

Medicare State Operations Manual

Chapter 9 - Exhibits

Exhibits (Rev. 208, 10-21-22)

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	Located in Aspen

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

47	State Agency Budget List of Positions, CMS-1465A of Positions, CMS-1465A	https://scclia.cms.gov/SCCLIA/Default.aspx
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 Recommendation - CLIA Laboratory, CMS-197	delete
71	Fire Safety Survey Report - Short Form, CMS-2786C	delete
72	Hospice Request for Certification in the Medicare Program, CMS-417	http://www.cms.gov/cmsforms/
73	State Agency Worksheets for Verifying Exclusions from the Prospective Payment System, CMS-437	http://www.cms.gov/cmsforms/
74	Survey Team Composition and Workload Report, CMS-670	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107_exhibit_074.pdf
75	Medicare/Medicaid Complaint Form, CMS-562	http://www.cms.gov/cmsforms/
76	Model Letter to Clinics, Rehabilitation Agencies and Public Health Agencies Initially Applying to Serve as Providers of Outpatient Occupational Therapy Services	http://www.cms.gov/manuals/downloads/som107_exhibit_076.pdf
77	Model Letter to Approved Medicare Clinics, Rehabilitation Agencies and Public Health Agencies that Request to Add Outpatient Occupational Therapy Services	http://www.cms.gov/manuals/downloads/som107_exhibit_077.pdf
79	Model Letter to Individuals Requesting	delete

Participation in Medicare
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 -	delete

	Immediate Jeopardy	
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 Accompanying Self-Attestation Worksheets	http://www.cms.gov/manuals/downloads/som107_exhibit_126.pdf
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	http://www.cms.gov/manuals/downloads/som107_exhibit_135.pdf

- a Critical Access
Hospital (CAH)
- 136 Request for Survey of 42 <http://www.cms.gov/cmsforms/>
CFR §489.20 and 42
CFR §489.24, Essentials
of Provider Agreements:
Responsibilities of
Medicare Participating
Hospitals in Emergency
Cases, CMS-1541A
- 137 Responsibilities of <http://www.cms.gov/cmsforms/>
Medicare Participating
Hospitals in Emergency
Cases Investigation
Report, CMS-1541B
- 138 EMTALA Physician http://www.cms.gov/manuals/downloads/som107_exhibit_138.pdf
Review Worksheet
- 139 Model Letter to Provider http://www.cms.gov/manuals/downloads/som107_exhibit_139.pdf
(Send with Form CMS-
2567)(Immediate
Jeopardy Does Not Exit)
- 140 Model Letter Notifying http://www.cms.gov/manuals/downloads/som107_exhibit_140.pdf
Provider of Acceptance
of Allegation of
Compliance
- 141 Model Letter Notifying http://www.cms.gov/manuals/downloads/som107_exhibit_141.pdf
Provider of Results of
Revisit
- 142 Model Letter to Provider http://www.cms.gov/manuals/downloads/som107_exhibit_142.pdf
(Imposition of Remedies)
(Immediate Jeopardy
Does Not Exist)
- 143 Model Letter to Provider http://www.cms.gov/manuals/downloads/som107_exhibit_143.pdf
(Imposition of Remedies)
(Immediate Jeopardy
Exists)
- 144 Notice of Imposition of a http://www.cms.gov/manuals/downloads/som107_exhibit_144.pdf
Civil Money Penalty
(Insert to formal notice)
- 145 Notification of Change in http://www.cms.gov/manuals/downloads/som107_exhibit_145.pdf
the Amount of the Civil
Money Penalty
- 146 Notice of Receipt of the http://www.cms.gov/manuals/downloads/som107_exhibit_146.pdf

	Written Request of Waiver of Right to a Hearing	
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 Placement In Escrow (Iidr Complete Or Not Timely Requested- Facility Is Filing Formal Appeal)	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_147A.pdf
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	www.cms.hhs.gov/cmsforms/

	Organization Application and Agreement	
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 - Failure to Meet Requirements	http://www.cms.gov/manuals/downloads/som107_exhibit_170.pdf
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	http://www.cms.gov/manuals/downloads/som107_exhibit_190.pdf

