Can a Prospective Payment Hospital (PPS) Adjust[1] its Medicare GME FTE Cap?

Is the hospital **urban** or **rural**?
(per County to CBSA Crosswalk File at www.cms.gov)

URBAN

RURAL (see opposite side)

Is the **urban** hospital seeking to adjust[1] its general cap due to its **FIRST NEW PROGRAM**, an **EXPANSION** of an existing program, development of a **NEW PROGRAM after 5 YEARS** of its first new program, or by participating in a **NEW RTT** (Rural Training Track)[2]

1ST NEW PROGRAM

YES![3]
A new teaching hospital has five years from the start of its first new program in which to set its general cap.

EXPANSION

Is this **expansion** within five years of the start of the hospital's first GME program?

YES

YES![3]
This is still within the hospital's general cap setting timeframe of five years from the start of its first new program. Any programs developed during this time period will impact the cap.

NO

NO
Unless legislation change provides for a redistribution of cap based on current residency FTE's and type of residency.
or
Unless increase awarded by CMS due to closure of another teaching hospital.

NEW PROGRAM after 5 YEARS

NO
If a hospital already has an established general FTE cap from previous teaching experience, regardless of specialty, as a rotation site or residency program, it cannot be adjusted unless...

NEW RTT

Is the new RTT rural training site hospital rural (per County to CBSA Crosswalk File at www.cms.gov) and will the program be separately accredited by the ACGME[2]?

YES

Does the urban hospital already participate in another RTT?

YES

Did the other RTT program start within the last three years?

YES

YES![3] Technically, this is still within the hospital's Rural Track FTE Limit setting timeframe of three years from the start of its first new RTT program participation. All RTT's in the same specialty started within this time period will impact the cap.[4]

NO

NO
The Rural Track FTE Limit has been set and cannot be changed unless[4]...

NO

NO

NO

Does the rural site for the RTT share a Program Director with the sponsoring residency and/or train residents from the sponsoring residency?

YES

CAUTION!
This may be considered an **expansion** of the sponsoring residency. Clear evidence of it being a new program will be required.

NO

YES![3]
The cap adjustment is only applicable for the new RTT residents. After three years the Rural Track FTE Limit will be set.

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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Can a Prospective Payment Hospital (PPS) Adjust[1] its Medicare GME FTE Cap?

Is the hospital **urban** or **rural**?
(per County to CBSA Crosswalk File at www.cms.gov)

URBAN (see opposite side)

RURAL

Is the **rural** hospital seeking to raise its cap due to an **EXPANSION** of an existing program or development of a **NEW PROGRAM -** including RTT's (Rural Training Tracks)?

EXPANSION

Is this **expansion** within five years of the start of the rural hospital's first GME program?

YES

YES![3]
Technically, this is still within the hospital's general cap setting timeframe of five years from the start of its first new program. Any programs developed during this time period will impact the cap.

NO

NO
Unless legislation change provides for a redistribution of cap based on current residency FTE's and type of residency
or
Unless increase awarded by CMS due to closure of other teaching hospital

NEW PROGRAM (Including RTT's)

Will the program have mostly the same residents and teaching faculty as a current program or a recently closed program?

YES

NO
CMS would view this as an expansion or relocation of a current program and so the cap cannot be adjusted unless...

Did the other RTT program start within the last three years?

YES

YES![3]
Technically, this is still within the hospital's Rural Track FTE Limit setting timeframe of three years from the start of its first new RTT program participation. All RTT's in the same specialty started within this time period will impact the cap[4].

NO

NO
The urban hospital Rural Track FTE Limit has been set and cannot be changed, and this is not a new program for the rural hospital.

NO

Is the program planned as a separately accredited RTT as designated by the ACGME?[2]

YES

Does the program sponsor already sponsor another RTT in the same specialty?

YES

YES![3]
A cap adjustment is available for the rural hospital and the urban hospitals who teach the RTT residents will receive an adjustment for the time the RTT residents rotate at their respective urban hospitals.

NO

YES![3]
Rural hospitals can start new programs at anytime and receive a cap adjustment. However, the adjustment is only for rotations at the rural hospital, not rotations at the urban teaching hospital(s).

NO

NOTES:

[1]CMS 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.

[2]RTT'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.

[3]Communicating 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.

[4]There 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.