

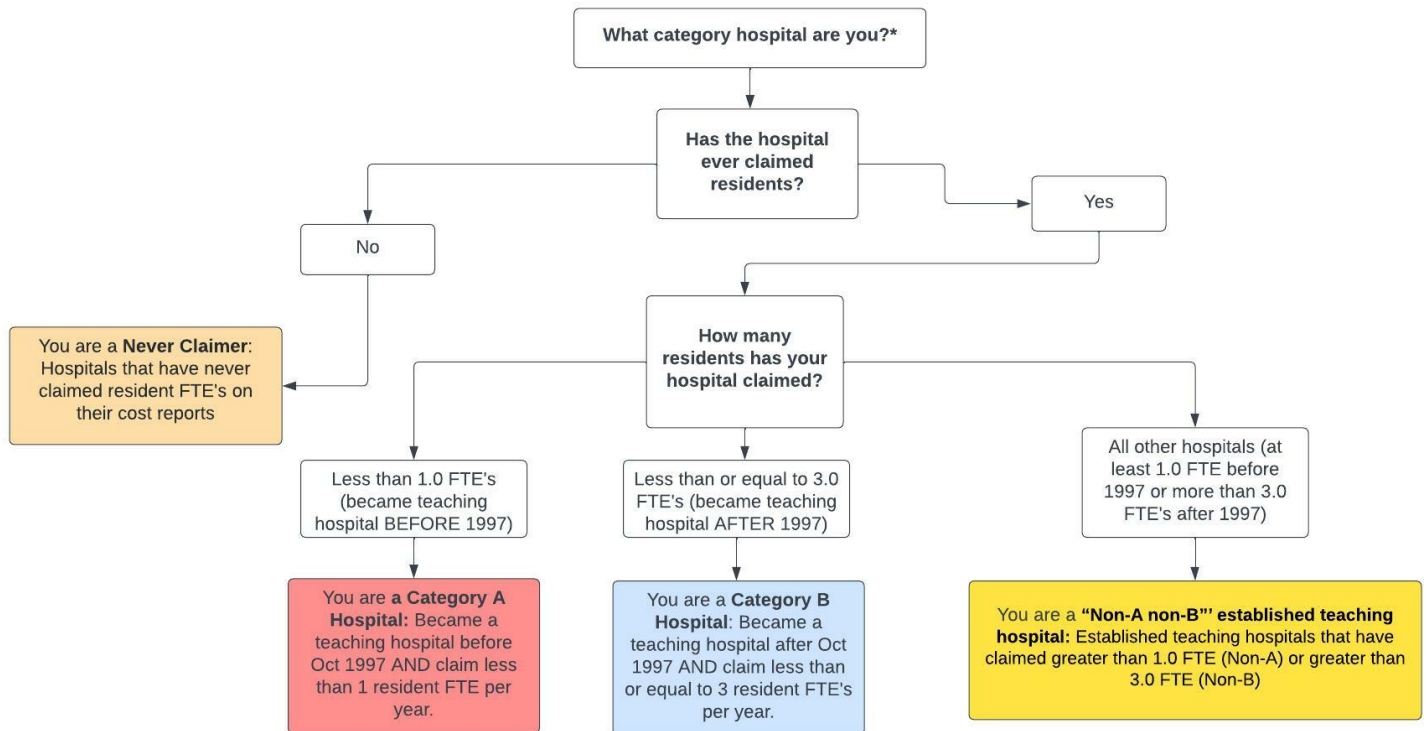
Section 131 GME Tables for Arkansas

This report classifies each hospital in the state into four groups based on data provided by the Centers for Medicare & Medicaid Services to aid in determining a hospital's eligibility to revise certain GME parameters under Section 131 of the CAA. For more details, visit the CMS website here. Classifications were prepared by staff of the Rural Residency Planning and Development (RRPD) and Teaching Health Center Planning and Development (THCPD) Technical Assistance Centers using data provided by CMS; hospitals are encouraged to confirm all data presented. The tables below are presented as a screening, are not definitive, and may differ from the classifications determined by CMS, the MAC, or other regulatory bodies. Further information, including data, presentations, and tools are available at RuralGME.org

Overview

Hospitals — **with the exception of Critical Access Hospitals** – are classified into four categories based on their historical GME funding and expense. **Category A** and **Category B** Hospitals first claimed a few residents. Generally speaking, a Category A hospital first claimed fewer than 1.0 residents prior to October 1, 1997; a Category B hospital first claimed no more than 3.0 residents on or after October 1, 1997. **Never Claimer** hospitals have not claimed GME on a cost report since 1996. **All other hospitals** meet none of the three categories – we call these “Non-A Non-B Hospitals.” Note that **Critical Access Hospitals** are paid for GME by an entirely different mechanism and are omitted from all lists below; information about this is available at RuralGME.org. The following figure presents an oversimplified, high-level overview.