	That Has Ceased or Is Ceasing Operations	
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 to Deemed, Accredited Provider/Supplier Compliance with all Surveyed Medicare Conditions of Participation, Coverage or Certification after a Sample Validation or Substantial Allegation Survey	http://www.cms.gov/manuals/downloads/som107_exhibit_194.pdf
195	Model Letter Announcing to Deemed, Accredited Provider/Supplier that the Facility Does Not Comply with all the Conditions of Participation, Coverage or Certification and That There is Immediate and Serious Threat to Patient Health and Safety	http://www.cms.gov/manuals/downloads/som107_exhibit_195.pdf
196	Model Letter Announcing to Deemed Status Provider/Supplier after a Validation Survey that it does not Comply with all Medicare Conditions	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_196.pdf
197	Notice to Accredited Hospital Announcing	http://www.cms.gov/manuals/downloads/som107_exhibit_197.pdf

Approval of Plan of
Correction and
Completion Schedule

- 198 Model Letter http://www.cms.gov/manuals/downloads/som107_exhibit_198.pdf
Announcing Compliance
with all Conditions of
Participation after the
Effectuation of an
Acceptable Plan of
Correction
- 199 Model Letter http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_199.pdf
Announcing 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
Acknowledging
Complaint Alleging
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
Investigation warranted
- 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
Investigation Into
Alleged Violation of 42
CFR 489.24 And/Or The
Related Requirements of
42 CFR 489.20 Facility
In Compliance

204	Model Letter For Violation of 42 CFR 489.24: Preliminary Determination Letter (Immediate and Serious Threat)	http://www.cms.gov/manuals/downloads/som107_exhibit_204.pdf
205	Model Letter For Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20: Preliminary Determination Letter (90 Day Termination Track)	http://www.cms.gov/manuals/downloads/som107_exhibit_205.pdf
206	Model Letter To Complainant Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirement of 42 CFR 489.20 Complaint Not Substantiated	http://www.cms.gov/manuals/downloads/som107_exhibit_206.pdf
207	Model Letter To Complainant Following Investigation of Alleged Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 Complaint Substantiated	http://www.cms.gov/manuals/downloads/som107_exhibit_207.pdf
208	Model Letter For Referring Violation of 42 CFR 489.24 To The Office of Inspector General	http://www.cms.gov/manuals/downloads/som107_exhibit_208.pdf
209	Model Letter For Referring Violation of 42 CFR 489.24 To The Regional Office for Civil Rights	http://www.cms.gov/manuals/downloads/som107_exhibit_209.pdf
210	Model Letter For Past Violation of 42 CFR 489.24 And/Or The Related Requirements of 42 CFR 489.20 No	http://www.cms.gov/manuals/downloads/som107_exhibit_210.pdf

Termination

- 211 Model Letter For Violation of 42 CFR 489.24 And/Or The Related Provisions of 42 CFR 489.20 Notice of Termination http://www.cms.gov/manuals/downloads/som107_exhibit_211.pdf
- 212 Model Letter Requesting QIO Review of A Confirmed Violation of 42 CFR 489.24 For Purpose of Assessing Civil Monetary Penalties (CMPs) Or Excluding Physicians http://www.cms.gov/manuals/downloads/som107_exhibit_212.pdf
- 213 State Test Administration Plan delete
- 214 Model Letter Announcing to State Survey Agency 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 - http://www.cms.gov/manuals/downloads/som107_exhibit_220.pdf

Title XIX

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 Completion Schedule for Correcting Deficiencies	http://www.cms.gov/manuals/downloads/som107_exhibit_224.pdf
225	Model Letter: Announcing Compliance With Applicable CLIA Conditions After A Sample Validation or Substantial Allegation of Noncompliance Survey	http://www.cms.gov/manuals/downloads/som107_exhibit_225.pdf
226	Accredited Laboratory Allegation(s) Report, CMS-2878A	delete
227	Model Letter: 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	http://www.cms.gov/manuals/downloads/som107_exhibit_227.pdf
228	Model Letter: Announcing to the State Laboratory Program, After A Sample Validation or Substantial	http://www.cms.gov/manuals/downloads/som107_exhibit_228.pdf

