory After
a Sample Validation or
Substantial Allegation of
Noncompliance Survey
That It Does Not Comply
With Application
Program Requirements
- 228 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_228.pdf
Announcing to the State
Laboratory Program,
After A Sample
Validation or Substantial
Allegation of
Noncompliance Survey
That a CLIA-Exempt
Laboratory Does Not
Comply With Applicable
Program Requirements
- 229 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_229.pdf
Announcing to the CLIA-
Exempt Laboratory, That
CMS Will Seek a
Temporary Injunction or
Restraining Order
- 230 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_230.pdf
Announcing to the State
Laboratory Licensure
Program That CMS Will
Seek a Temporary
Injunction or Restraining
Order to Enjoin
Continued Operation

- 231 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_231.pdf
Announcing to the CLIA-
Exempt Laboratory, After
a Sample Validation or
Substantial Allegation of
Noncompliance Survey
That It Does Not Comply
With Applicable Program
Requirements (No
Immediate Jeopardy)
- 232 Model Letter: Announcing https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_232.pdf
to the State Laboratory
Program, After a Sample
Validation or Substantial
Allegation of
Noncompliance Survey,
That a CLIA-Exempt
Laboratory Does Not
Comply With Applicable
Program Requirements
(No Immediate Jeopardy)
- 233 Fraud and Abuse - Office delete
of Inspector General,
Office of Investigations
Field Officer
- 234 CLIA Notice of delete
Noncompliance and
Proposed Alternative
Sanction(s) - No
Immediate Jeopardy
- 235 Notice of Suspension or delete
Limitation of the CLIA
Certification - Immediate
Jeopardy.
- 236 Notice of Imposition of delete
Sanction(s):
Acknowledgment of
Information Received
- 237 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_237.pdf
Announcing to an
Accredited Laboratory
After a Sample
Validation Survey or a
Substantial Allegation of
Noncompliance Survey

That It Does Not Comply
with all CLIA Conditions
and That There Exists,
Immediate Jeopardy to
the Health and Safety of
Individuals or That of the
General Public

- 238 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_238.pdf
Announcing to an
Accredited Laboratory
After a Sample
Validation Survey That
the Laboratory Does Not
Comply With All the
CLIA Conditions- No
Immediate Jeopardy
- 239 Clinical Laboratory delete
Improvement
Amendments (CLIA)
Alternate Quality
Assessment Survey,
CMS-667
- 240 Notice of Proposed delete
Limitation of the CLIA
Certification and
Suspension of Medicare
Payments When a
Laboratory Has Failed to
Participate Successfully
in a Proficiency Testing
Program
- 241 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_241.pdf
Announcing to
Accredited Laboratory
After a Substantial
Allegation of
Noncompliance Survey
That the Laboratory Does
Not Comply With All
CLIA Conditions
(Complaint)
- 242 Request for Validation of <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS2802A.pdf>
Accreditation Survey for
Laboratories, CMS-
2802A

243	<p>Model Letter: Announcing to a CLIA Exempt Laboratory That It Is In Compliance With the CLIA Conditions After a Sample Validation or Substantial Allegation of Noncompliance Survey</p>	http://www.cms.gov/manuals/downloads/som107_exhibit_243.pdf
244	<p>Model Letter: Announcing to the State Laboratory Program, That A CLIA-Exempt Laboratory is in Compliance with the CLIA Conditions After a Sample Validation or Substantial Allegation of Noncompliance Survey</p>	http://www.cms.gov/manuals/downloads/som107_exhibit_244.pdf
245	<p>CLIA Adverse Action Extract, CMS-462A/B</p>	delete
246	<p>Model Letter: Regional Office Notifying a State- Operated Laboratory of Cited Deficiencies and Requesting a Plan of Correction</p>	delete
247	<p>Notice of (Limitation or) Revocation of a Laboratory's CLIA Certificate - No Immediate Jeopardy</p>	delete
248	<p>Notice of Proposed Limitation, Suspension, or Revocation of the CLIA Certificate; Opportunity for a Hearing - No Immediate Jeopardy</p>	delete
249	<p>Model Application Letter Notifying Transplant Hospital that a complete Medicare General Enrollment Health Care CMS-855A need to be completed</p>	http://www.cms.gov/manuals/downloads/som107_exhibit_249.pdf

