



How does provider-based status affect your GME funding?

Melanie Violand DPM, FACFAS
Midwestern University



American College of
Foot and Ankle Surgeons®

2020 ACFAS SCIENTIFIC CONFERENCE

HENRY B. GONZALEZ CONVENTION CENTER | SAN ANTONIO, TEXAS

WEDNESDAY, FEBRUARY 19 - SATURDAY, FEBRUARY 22, 2020

Disclosures

- CPME, Member
- CPME Site Visit Chair
- Arizona School of Podiatric Medicine, Clinical Education Director & Director of Podiatric Postdoctoral Medicine



Disclaimers

GME funding is an accounting function based on a individual hospital cost report. GME funding claims have a potential risk of a CMS audit. Each director and hospital CEO/CFO should direct specific cost reporting questions to their Medicare fiscal intermediary.



Objectives

- Define provider-based status
- How does provider-based status affect GME funding
- Counting resident time
- Evaluate your resident rotation schedule to maximize GME funding
- Find out your hospital specific GME funding



Provider-Based Status

- What does it mean for a location to be provider-based?
 - A “Provider-Based” or “Hospital Outpatient Clinic” refers to services provided in hospital outpatient departments that are clinically integrated into a hospital.
 - “Provider-Based” status is a Medicare status for hospitals and clinics that meet specific Medicare regulations and requires that Medicare be billed in two parts – one bill for the physician services, and another bill for the hospital/facility resources and services.



Provider-Based Status

- Provider-based clinics are owned and operated by single entities referred to as "main providers."
- The clinics may be on the same campus as the main provider, or located off-campus.
- Off-campus locations are:
 - Not on the main campus or 250 yards from main building or a "remote location" of the hospital
 - Not a joint venture, not Rural Health Clinic (RHC) or Federally Qualified Health Center (FQHC)



Requirements for Provider-Based Clinics

- Licensure
- Clinical Integration
- Financial Integration
- Public Awareness- patients need to know they are in a dept of the main provider



Audience Poll - Is your practice owned by the hospital or, in other words, is your practice provider-based?

Yes

No

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app



American College of
Foot and Ankle Surgeons®



2020 ACFAS SCIENTIFIC CONFERENCE

HENRY B. GONZALEZ CONVENTION CENTER | SAN ANTONIO, TEXAS
WEDNESDAY, FEBRUARY 19 - SATURDAY, FEBRUARY 22, 2020

How does provider based status affect GME funding?



American College of
Foot and Ankle Surgeons®



2020 ACFAS SCIENTIFIC CONFERENCE

HENRY B. GONZALEZ CONVENTION CENTER | SAN ANTONIO, TEXAS
WEDNESDAY, FEBRUARY 19 - SATURDAY, FEBRUARY 22, 2020

Hospital cost-report claims for residents' patient care time

- A hospital **MUST** claim:
 - Any time a resident spends on a formal residency rotation caring for patients in that hospital or its provider based clinics. Regardless of whether the hospital incurs ANY costs associated with that rotation time.



Hospital cost-report claims for residents' patient care time

- A hospital/sponsoring institution **CAN** claim:
 - Any time a resident spends on a formal residency rotation caring for patients in a non-hospital ambulatory care setting
 - As long as it has an affiliation agreement and pays the salary and benefits of the resident for this time.



Hospital cost-report claims for residents' patient care time

A hospital/sponsoring institution **CAN'T** claim:

- Patient care time spent at another hospital or its provider-based clinics.
- Patient care time spent at a non-hospital ambulatory care site where the hospital did NOT pay resident salary and benefits.
- Patient care time spent out of the USA.
- Strictly “research” rotations not involving patients being cared for by the health system.
- Non-educational weeks that extend a residents training program duration (e.g. most parental leave).



How does provider-based status affect GME funding?

- A resident on rotation at a provider-based clinic is counted as working in the hospital that runs that clinic. The resident CAN'T be claimed for that time by another hospital/sponsoring institution.
- A resident doing a rotation at a provider-based clinic owned by a hospital that is a nonteaching hospital can seriously affect the future of that hospital as a teaching hospital. It starts the calculation and timeline for PRA.



How does provider-based status affect GME funding?