Overview of Categorization Process



***Disclaimer:** This is an oversimplified model of four categories of hospitals based on GME history. Review detailed GME table and HCRIS file to confirm your hospital's category.

We recommend State Offices of Rural Health encourage **Category A and Category B** hospitals to carefully review their categorization using the Rural GME HCRIS Data Tool, **Never Claimers** to verify that they indeed have not claimed GME, and **Non-A and Non-B Hospitals** to confirm that they do not meet the qualifications for Category A or Category B.

Further details for each category are provided below. Note that hospital names are truncated to 40 characters. An asterisk in the “PRA?” column denotes that the maximum PRA paid by the hospital is less than benchmark PRA for the region. Each table is sorted by the county of the hospital; for hospitals that could not be assigned to a county, the city of the mailing address is provided.

For All Hospital Types: If you check the HCRIS data and believe it is inaccurate then you must electronically submit complete and unambiguous documentation to your MAC **no later than July 1, 2022** contesting the HCRIS data.

1 Category A Hospitals

Category A: Hospitals that became teaching hospitals (set PRA and cap) before October 1997 where that PRA and cap (either or both of DGME and IME) were set based on an FTE of less than 1.0.

- Category A hospitals may be eligible to *reset their PRA* when they train 1.0 or more FTEs from either existing or new programs in the earliest cost reporting period beginning on or after December 27, 2020 and before December 27, 2025.
- Category A Hospitals may be eligible to *reset their resident cap* if they start a new residency program training at least 1.0 FTEs between December 27, 2020 and before December 27, 2025.

Next Step: Category A Hospitals should confirm the accuracy of their PRA/CAP and then may contact their MAC to request a PRA reset and/or resident cap reset before December 27, 2025.

Table 1: Category A

CCN	Name	County	PRA?	Max PRA
040082	HOWARD MEMORAL HOSPITAL	City: NASHVILLE		

An asterisk in the PRA? column denotes that the maximum PRA paid by the hospital is less than benchmark PRA for the region.

2 Category B Hospitals

Category B: Hospitals that became teaching hospitals (set PRA and cap) after October 1997 through January 2021 where that PRA and cap (either or both of DGME and IME) were set based on an FTE of less than 3.0.

- Category B hospitals may be eligible to *reset their PRA* when they train 3.0 or more FTEs from either existing or new programs in the earliest cost reporting period beginning on or after December 27, 2020 and before December 27, 2025.
- Category B Hospitals may be eligible to *reset their resident cap* if they start a new residency program training at least 3.0 FTEs between December 27, 2020 and before December 27, 2025.

Next Step: Category B Hospitals should confirm the accuracy of their PRA/CAP and then may contact their MAC to request a PRA reset and/or resident cap reset before December 27, 2025.

Table 2: Category B

CCN	Name	County	PRA?	Max PRA
040067	MAGNOLIA HOSPITAL	COLUMBIA	*	87032
040051	DREW MEMORIAL HOSPITAL	DREW	*	46032
040029	CONWAY REGIONAL HEALTH SYSTEM	FAULKNER	*	0
040119	WHITE RIVER MEDICAL CENTER	INDEPENDENCE	*	85332
040002	JOHNSON REGIONAL MEDICAL CENTER	JOHNSON	*	62075
040085	HELENA REGIONAL MEDICAL CENTER	PHILLIPS	*	0
040062	MERCY HOSPITAL FORT SMITH	SEBASTIAN	*	0

An asterisk in the PRA? column denotes that the maximum PRA paid by the hospital is less than benchmark PRA for the region.

3 Never Claimer Hospitals

Never Claimers: Hospitals that have never claimed residents for GME payment on any cost report. This includes hospitals that have had documented resident rotators in the past that were not claimed to establish a Per Resident Amount (PRA), and also hospitals that have never trained residents. For those hospitals that *have* trained residents in the past and never reported them, there is a risk of inadvertently setting a new PRA of zero and of establishing a cap in the future if 1.0 or more FTE of residents are being trained in a fiscal cost report year after 12/27/2020. In some circumstances the data may be incorrect and should be contested by contacting the MAC.