- 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 Noncompliance and Proposed Alternative Sanction(s) - No Immediate Jeopardy	delete
235	Notice of Suspension or Limitation of the CLIA Certification - Immediate Jeopardy.	delete
236	Notice of Imposition of Sanction(s): Acknowledgment of Information Received	delete
237	Model Letter: 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	http://www.cms.gov/manuals/downloads/som107_exhibit_237.pdf
238	Model Letter: Announcing to an Accredited Laboratory After a Sample Validation Survey That the Laboratory Does Not Comply With All the CLIA Conditions- No Immediate Jeopardy	http://www.cms.gov/manuals/downloads/som107_exhibit_238.pdf
239	Clinical Laboratory Improvement Amendments (CLIA) Alternate Quality Assessment Survey, CMS-667	delete
240	Notice of Proposed Limitation of the CLIA Certification and Suspension of Medicare	delete

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 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_243.pdf
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
- 244 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_244.pdf
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
- 245 CLIA Adverse Action delete
Extract, CMS-462A/B
- 246 Model Letter: Regional delete
Office Notifying a State-
Operated Laboratory of
Cited Deficiencies and
Requesting a Plan of

Correction

- 247 Notice of (Limitation or) delete
Revocation of a
Laboratory's CLIA
Certificate - No
Immediate Jeopardy
- 248 Notice of Proposed delete
Limitation, Suspension,
or Revocation of the
CLIA Certificate;
Opportunity for a
Hearing - No Immediate
Jeopardy
- 249 Model Application Letter http://www.cms.gov/manuals/downloads/som107_exhibit_249.pdf
Notifying Transplant f
Hospital that a complete
Medicare General
Enrollment Health Care
CMS-855A need to be
completed
- 250 Model Application Letter http://www.cms.gov/manuals/downloads/som107_exhibit_250.pdf
to Transplant Hospital
Requiring Partial
Medicare General
Enrollment Health Care
CMS-855A
- 251 Model Letter for First http://www.cms.gov/manuals/downloads/som107_exhibit_251.pdf
Rejection of a Request
for Medicare approval of
one or more Organ
Transplant Programs
- 252 Model Reminder Letter http://www.cms.gov/manuals/downloads/som107_exhibit_252.pdf
for First Rejection of a
Request for Medicare
approval of one or more
Organ Transplant
Programs
- 253 Organ Transplant http://www.cms.gov/manuals/downloads/som107_exhibit_253.pdf
Hospital Worksheet
- 254 Model Letter: http://www.cms.gov/manuals/downloads/som107_exhibit_254.pdf
Notification to Applicant
that Medicare General
Enrollment Health Care
Provider/Supplier
Application Has Been

Denied

- 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 Application <http://www.cms.gov/cmsforms/>
- 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 Measure/Indicator Report: Chronic Care Sample	http://www.cms.gov/manuals/downloads/som107_exhibit_270.pdf
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	http://www.cms.gov/manuals/downloads/som107_exhibit_278.pdf

CMHC Applicants - State
Restrictions on Screening

- 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 Failure to Meet Threshold and Service Requirements, CMHCs http://www.cms.gov/manuals/downloads/som107_exhibit_283.pdf
- 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 http://www.cms.gov/manuals/downloads/som107_exhibit_289.pdf

	Certification of Home Health Agencies and/or Hospices	
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 Center Infection Control Surveyor Worksheet	http://www.cms.gov/manuals/downloads/som107_exhibit_351.pdf
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-	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107_exhibit_355.pdf

Responsibilities of
Intermediate Care
Facilities for Individuals
with Intellectual
Disabilities

- 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
- 358 *Sample Form for Facility Reported Incidents* <https://www.cms.gov/files/document/som107exhibit358.pdf>
- 359 *Follow-up Investigation Report* <https://www.cms.gov/files/document/som107exhibit359.pdf>