

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare and Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Survey and Certification, Region VI

March 16, 2007

Re: CCN # 670003
Intake #TX00073587

Ron Rives, Administrator
West Texas Hospital
5602 Health Center Drive
Abilene, TX 79605

Dear Mr. Rives

Note: Effective March 2, 2007, the Medicare/Medicaid Provider Number has been renamed the Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN).

After a careful review of the facts, the Centers for Medicare & Medicaid Services (CMS) has determined that West Texas Hospital no longer meets the requirements for participation in the Medicare program because of deficiencies that represent a threat to patient health and safety. We have carefully reviewed the Texas Department of State Health Service's March 8, 2007, survey report and statement of deficiencies and we are in agreement with the enclosed findings, which show that the following Medicare Conditions of Participation were out of compliance:

- 42 CFR 482.12 Governing Body**
- 42 CFR 482.13 Patients' Rights**
- 42 CFR 482.21 Quality Assessment and Performance Improvement Program**
- 42 CFR 482.22 Medical Staff**
- 42 CFR 482.23 Nursing Services**
- 42 CFR 482.30 Utilization Review**
- 42 CFR 482.41 Physical Environment**
- 42 CFR 482.42 Infection Control**

To participate as providers of services in the Medicare program, hospitals must meet all provisions of Section 1861(e) of the Social Security Act, and be in compliance with each of the Conditions of Participation.

The date on which your hospital's Medicare agreement terminates is **March 31, 2007**. **No further revisits to your facility will be authorized.**

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No payment for patients admitted on or after that date will be made by the Medicare program. For patients admitted prior to **March 31, 2007**, payment may continue to be made for up to 30 days of covered inpatient hospital services furnished on and after **March 31, 2007**. A list showing the names and health insurance claim numbers of the Medicare patients remaining in your hospital on **March 31, 2007** should be forwarded immediately to:

Centers for Medicare & Medicaid Services
Division of Survey and Certification
Attention: Ginger Odle
1301 Young Street, Room 833
Dallas, TX. 75202.

We have arranged to publish notice of this termination in the Abilene Reporter News. Because the requirements for participation in the Medicaid program are substantially the same as those for Medicare, we have notified the appropriate State officials concerning termination of your provider agreement under Title XVIII.

If you believe this determination is not correct, you may request a hearing before an Administrative Law Judge of the Department of Health and Human Services Departmental Appeals Board. Procedures governing this process are set out in regulations at 42 CFR 498.40 et seq. A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. For expedited handling, such a request may be made to:

Associate Regional Administrator
Division of Survey and Certification
Attention: Ginger Odle
1301 Young Street, Room 833
Dallas, TX. 75202

At your option, you may instead submit a hearing request directly (accompanied by a copy of this letter) to:

Departmental Appeals Board
Attention: Chief Civil Remedies Division
Cohen Building, Room G644, MS6132
330 Independence Avenue, S.W.
Washington, D.C. 20201

In addition, send a copy of your request to this office.

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A request for a hearing should identify the specific issues, and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You may be represented by counsel at a hearing at your own expense.

Under the Medicare regulation 42 CFR 489.57, when a provider agreement is terminated by CMS, a new agreement will not be accepted until it has been determined that the reason for termination of the previous agreement has been removed and there is reasonable assurance that it will not recur. The terminated facility will have to operate for a period of time determined by CMS, during which the reasonable assurance requirement has been satisfied. During this period the facility must fulfill, or make satisfactory arrangements to fulfill, all of the statutory and regulatory responsibilities of the previous agreement. If you have any questions, please contact Juanita Cortez at 214-767-4403 or Ginger Odle at (214) 767-2091.

Sincerely,



Molly Crawshaw
Associate Regional Administrator
Division of Survey and Certification

cc: Texas Medicaid, TDSHS, FI, JCAHO

Enclosure: Form CMS-2567