

CMS EVALUATION FORM

AS PART OF THE APPLICATION FOR THE INCREASE IN A HOSPITAL'S FTE CAP(S) UNDER SECTION 422 OF THE MEDICARE MODERNIZATION ACT OF 2003

Directions: Please fill out the information below for each residency program for which the applicant hospital intends to use the increase in its FTE cap(s). The applicant hospital is responsible for complying with the other requirements listed in the FY 2005 hospital inpatient prospective payment system rule in order to complete its application for the increase in its FTE cap(s) under section 422 of Public Law 108-173.

Name of Hospital _____

Medicare Provider Number _____

Name of Specialty Training Program _____

Check one

- Allopathic Program
 Osteopathic Program

Number of FTE Slots Requested for Program

Direct GME _____

IME _____

Section A: Demonstrated Likelihood of Filling the FTE Slots

(Place an "X" in the box for the applicable criterion and subcriteria.)

A1: Demonstrated Likelihood Criterion 1. The hospital intends to use the additional FTEs to establish a new residency program (*listed above*) on or after July 1, 2005 (*that is, a newly approved program that begins training residents at any point within the hospital's first three cost reporting periods beginning on or after July 1, 2005*).

- (1)** Hospital will establish this newly approved residency program. (*Check at least one of the following, if applicable.*)
- Application for approval of the new residency program has been submitted to the ACGME, AOA, or the ABMS by December 1, 2004. (*Copy attached.*)
 - The hospital has submitted an institutional review document or program information form concerning the new program in an application for approval of the new program by December 1, 2004. (*Copy attached.*)
 - The hospital has received written correspondence from the ACGME, AOA, or ABMS acknowledging receipt of the application for the new program, or other types of communication from the accrediting bodies concerning the new program approval process (such as notification of site visit). (*Copy attached.*)
- (2)** Hospital will likely fill the slots requested. (*Check at least one of the following, if applicable.*)
- The hospital's existing residency programs had a resident fill rate of at least 85 percent in each of program years 2001 through 2003. (*Documentation attached.*)
 - The specialty program (*listed above*) has a resident fill rate either nationally, within the State, or within the MSA in which the hospital is located, of at least 85 percent. (*Documentation attached.*)

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- A2: Demonstrated Likelihood Criterion 2.** The applying hospital intends to use the additional FTEs to expand the existing residency training program that is listed above (that is, to increase the number of FTE resident slots in the program) on or after July 1, 2005, and before July 1, 2008.
- (1)** Hospital intends to expand an existing program. *(Check at least one of the following, if applicable.)*
- The appropriate accrediting body (the ACGME, AOA, or ABMS) has approved the hospital's expansion of the number of FTE residents in the program. *(Documentation attached.)*
 - The American Osteopathic Association Residency Match Program has accepted or will be accepting the hospital's participation in the match for the existing program that will include additional resident slots in that residency training program. *(Documentation attached.)*
 - The hospital has submitted an institutional review document or program information form for the expansion of the existing residency training program by December 1, 2004. *(Copy attached.)*
- (2)** Hospital will likely fill the slots of the expanded residency program. *(Check at least one of the following, if applicable.)*
- Hospital has other previously established residency programs with a resident fill rate of at least 85 percent in each of program years 2001 through 2003. *(Documentation attached.)*
 - Hospital is expanding an existing program in a particular specialty with a resident fill rate either nationally, within the State, or within the MSA in which the hospital is located, of at least 85 percent. *(Documentation attached.)*
 - Hospital is expanding a program in order to train residents that need a program because another hospital in the State has closed a similar program, and the applying hospital received a temporary adjustment to its FTE cap(s) (under the requirements of §413.79(h)). *(Documentation attached.)*
- A3: Demonstrated Likelihood Criterion 3.** Hospital is applying for an increase in its FTE resident cap because the hospital is already training residents in an existing residency training program(s) in excess of its direct GME FTE cap or IME FTE cap, or both. *(Copies of EACH of the following attached.)*
- Copies of the most recent as-submitted Medicare cost report documenting on Worksheet E, Part A and Worksheet E3, Part IV the resident count and FTE resident cap for both direct GME and IME for the relevant cost reporting periods.
 - Copies of the 2004 residency match information concerning the number of residents at the hospital in its existing programs, OR resident fill rate information for all programs at the hospital in 2004.
 - Copies of the most recent accreditation letters on all of the hospital's training programs in which the hospital trains and counts FTE residents for direct GME and IME.

Section B. Level Priority Category

(Place an "X" in the box for the applicable criterion and subcriteria.)

- B1: First Level Priority Category.** The hospital is a rural hospital as of October 1, 2004 and the request is for the only specialty training program in the State (for the program requested on this *CMS Evaluation Form*).
- B2: Second Level Priority Category.** The hospital is a rural hospital as of October 1, 2004.
- B3: Third Level Priority Category.** The hospital is in an other than large urban area as of October 1, 2004, and the request is for the only specialty program in the State (for the program requested on this *CMS Evaluation Form*).
- B4: Fourth Level Priority Category.** The hospital is in an other than large urban area, as of October 1, 2004.
- B5: Fifth Level Priority Category.** The hospital request is for the only specialty training program in the State (for the program requested on this *CMS Evaluation Form*).
- B6: Sixth Level Priority Category.** The hospital meets none of the statutory priority criteria.

