# Section 131 GME Tables for Connecticut

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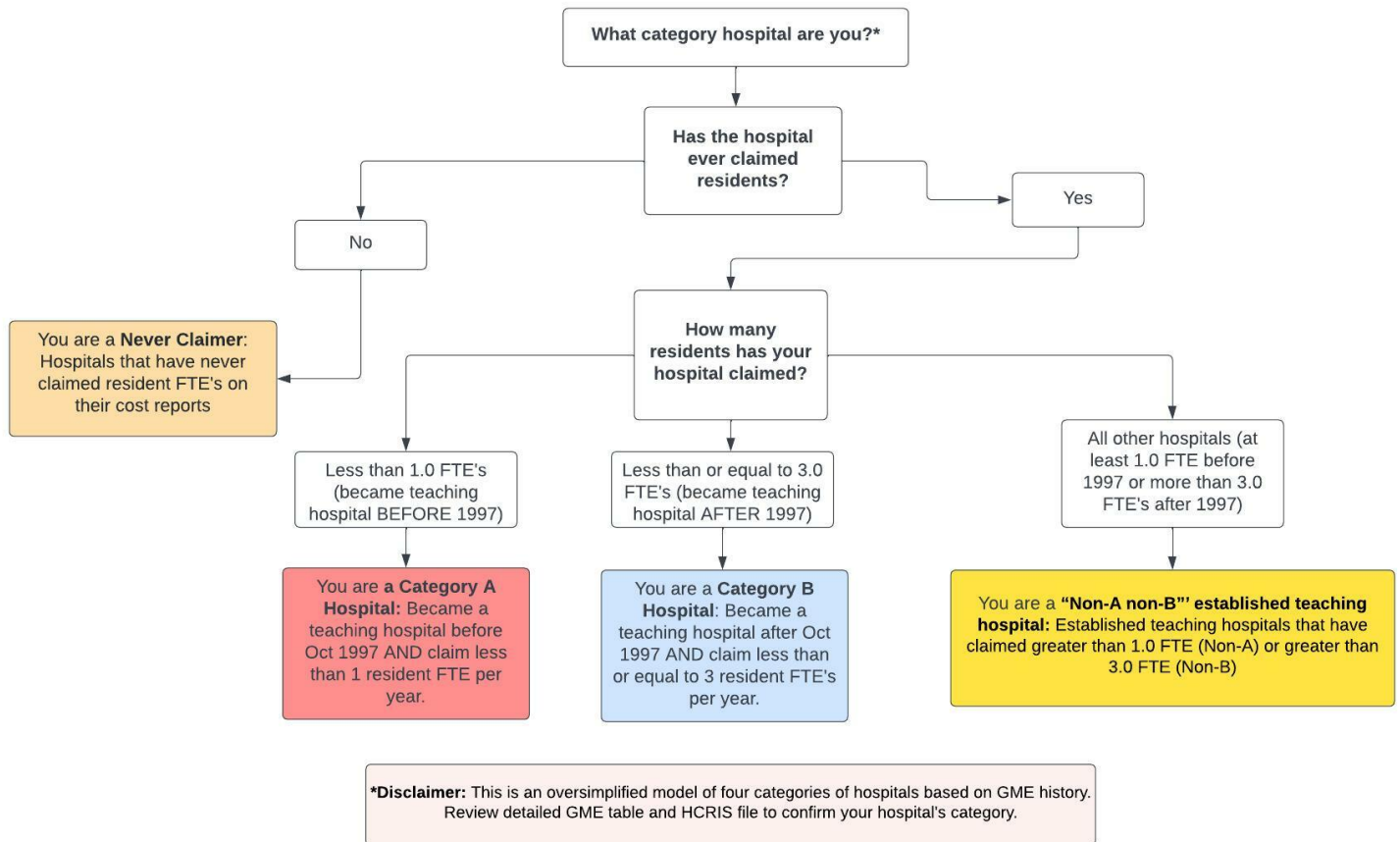
We recommend State Offices of Rural Health encourage **Category A and Category B** hospitals to carefully review their categorization using the Rural GME HCRIS Data Tool, **Never Claimers** to verify that they indeed have not claimed GME, and **Non-A and Non-B Hospitals** to confirm that they do not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

> **There are no Likely Category A Hospitals in Connecticut**

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 exisitng 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.