- 250 Model Application Letter to Transplant Hospital Requiring Partial Medicare General Enrollment Health Care CMS-855A http://www.cms.gov/manuals/downloads/som107_exhibit_250.pdf
- 251 Model Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs http://www.cms.gov/manuals/downloads/som107_exhibit_251.pdf
- 252 Model Reminder Letter for First Rejection of a Request for Medicare approval of one or more Organ Transplant Programs http://www.cms.gov/manuals/downloads/som107_exhibit_252.pdf
- 253 Organ Transplant Hospital Worksheet http://www.cms.gov/manuals/downloads/som107_exhibit_253.pdf
- 254 Model Letter: Notification to Applicant that Medicare General Enrollment Health Care Provider/Supplier Application Has Been Denied http://www.cms.gov/manuals/downloads/som107_exhibit_254.pdf
- 255A Notice to Accredited Laboratory Announcing Approval of Plan of Correction and Completion Schedule for Correcting Deficiencies http://www.cms.gov/manuals/downloads/som107_exhibit_255A.pdf
- 256 Form CMS-855 - Medicare and Other Federal Health Care Program General Enrollment Health Care Provider/Supplier Application <http://www.cms.gov/cmsforms/>
- 257 Form CMS-855C - Medicare and Other Federal Health Care Program Change of Information Health Care Provider/Supplier <http://www.cms.gov/cmsforms/>

Application

258	Form CMS-855R - Medicare and Other Federal Health Care Program Individual Reassignment of Benefits Health Care Provider/Supplier Application	http://www.cms.gov/cmsforms/
259	Minimum Data Set Automation Contract/Agreement Approval RO Checklist	http://www.cms.gov/manuals/downloads/som107_exhibit_259.pdf
260	MDS Key Field Correction Form	http://www.cms.gov/manuals/downloads/som107_exhibit_260.pdf
261	Privacy Act Statement - Health Care Records	http://www.cms.gov/manuals/downloads/som107_exhibit_261.pdf
262	Overview of MDS Version 2.0 Correction Policy for Locked Records	http://www.cms.gov/manuals/downloads/som107_exhibit_262.pdf
263	Submission Timeframe for MDS Records	http://www.cms.gov/manuals/downloads/som107_exhibit_263.pdf
264	Resident Census and Conditions of Residents - CMS-672	http://www.cms.gov/cmsforms/
265	Roster/Sample Matrix - CMS-802	http://www.cms.gov/cmsforms/
266	Roster/Sample Matrix Provider Instructions (Use with Form CMS-802) - CMS-802P	http://www.cms.gov/manuals/downloads/som107_exhibit_266.pdf
267	Roster/Sample Matrix Instructions for Surveyors (Use with Form CMS-802) - CMS-802S	http://www.cms.gov/manuals/downloads/som107_exhibit_267.pdf
268	Facility Characteristics	http://www.cms.gov/manuals/downloads/som107_exhibit_268.pdf
269	Facility Quality Measure/Indicator Report	http://www.cms.gov/manuals/downloads/som107_exhibit_269.pdf
270	Resident Level Quality	http://www.cms.gov/manuals/downloads/som107_exhibit_270.pdf