Section C. Evaluation Criteria

(Place an "X" in the box for each criterion that is appropriate for the applicant hospital and for the program for which the increase in the FTE cap is requested.)

- C1: Evaluation Criterion 1.** The hospital that is requesting the increase in its FTE resident cap(s) has a Medicare inpatient utilization over 60 percent, as reflected in at least two of the hospital's last three most recent audited cost reporting periods for which there is a settled cost report.
- C2: Evaluation Criterion 2.** The hospital needs the additional slots to establish a new geriatrics residency program, or to add residents to an existing geriatrics program.
- C3: Evaluation Criterion 3.** The hospital does not qualify for an adjustment to its FTE caps under existing §413.86(g)(12) for a rural track residency program, but is applying for an increase in its FTE resident cap(s) under section 1886(h)(7)(B) of the Act because it rotates (or in the case of a new program, will rotate) residents for at least 25 percent of the duration of the residency program to any one (or in combination thereof) of the following: a rural area, as defined in section 1886(d)(2)(D)(ii) of the Act and §412.62(f)(1)(iii) of the regulations; a rural health clinic (RHC), as defined in section 1861(aa)(1) of the Act and §491.2 of the regulations; or a Federally Qualified Health Center (FQHC), as defined in section 1861(a)(3) of the Act and §405.2401(b) of the regulations.
- C4: Evaluation Criterion 4.** In portions of cost reporting periods prior to July 1, 2005, the hospital qualified for a temporary adjustment to its FTE cap under existing §413.86(g)(9) because it was training displaced residents from either a closed program or a closed hospital, and, even after the temporary adjustment, the hospital continues to train residents in the specialty(ies) of the displaced residents and is above the hospital's direct GME FTE cap or IME FTE cap, or both, for that reason.
- C5: Evaluation Criterion 5.** The hospital is above its FTE caps because it was awaiting accreditation of a new program from the ACGME or the AOA during the base period for its FTE cap(s) but was not eligible to receive a new program adjustment as stated under existing §413.86(g)(6)(ii).
- C6: Evaluation Criterion 6.** The hospital is above its FTE resident caps because, despite qualifying for an FTE cap adjustment for a new program under §413.86(g)(6)(i) or (g)(6)(ii), it was unable to "grow" its program to the full complement of residents for which the program was accredited before the hospital's FTE resident cap was permanently set beginning with the fourth program year of the new program.

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- C7: Evaluation Criterion 7.** The hospital is located in any one (or in combination thereof) of the following: a geographic HPSA, as defined in 42 CFR 5.2; a population HPSA, (*also defined at 42 CFR 5.2*); or a Medicare physician scarcity county, as defined under section 413 of Public Law 108-173.
- C8: Evaluation Criterion 8.** The hospital is in a rural area (as defined under section 1886(d)(2)(D)(ii) of the Act) and is a training site for a rural track residency program (as specified under §413.86(g)(12), but is unable to count all of the FTE residents training at the rural hospital in the rural track because the rural hospital's FTE cap is lower than the hospital's unweighted count of allopathic or osteopathic FTE residents beginning with portions of cost reporting periods on or after July 1, 2005.
- C9: Evaluation Criterion 9.** The hospital is affiliated with a historically Black medical college.
- C10: Evaluation Criterion 10.** The hospital is training residents in residency program(s) sponsored by a medical school(s) that is designated as a Center of Excellence for Underserved Minorities (COE) under section 736 of the Public Health Service Act in FY 2003.
- C11: Evaluation Criterion 11.** The hospital needs the additional slots to establish a new primary care residency program, or to expand an existing primary care residency program, as primary care is defined under §413.86(b).
- C12: Evaluation Criterion 12.** The hospital is above its direct GME and/or IME FTE cap on the count of residents, as stated in the Medicare cost report on the Worksheet E, Part A or the Worksheet E3, Part IV, in the hospital's most recently as submitted Medicare Cost Report.
- C13: Evaluation Criterion 13.** The hospital's FTE resident cap was reduced under section 1886(h)(7)(A)(i) of the Act because the resident level in its reference cost report equaled or was above its FTE resident cap as it knew its FTE resident cap to be at that time, but as a result of a resolution to an appeal concerning the FTE resident cap, the FTE resident cap was later increased to an amount that is greater than the reference resident level.
- C14: Evaluation Criterion 14.** The hospital is above its cap and needs the additional slots to establish a new emergency medicine residency program or expand an existing emergency medicine residency program. The emergency medicine residency program includes training in bio-terrorism preparedness.
- C15: Evaluation Criterion 15.** The hospital's FTE resident cap was reduced under section 1886(h)(7)(A)(i) and:
- The hospital started a new program(s) that was accredited before January 1, 2002,
 - The new program was in operation during the reference cost reporting period, and
 - The program has been in operation (training residents) for 3 or fewer years by July 1, 2003.