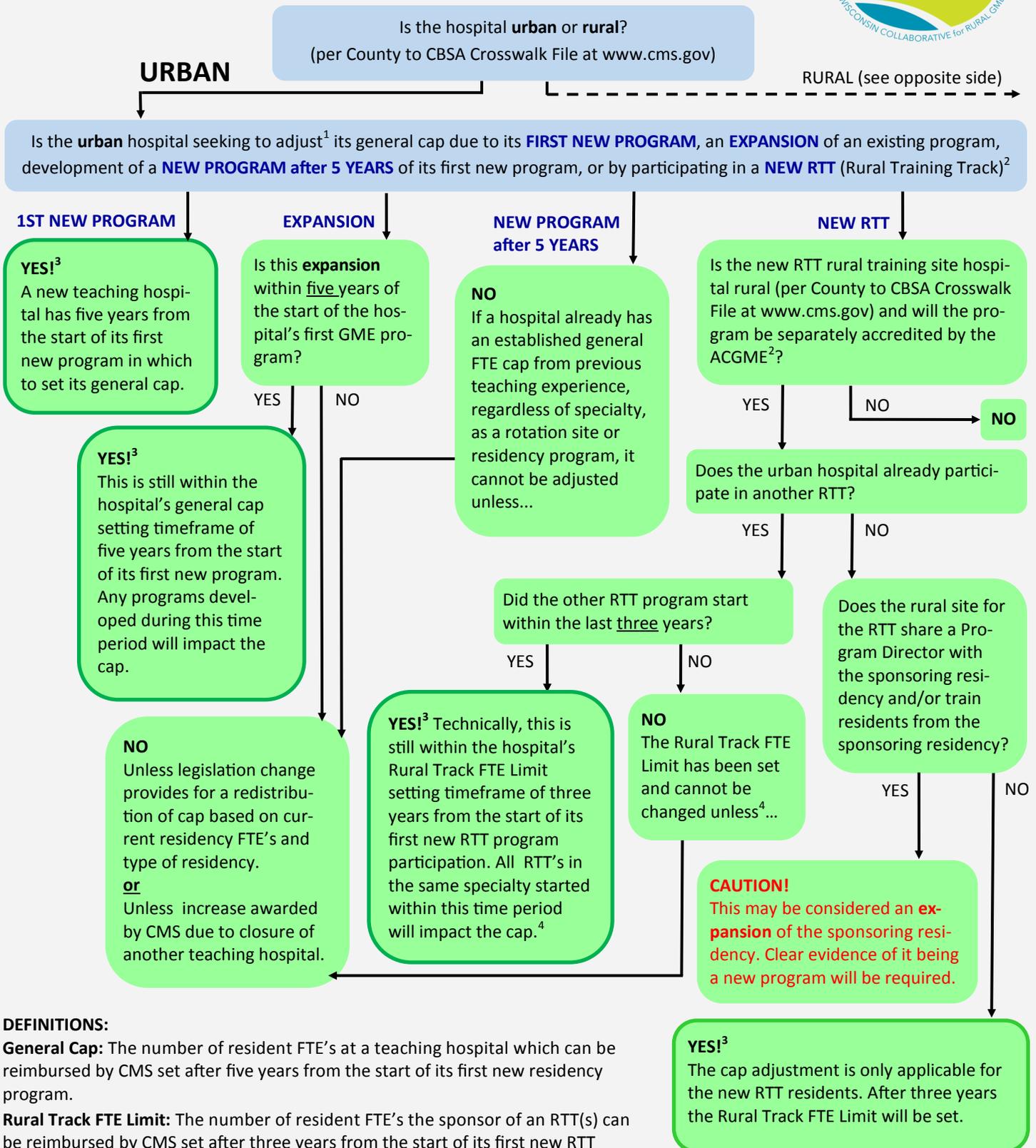


Can a Prospective Payment Hospital (PPS) Adjust¹ its Medicare GME FTE Cap?