- A “non-provider based” clinic can have a LOA with one or more hospitals that would allow resident time at the clinic to be claimed by whichever hospital pays the resident’s salary and benefits for that time.



Audience Poll - Do you use IRIS reporting?

Yes

No

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app



American College of
Foot and Ankle Surgeons®



2020 ACFAS SCIENTIFIC CONFERENCE
HENRY B. GONZALEZ CONVENTION CENTER | SAN ANTONIO, TEXAS
WEDNESDAY, FEBRUARY 19 - SATURDAY, FEBRUARY 22, 2020

Counting Residents: IRIS

- The Intern and Resident Information System (IRIS) is filled out and submitted with the cost report for each year
 - Accounts for each half-day for each resident claimed by that hospital
- Accurate Rotation schedules a ‘must’ for claimed DGME and IME Count
- Basis for Medicare Audit for Resident Rotation is Time
- When a resident is claimed by multiple hospitals through the year their IRIS reports must dovetail – can’t claim same resident at same time. Medicare does an “overlap” report to catch this.



Resident	Rotation	Rotation Start	Rotation End	Yrs	Program	Location	Fiscal Year	Employer	DGME %	IME %	DGME	WGME	IME
	CVMC;Family Medicine; Wilde	01/28/2019	02/10/2019	2	CVMC - Family Medicine	Canyon Vista Medical Center (CVMC)	2018-2019 CVMC (Canyon Vista Medical Center (CVMC) {030043})	MWU OPTI Institutional Sponsor	100	100	0.0384	0.0384	0.0384
	CVMC;Pediatrics	02/25/2019	03/10/2019	2	CVMC - Family Medicine	Canyon Vista Medical Center (CVMC)	2018-2019 CVMC (Canyon Vista Medical Center (CVMC) {030043})	MWU OPTI Institutional Sponsor	50	50	0.0192	0.0192	0.0192
	CVMC; Dermatology	03/11/2019	03/24/2019	2	CVMC - Family Medicine	Canyon Vista Medical Center (CVMC)	2018-2019 CVMC (Canyon Vista Medical Center (CVMC) {030043})	MWU OPTI Institutional Sponsor	15	15	0.0058	0.0058	0.0058
	CVMC;Sports Medicine	03/25/2019	04/07/2019	2	CVMC - Family Medicine	Canyon Vista Medical	2018-2019 CVMC (Canyon	MWU OPTI Institutional Sponsor	20	20	0.0077	0.0077	0.0077



IRIS reports

- Be sure all resident personnel demographic information is complete- including if a resident completed time at a different residency.
- Rotation schedules should be very detailed, outlining any time away from the sponsoring institution; conversely if a resident is scheduled at an out rotation and comes back to the hospital for didactics that should be recorded.
- IRIS can be sent directly to the CMS fiscal intermediary.



Audience Poll - Do you participate in conversations with the CFO regarding CMS GME funding?

Yes

No

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app



American College of
Foot and Ankle Surgeons®



2020 ACFAS SCIENTIFIC CONFERENCE

HENRY B. GONZALEZ CONVENTION CENTER | SAN ANTONIO, TEXAS

WEDNESDAY, FEBRUARY 19 - SATURDAY, FEBRUARY 22, 2020

Audience Poll - Do you know how to look up your CMS GME funding?

Yes

No

Start the presentation to see live content. Still no live content? Install the app or get help at PollEv.com/app



American College of
Foot and Ankle Surgeons®



2020 ACFAS SCIENTIFIC CONFERENCE

HENRY B. GONZALEZ CONVENTION CENTER | SAN ANTONIO, TEXAS
WEDNESDAY, FEBRUARY 19 - SATURDAY, FEBRUARY 22, 2020

Evaluate your resident rotation schedule to maximize GME funding



American College of
Foot and Ankle Surgeons®



2020 ACFAS SCIENTIFIC CONFERENCE

HENRY B. GONZALEZ CONVENTION CENTER | SAN ANTONIO, TEXAS
WEDNESDAY, FEBRUARY 19 - SATURDAY, FEBRUARY 22, 2020

Evaluate your resident rotation schedule to maximize GME funding

- Accurately track resident time (IRIS reporting)
- Have organized rotation schedules, move didactics and research into hospital
- Minimize resident time in provider-based clinics that are not linked to the sponsoring institution
- Be sure to have an affiliation agreement in place with non provider-based rotations.