- Check to confirm that you do not have a claimed PRA/cap for all years.
- If you are not training greater than 1.0 FTEs right now, you do not need to contact your MAC until you begin training 1.0 or more FTEs.

Next Step: Any hospital that is in this category of “Never Claimer” that has trained 1.0 or more FTE in any fiscal cost report year following 12/27/20 MUST begin claiming those resident FTE as of that cost report year. The documentation maintained by the hospital regarding the costs it incurred in training those FTE will establish the PRA for that hospital, and may or may not start the cap-setting period. Note that such a hospital that reports no costs is at high risk of establishing a PRA of ZERO, that will remain established into the future.

Table 3: Never Claimers

CCN	Name	County
044006	VALLEY BEHAVIORAL HEALTH SYSTEM	City: BARLING
044004	VISTA HEALTH FAYETTEVILLE	City: FAYETTEVILLE
043027	HOT SPRINGS REHABILITATION CENTER	City: HOT SPRINGS
043034	SOUTHEAST REHABILITATION HOSPITAL	City: LAKE VILLAGE
044013	PINNACLE POINTE BEHAVIORAL HEALTH SYSTEM	City: LITTLE ROCK
044017	UNITED METHODIST BEHAVIORAL HOSPITAL	City: MAUMELLE
040018	BAPTIST HEALTH - VAN BUREN	City: VAN BUREN
044021	PERIMETER BEHAVIORAL HOSPITAL WEST MEMPH	City: WEST MEMPHIS
040156	BAPTIST MEMORIAL HOSPITAL-CRITTENDEN, IN	City: WEST MEMPHIS
040072	BAPTIST HEALTH MEDICAL CENTER-STUTTGART	ARKANSAS
040027	BAXTER REGIONAL MEDICAL CENTER	BAXTER
040001	SILAM SPRINGS REGIONAL HOSPITAL	BENTON
043036	EVEREST REHABILITATION HOSPITAL NWA	BENTON
044007	RIVENDELL BEHAVIORAL HEALTH SERVICES	BENTON
040017	NORTH ARKANSAS REGIONAL MEDICAL CENTER	BOONE

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Table 3 – Continued from previous page

CCN	Name	County
043029	ENCOMPASS HEALTH REHABILITATION HOSPITAL	CRAIGHEAD
040155	ARKANSAS CONTINUED CARE HOSPITAL OF JONE	CRAIGHEAD
042013	ARKANSAS CONTINUED CARE HOSPITAL OF JONE	CRAIGHEAD
040154	BAPTIST HEALTH MEDICAL CENTER- CONWAY	FAULKNER
043033	CONWAY REGIONAL REHABILITATION HOSPITAL	FAULKNER
044022	CONWAY BEHAVIORAL HEALTH	FAULKNER
043035	CHI ST VINCENT HS REHAB HOSP, A PART OF	GARLAND
040132	LEVI HOSPITAL	GARLAND
042004	CHRISTUS DUBUIS HOSPITAL OF HOT SPRINGS	GARLAND
040026	ST VINCENT HOT SPRINGS	GARLAND
040078	NATIONAL PARK MEDICAL CENTER	GARLAND
040039	ARKANSAS METHODIST MEDICAL CENTER	GREENE
040091	MEDICAL PARK HOSPITAL	HEMPSTEAD
040153	WADLEY REGIONAL MEDICAL CENTER AT HOPE	HEMPSTEAD
040076	BAPTIST HEALTH MEDICAL CENTER-HOT SPRING	HOT SPRING
040080	UNITY HEALTH HARRIS MEDICAL CENTER	JACKSON
044020	RIVERVIEW BEHAVIORAL HEALTH	MILLER
040069	GREAT RIVER MEDICAL CENTER	MISSISSIPPI
040015	MENA REGIONAL HEALTH SYSTEM	POLK
040041	ST MARYS REGIONAL MEDICAL CENTER	POPE
040137	ST VINCENT MEDICAL CENTER/NORTH	PULASKI
044005	BRIDGEWAY HOSPITAL	PULASKI
042000	SELECT SPECIALTY HOSPITAL- LITTLE ROCK	PULASKI
042010	CORNERSTONE HOSPITAL LITTLE ROCK	PULASKI
040147	ARKANSAS SURGICAL HOSPITAL	PULASKI
044011	ARKANSAS STATE HOSPITAL	PULASKI
040074	NORTH METRO MEDICAL CENTER	PULASKI
042012	BAPTIST HEALTH EXTENDED CARE HOSPITAL-LR	PULASKI
040134	ARKANSAS HEART HOSPITAL, LLC	PULASKI
043031	CHI ST VINCENT SHERWOOD REHABILITATION H	PULASKI
040047	FIVE RIVERS MEDICAL CENTER	RANDOLPH
040084	SALINE MEMORIAL HOSPITAL	SALINE
042008	CHRISTUS DUBUIS HOSPITAL OF FORT SMITH	SEBASTIAN
043028	ENCOMPASS HEALTH REHABILITATION HOSPITAL	SEBASTIAN
042006	SELECT SPECIALITY HOSPITAL-FORT SMITH IN	SEBASTIAN
040019	FORREST CITY MEDICAL CENTER	ST. FRANCIS
040152	NORTHWEST HEALTH PHYSICIANS SPECIALTY HO	WASHINGTON
043032	ENCOMPASS HEALTH REHAB HOSP A PARTNER OF	WASHINGTON
044019	SPRINGWOODS BEHAVIORAL HEALTH SERVICES	WASHINGTON
043301	ARKANSAS CHILDREN’S NORTHWEST, INC	WASHINGTON
042009	REGENCY HOSPITAL OF NORTHWEST ARKANSAS	WASHINGTON
042011	ADVANCED CARE HOSPITAL WHITE COUNTY	WHITE
040011	CHAMBERS MEMORIAL HOSPITAL	YELL