DEFINITIONS:

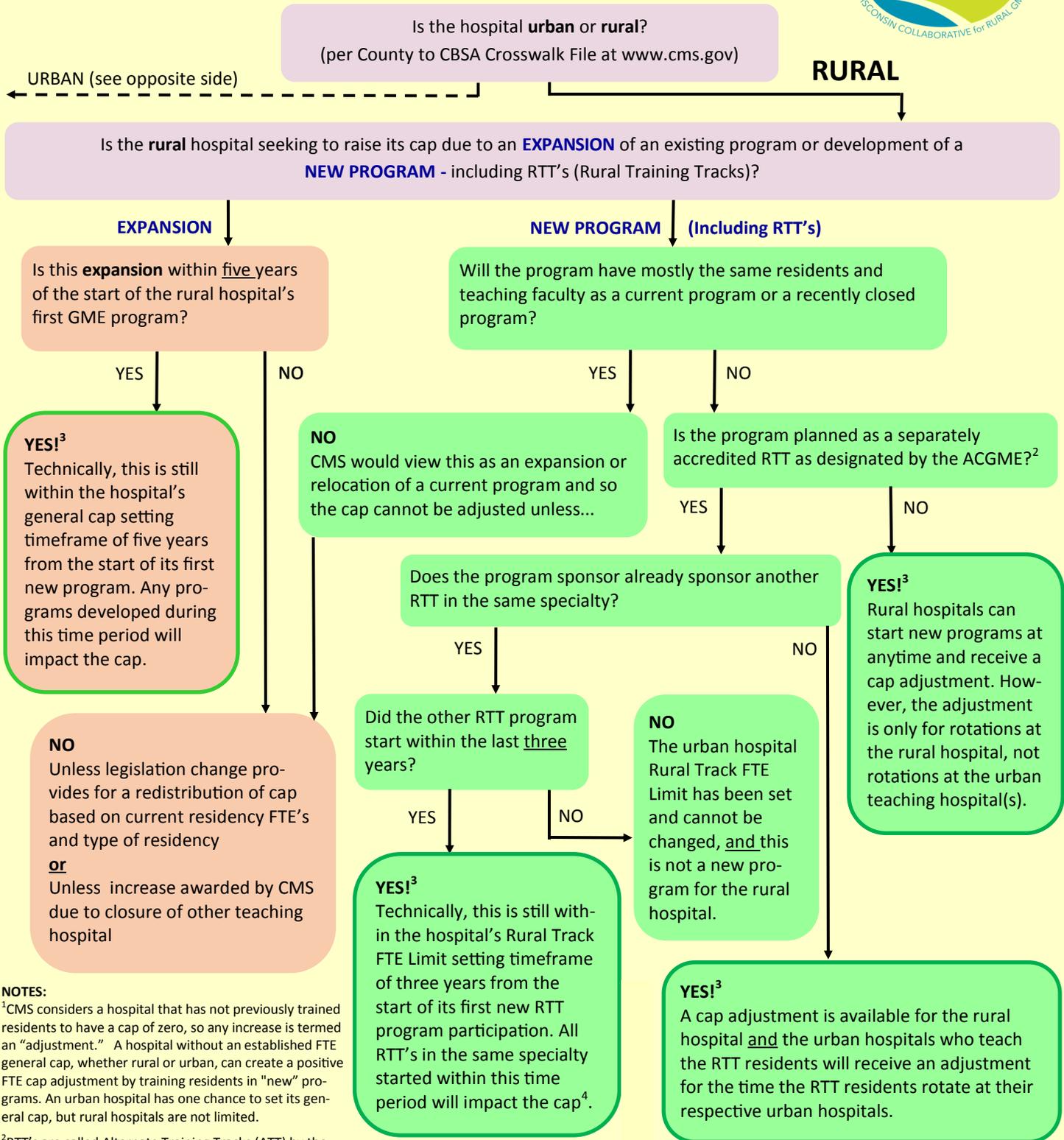
General Cap: The number of resident FTE's at a teaching hospital which can be reimbursed by CMS set after five years from the start of its first new residency program.

Rural Track FTE Limit: The number of resident FTE's the sponsor of an RTT(s) can be reimbursed by CMS set after three years from the start of its first new RTT after which neither the sponsoring hospital, nor any other participating teaching hospitals, may receive an adjustment.

NOTES:

See other side.

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NOTES:

¹CMS considers a hospital that has not previously trained residents to have a cap of zero, so any increase is termed an "adjustment." A hospital without an established FTE general cap, whether rural or urban, can create a positive FTE cap adjustment by training residents in "new" programs. An urban hospital has one chance to set its general cap, but rural hospitals are not limited.

²RTT's are called Alternate Training Tracks (ATT) by the Accreditation Council for Graduate Medical Education (ACGME), however this language has not been adopted by CMS and the terms "RTT" and "ATT" are not interchangeable.

³Communicating early and frequently with the regional CMS intermediary as well as with legal counsel about plans for implementing any new residency programs is highly recommended.

⁴There may be an opportunity for a new Rural Track FTE limit in another specialty, but for now, since there are only accreditation standards for family medicine, this is only theoretical.