Graham Center

To find your hospital specific GME funding information go to:

<https://www.graham-center.org/rgc/maps-data-tools/data-tables/gme.html>



American College of
Foot and Ankle Surgeons®



2020 ACFAS SCIENTIFIC CONFERENCE

HENRY B. GONZALEZ CONVENTION CENTER | SAN ANTONIO, TEXAS
WEDNESDAY, FEBRUARY 19 - SATURDAY, FEBRUARY 22, 2020

FY	CCN	NAME	STATE	BEGIN DATE	END DATE	STATUS	DGME	IME	GME	PC FTES	NON-PC FTES	PC PRA	NON-PC PRA	DGME CAP	FTES	BEDS	MONTHS
Select	Select		AZ							Select		Select	Select				
2008	30006	TUCSON MEDICAL CENTER	AZ	1/1/2008	12/31/2008	Settled with audit	\$1,209,535	\$4,335,194	\$5,544,729	20.97	24.14	\$79,632	\$79,632	41.93	45.11	497	12
2009	30006	TUCSON MEDICAL CENTER	AZ	1/1/2009	12/31/2009	Settled with audit	\$1,169,388	\$4,452,667	\$5,622,055	21.17	24.3	\$78,416	\$78,416	41.93	45.47	499	12
2010	30006	TUCSON MEDICAL CENTER	AZ	1/1/2010	12/31/2010	As submitted	\$1,244,551	\$4,329,401	\$5,573,952	20.34	22.99	\$79,310	\$79,310	41.93		493	12
2011	30006	TUCSON MEDICAL CENTER	AZ	1/1/2011	12/31/2011	Settled w/o audit	\$1,263,901	\$4,661,175	\$5,925,076	20.95	22.37	\$81,995	\$82,292	41.93	44.66	493	12
2012	30006	TUCSON MEDICAL CENTER	AZ	1/1/2012	12/31/2012	Reopened	\$1,305,744	\$4,825,255	\$6,130,999	21.9	22.77	\$83,423	\$83,423	41.93	46.06	493	12
2013	30006	TUCSON MEDICAL CENTER	AZ	1/1/2013	12/31/2013	Settled with audit	\$1,347,118	\$4,702,218	\$6,049,336	22.03	21.38	\$84,975	\$84,975	41.93	45.22	508	12
2014	30006	TUCSON MEDICAL CENTER	AZ	1/1/2014	12/31/2014	Settled w/o audit	\$1,411,405	\$4,691,842	\$6,103,247	25.16	19.98	\$86,700	\$86,700	41.93	48.95	481	12
2015	30006	TUCSON MEDICAL CENTER	AZ	1/1/2015	12/31/2015	As submitted	\$1,578,742	\$5,582,385	\$7,161,127	24.06	20.48	\$88,407	\$88,407	41.93	45.91	497	12
2016	30006	TUCSON MEDICAL CENTER	AZ	1/1/2016	12/31/2016	Amended	\$1,546,483	\$6,667,316	\$8,213,799	12.73	23.12	\$87,003	\$87,003	41.93	42.19	441	12



References

- Johnston D, Naudasher I, Turcotte C. Provider-Based Status Update: How Recent Changes Impact Off-Campus Outpatient Departments' Compliance, Payment and Transactions. HCCA Annual Compliance Institute. April 18, 2018
- Sanner L, Voorhees K. Residency Program Solutions March 2017. American Academy of Family Physicians.
- Federal Support for Graduate Medical Education: An Overview. Updated December 27, 2018
- Intern and Resident Information System (IRIS). Centers for Medicare & Medicaid Services. CMS.gov



Any
Questions



American College of
Foot and Ankle Surgeons®



2020 ACFAS SCIENTIFIC CONFERENCE

HENRY B. GONZALEZ CONVENTION CENTER | SAN ANTONIO, TEXAS

WEDNESDAY, FEBRUARY 19 - SATURDAY, FEBRUARY 22, 2020