Measure/Indicator
Report: Chronic Care
Sample

271	QM/QI Reports Technical Specifications: Version 1.0	http://www.cms.gov/manuals/downloads/som107_exhibit_271.pdf
272	Overview of MDS Submission Record	http://www.cms.gov/manuals/downloads/som107_exhibit_272.pdf
273	Correction Policy Summary Matrix	http://www.cms.gov/manuals/downloads/som107_exhibit_273.pdf
274	Definition of Important Dates in the RAI Process	http://www.cms.gov/manuals/downloads/som107_exhibit_274.pdf
275	Attestation Statement for CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_275.pdf
276	Health Insurance Benefit Agreement for CMHCs	Deleted
277	Fiscal Intermediary (FI) Medicare Provider Billing Number Deactivation Letter Used by FI	http://www.cms.gov/manuals/downloads/som107_exhibit_277.pdf
278	Model Denial Letter for CMHC Applicants - State Restrictions on Screening	http://www.cms.gov/manuals/downloads/som107_exhibit_278.pdf
279	Model Letter - Notice of Findings for Noncompliance for CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_279.pdf
280	Model Letter - Notice of Termination of Provider Agreement for CMHCs	http://www.cms.gov/manuals/downloads/som107_exhibit_280.pdf
281	Model Letter - CMHC That Has Ceased Operation	http://www.cms.gov/manuals/downloads/som107_exhibit_281.pdf
282	Model Letter - Participation in Medicare as a CMHC Providing Partial Hospitalization Services (Including Threshold and Service Requirements)	http://www.cms.gov/manuals/downloads/som107_exhibit_282.pdf
283	Model Letter - Notice of	http://www.cms.gov/manuals/downloads/som107_exhibit_283.pdf

Failure to Meet Threshold
and Service
Requirements, CMHCs

- 284 Model Denial Letter - To a Home Health Agency (HHA) That Requested a Branch Office http://www.cms.gov/manuals/downloads/som107_exhibit_284.pdf
- 285 Worksheet for OBQM & OBQI Reports – Pre-Survey Process and Sample Selection http://www.cms.gov/manuals/downloads/som107_exhibit_285.pdf
- 286 Hospital/CAH Medicare Database Worksheet http://www.cms.gov/manuals/downloads/som107_exhibit_286.pdf
- 287 Authorization by Deemed Provider/Supplier Selected for Validation Survey http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_287.pdf
- 288 Surveyor Worksheet For Swing-Beds http://www.cms.gov/manuals/downloads/som107_exhibit_288.pdf
- 289 Model Reciprocal Agreement Between States for Survey and Certification of Home Health Agencies and/or Hospices http://www.cms.gov/manuals/downloads/som107_exhibit_289.pdf
- 290 Model letter to HHAs Assigning Branch Identification Numbers http://www.cms.gov/manuals/downloads/som107_exhibit_290.pdf
- 291 Model Notice to Hospital/CAH of Collection of Data by the State Agency http://www.cms.gov/manuals/downloads/som107_exhibit_290.pdf
- 292 INSTRUCTIONS FOR COMPLETING THE DATA USE AGREEMENT (DUA) FORM CMS-R-0235 http://www.cms.gov/manuals/downloads/som107_exhibit_292.pdf
- 293 CMS DUA: ACTS SOR Attachment - P&A http://www.cms.gov/manuals/downloads/som107_exhibit_293.pdf
- 294 DUA Multi-Signature Addendum http://www.cms.gov/manuals/downloads/som107_exhibit_294.pdf
- 351 Ambulatory Surgical http://www.cms.gov/manuals/downloads/som107_exhibit_351.pdf

Center Infection Control
Surveyor Worksheet

- 352 Notice to a Provider/supplier that Agreement was not Accepted http://www.cms.gov/manuals/downloads/som107_exhibit_352.pdf
- 353 Report of a Hospital Death Associated with Restraint or Seclusion (Form CMS-10455) http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_353.pdf
- 354 Model Letter To Involved Resident, Resident Representative And/Or State Ombudsman – Opportunity To Provide Written Comment (Independent Informal Dispute Resolution (Idr) Has Been Requested) http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_354.pdf
- 355 Probes and Procedures for Appendix J, Part II- Interpretive Guidelines- Responsibilities of Intermediate Care Facilities for Individuals with Intellectual Disabilities http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_355.pdf
- 356 Critical Access Hospital (CAH) Recertification Checklist: Rural and Distance or Necessary Provider Verification http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_356.pdf
- 357 Options Letter for Transplant Program Inactive at 12 Months.*