

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Midwest Division of Survey and Certification
Chicago Regional Office
233 North Michigan Avenue, Suite 600
Chicago, IL 60601-5519



CMS Certification Number (CCN): 52-7156

August 29, 2018

Administrator
Mayo Clinic Health System Franciscan Medical Center Inc.
620 11th Street S
LaCrosse, WI 54601

Via Email: offord.justin@mayo.edu

Dear Administrator:

The Centers for Medicare and Medicaid Services (CMS) has accepted your request to terminate your participation in the Medicare program (Title XVIII of the Social Security Act). Accordingly, your agreement with the Secretary of Health and Human Services will be terminated effective April 13, 2018. Please notify your medical and administrative staff.

Per CMS policy, public notice of termination of the agreement is necessary. Please submit a notice to publicnoticemailbox@cms.hhs.gov as soon as possible. Below is a template for publication. Please include your facility's specific information as applicable

[Provider Name and Address] will no longer participate in the Medicare program (Title XVIII of the Social Security Act) effective [Date]. The agreement between [Provider] and the Secretary of Health and Human Services will be terminated on [Date] in accordance with the provisions of the Social Security Act.

No payment will be made by the Medicare program under this agreement for covered services furnished to patients who are admitted on or after [Date].

[Name of authorized official]
[Name of Provider]

Please copy CMS on the email.

Beneficiaries whose plan of treatment is established before April 13, 2018 will continue to be entitled to have payment made on their behalf for covered services furnished on or after April 13, 2018, but only through May 13, 2018. For these beneficiaries, reports and billing forms should continue to be submitted.

Should you have questions concerning this matter, please contact Tiffany Lowe in the Chicago Office at (312) 353-9804.

Sincerely,

A handwritten signature in cursive script, appearing to read "Tamra Swistowicz".

Tamra Swistowicz
Principal Program Representative
Non-Long Term Care Certification
& Enforcement Branch

cc: Wisconsin Department of Health Services Division of Quality Assurance
Wisconsin Department of Health Services Office of Inspector General
National Government Services
KePRO