  
Sample Closed Hospital Release Letter

CLOSED HOSPITAL

LETTERHEAD

Medicare GME Displaced Resident Program Closure Agreement

Applicable Academic Year xx/xx/xxxx – xx/xx/xxxx

This Agreement is made between insert closed hospital name located in insert city and state of closed hospital and insert receiving hospital name in insert city and state of receiving hospital.

Insert closed hospital name has closed its Insert name of residency training program due to ACGME accreditation withdrawal and, as such, the Residents in that closed Program have been “displaced.” Insert name of receiving hospital has agreed to accept and continue the training of insert number displaced Residents through academic year end 6/30/xxxx (Exhibit A attached).

In accordance with 42 CFR Public Health, Regulation 413.79(h)(3), the hospitals agree to have their resident FTE caps adjusted (both the direct GME and IME caps) as follows:

Insert closed hospital name, as the hospital that “closed its program,” will voluntarily reduce its GME FTE Cap slots by: DGME # / IME # for academic year end 6/30/xxxx. Insert receiving hospital name, while serving as the “receiving hospital,” will increase its cap by that same amount.

Upon execution, the following hospitals have agreed to the terms and conditions noted in this Agreement.

Hospital Provider No.

Closed Hospital Name 00-0000

Receiving Hospital Name 00-0000

By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Executive Officer/President Chief Executive Officer/President

Closed Hospital Name Receiving Hospital Name

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXHIBIT A

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Resident Name | Social Security Number | Closed Hospital DGME FTE Slot Reduction | Closed Hospital FTE Slot Reduction | PGY | Program Start Date | Projected Completion Date |
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