4 All Other Hospitals

“Non-A Non-B” established teaching hospitals: Hospitals that don’t appear to qualify for a PRA/cap reset because they have claimed FTE greater than the eligibility criteria for category A (at least 1.0 FTE) or category B (more than 3.0 FTE).

Next Step: “Non-A Non-B” should confirm that they are not in fact eligible for a PRA/cap reset.

Table 4: Neither Category A nor Category B

CCN	Name	County	PRA?	Max PRA
040016	UAMS MEDICAL CENTER	City: LITTLE ROCK		150387
040010	MERCY HOSPITAL ROGERS	BENTON		168119
040118	BAPTIST MEMORIAL HOSPITAL JONESBORO, INC	CRAIGHEAD	*	83174
040020	ST BERNARDS MEDICAL CENTER	CRAIGHEAD	*	83544
040042	CRITTENDEN MEMORIAL HOSPITAL	CRITTENDEN	*	77605
040071	JEFFERSON REGIONAL MEDICAL CENTER	JEFFERSON	*	84629
040050	OUACHITA COUNTY MEDICAL CENTER	OUACHITA	*	61596
040007	CHI-ST VINCENT INFIRMARY	PULASKI	*	84946
040036	BAPTIST HEALTH MEDICAL CENTER NORTH LITT	PULASKI		123952
043300	ARKANSAS CHILDRENS HOSPITAL	PULASKI	*	87720
040114	BAPTIST HEALTH MEDICAL CENTER-LITTLE ROC	PULASKI	*	83818
043026	BAPTIST HEALTH REHABILITATION INSTITUTE	PULASKI	*	85713
040055	BAPTIST HEALTH - FORT SMITH	SEBASTIAN	*	86845
040088	MEDICAL CENTER OF SOUTH ARKANSAS	UNION	*	75577
040022	NORTHWEST MEDICAL CENTER-SPRINGDALE	WASHINGTON	*	85924
040004	WASHINGTON REGIONAL MEDICAL CENTER	WASHINGTON	*	84899
040014	WHITE COUNTY MEDICAL CENTER	WHITE	*	87531

An asterisk in the PRA? column denotes that the maximum PRA paid by the hospital is less than benchmark PRA for the region.

Additional Resources:

- **Rural GME HCRIS Data Tool:** Tool used to determine whether a hospital potentially qualifies for a PRA reset.
- **CMS Provider Number Lookup:** Tool used to determine your hospital provider number. You can also find your provider number using the Rural GME HCRIS Data Tool in the state list.
- **Impact of CMS Rule Changes on Rural GME: A Deeper Dive into Section 131:** RRPD-TAC webinar on Section 131.
- **CMS Guidance on Section 131:** FAQ published by CMS on hospitals eligible to reset PRA/Cap.
- **How to contact a Medicare Administrative Contractor (MAC):** CMS website with MAC contact information.
- **The FY22 IPPS Final Rule,** beginning page 73416, contains the formal regulations.

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