

Sample Medicare Audit Contractor Letter

RECEIVING HOSPITAL

LETTERHEAD

Date

Name

In-Charge Auditor

Medicare Part A – Reimbursement

Company name

Street Address

City, State, Zip

Dear Auditor,

Per 413.79(h) Closure of hospital or hospital residency program, insert receiving hospital name, Provider #00-0000, respectfully requests a temporary increase to our resident Cap for both IME & GME through Fiscal Year xxxx for the training of Displaced Orphan Residents due to the closure of insert closed hospital name and its Residency & Fellowship Programs.

Below is a summary by Fiscal Year for the requested adjustment:

Fiscal Year 2020 : IME 0.00 and GME 0.00

Fiscal Year 2021: IME 0.00 and GME 0.00

Fiscal Year 2022: IME 0.00 and GME 0.00

Attached is the detail listing by Program Specialty, Resident/Fellow name, length of training remaining with start and end date, and FTE count by fiscal year.

Also attached, are the Displaced Resident Program Closure Agreements for each Resident/Fellow signed by both closed hospital name (Provider #) and receiving hospital name (Provider #).

Please feel free to contact me if you have any questions or require further documentation.

Sincerely

Name

Senior Director, Reimbursement and Revenue Integrity

Attachments:

Detail listing

Displaced resident program closure agreements