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Table 2: **Category B**

CCN	Name	County	PRA?	Max PRA
070012	ROCKVILLE GENERAL HOSPITAL	TOLLAND	*	57229

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 claimd 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 hopsitals 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
070017	MIDSTATE MEDICAL CENTER	City: MERIDEN
074015	ALBERT J SOLNIT CHILDREN'S CENTER - SOUT	City: MIDDLETOWN
072004	HOSPITAL FOR SPECIAL CARE	City: NEW BRITAIN
074014	SILVER HILL HOSPITAL INC	FAIRFIELD
074012	SOUTHWEST CONNECTICUT MENTAL HEALTH	FAIRFIELD
072006	STATE OF CONNECTICUT, DEPT OF VETERANS'	HARTFORD
070029	BRISTOL HOSPITAL	HARTFORD
070040	HEBREW HOME AND HOSPITAL INC	HARTFORD
073025	MOUNT SINAI REHABILITATION HOSPITAL INC	HARTFORD
070004	SHARON HOSPITAL	LITCHFIELD
070011	CHARLOTTE HUNGERFORD HOSPITAL	LITCHFIELD COUNTY
070038	THE CONNECTICUT HOSPICE INC.	NEW HAVEN
070039	MASONICARE HEALTH CENTER HOSPITAL	NEW HAVEN
070019	MILFORD HOSPITAL, INC	NEW HAVEN
070024	WILLIAM W BACKUS HOSPITAL	NEW LONDON
070008	JOHNSON MEMORIAL HOSPITAL	TOLLAND
074008	NATCHAUG HOSPITAL	TOLLAND
070015	NEW MILFORD HOSPITAL	UNITED STATES
070021	WINDHAM COMMUNITY MEMORIAL HOSPITAL	WINDHAM
070003	DAY KIMBALL HOSPITAL	WINDHAM

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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
074013	YALE PSYCHIATRIC INSTITUTE	City: NEW HAVEN	*	65861
070030	ST JOSEPH MEDICAL CENTER, INC	City: STAMFORD	*	83806
070010	BRIDGEPORT HOSPITAL	FAIRFIELD	*	107227
070034	NORWALK HOSPITAL	FAIRFIELD		168046
070006	STAMFORD HOSPITAL	FAIRFIELD	*	103713
070018	GREENWICH HOSPITAL ASSOCIATION -	FAIRFIELD		128077
070033	DANBURY HOSPITAL	FAIRFIELD	*	108474
070028	ST VINCENT'S MEDICAL CENTER	FAIRFIELD	*	114553
070035	THE HOSPITAL OF CENTRAL CONNECTICUT	HARTFORD		119964
070036	JOHN DEMPSEY HOSPITAL	HARTFORD	*	105069
073300	CONNECTICUT CHILDRENS MEDICAL CENTER	HARTFORD	*	103713
070002	ST FRANCIS HOSPITAL & MEDICAL CENTER	HARTFORD	*	112168
070025	HARTFORD HOSPITAL	HARTFORD		125457
070027	MANCHESTER MEMORIAL HOSPITAL	HARTFORD	*	115356
074003	CONNECTICUT VALLEY HOSP	MIDDLESEX		174764
070020	MIDDLESEX HOSPITAL	MIDDLESEX		191547
070022	YALE-NEW HAVEN HOSPITAL	NEW HAVEN	*	105862
070001	HOSPITAL OF ST RAPHAEL	NEW HAVEN	*	99498
070016	SAINT MARY'S HOSPITAL	NEW HAVEN	*	104686
070005	WATERBURY HOSPITAL	NEW HAVEN	*	114638
072003	GAYLORD HOSPITAL INC	NEW HAVEN	*	83073
074011	CONNECTICUT MENTAL HEALTH CENTER	NEW HAVEN	*	105069
070031	GRIFFIN HOSPITAL	NEW HAVEN	*	100811
070007	LAWRENCE & MEMORIAL HOSPITAL	NEW LONDON		172747

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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