

[DATE]

HOSPITAL CONTACT

HOSPITAL NAME

HOSPITAL ADDRESS

CITY, STATE, ZIP

Re: Section 50205 of the Bipartisan Budget Act of 2018; Extension of the Medicare-Dependent Hospital Program

Provider Name:

CMS Certification Number(CCN): xx-xxxx

Dear {contact name},

As part of the Bipartisan Budget Act of 2018, Congress reinstated the Medicare Dependent Hospital (MDH) program which had expired as of October 1, 2017 through September 30, 2022. Generally, providers that were classified as MDHs prior to the expiration of the MDH provision will be reinstated as MDHs effective October 1, 2017 with no need to reapply for MDH classification. This letter serves as notification regarding {Provider Name's} MDH status.

<Insert any of the following paragraphs, as applicable:>

- a) <{Provider Name} had requested classification for SCH status and was approved effective October 1, 2017. This SCH classification precludes {Provider Name} from being reinstated as an MDH. Therefore, in order to be classified as an MDH, {Provider Name} must request a cancellation of its SCH status in accordance with the regulations at 42 CFR 412.92(b)(4) and then reapply for MDH classification in accordance with the regulations at 42 CFR 412.108(b).>
- b) < {Provider name} requested classification for SCH status and was approved effective {effective date - after October 1, 2017}. {Provider Name's} MDH status will be reinstated effective October 1, 2017 through {enter date of day immediately prior to effective date of SCH classification} and will be cancelled effective {enter effective date of SCH classification}. In order to be classified as an MDH, {Provider Name} must request a cancellation of its SCH status in accordance with the regulations at 42 CFR 412.92(b)(4) and reapply for MDH classification in accordance with the regulations at 42 CFR 412.108(b).>
- c) <{Provider Name} requested a cancellation of its rural status under 42 CFR 412.103 and was approved for the cancellation effective October 1, 2017. This cancellation precludes {Provider Name} from being reinstated as an MDH. Therefore, in order to be classified as an MDH, {Provider Name} must submit a request for reclassification as a rural hospital under the regulations at 42 CFR 412.103 (b) then and reapply for MDH classification in accordance with the regulations at 42 CFR 412.108(b).>
- d) < {Provider name} requested a cancellation of its rural status under 42 CFR 412.103 and was approved for the cancellation effective {effective date - after October 1, 2017}. {Provider Name's} MDH status will be reinstated effective October 1, 2017 through {enter date of day immediately prior to effective date of cancellation of rural classification} and will be cancelled

effective *{enter effective date of cancellation of rural classification}*. In order to be classified as an MDH, *{Provider Name}* must submit a request for reclassification as a rural hospital under the regulations at 42 CFR 412.103 (b) and then reapply for MDH classification in accordance with the regulations at 42 CFR 412.108(b).>

- e) <This letter serves as notification that *{Provider Name}* will be reinstated to MDH status effective October 1, 2017. However, it has come to our attention that *{Provider Name}* no longer meets the criteria for MDH status under 42 CFR 412.108(a)(1)(iii)(C). Based on *{enter Medicare utilization during applicable cost reporting periods}*, *{Provider Name}* has *{enter the percentage of days/discharges}* and consequently does not meet the 60% Medicare inpatient utilization requirement in at least two of the last three most recent settled cost report for which the hospital has a settled cost report. Therefore, *{Provider Name's}* MDH classification will be cancelled effective *{date = 30 days from date of notification}*.

Under the regulations at 42 CFR 412.108(b)(7), in order to be reclassified as an MDH, a hospital may reapply only after another cost report has been audited and settled.>

If you have any questions, please contact me at *{insert phone number}*.

Sincerely,