# Section 131 GME Tables for Iowa

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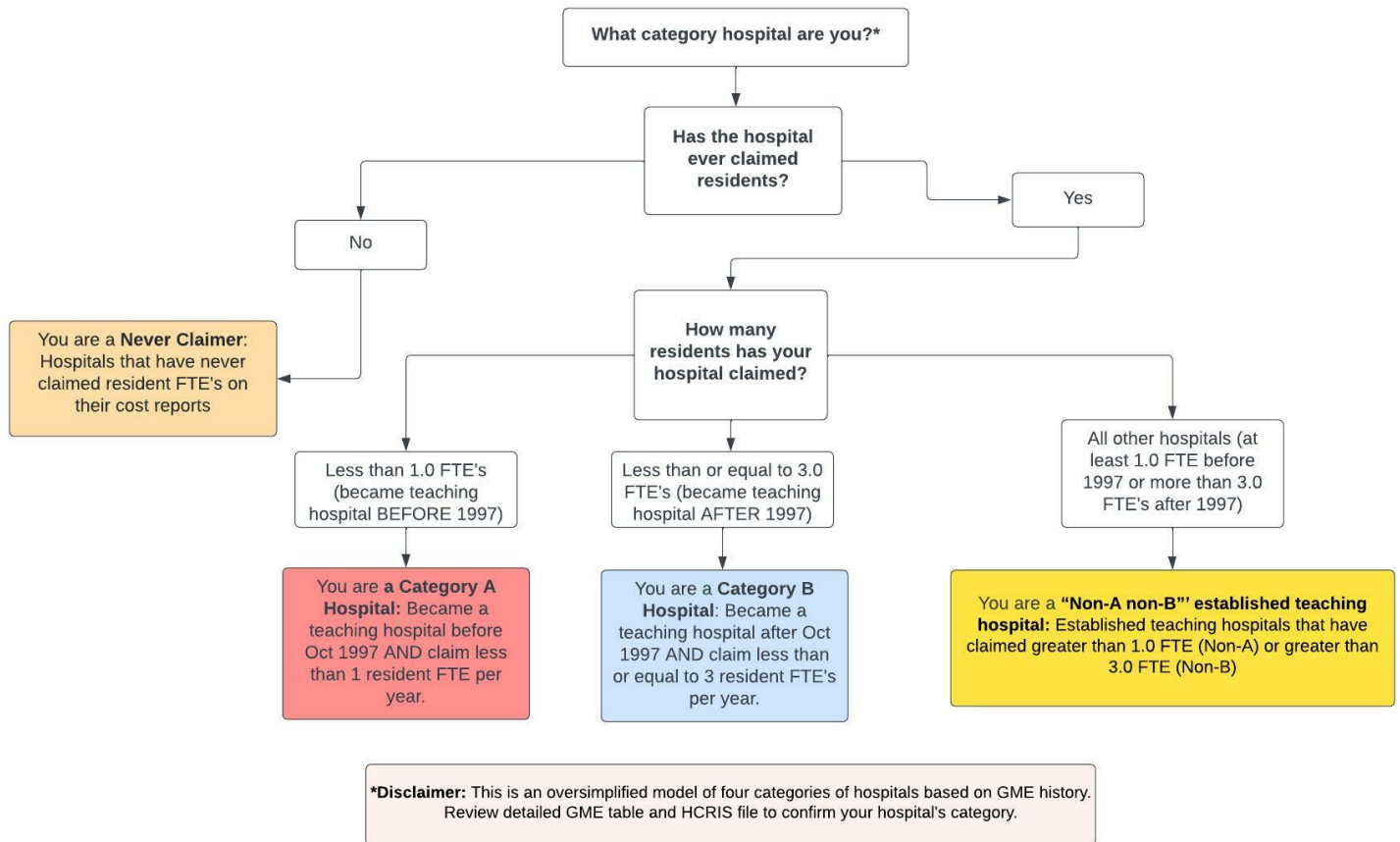
We recommend State Offices of Rural Health encourage **Category A and Category B** hospitals to carefully review their categorization using the Rural GME HCRIS Data Tool, **Never Claimers** to verify that they indeed have not claimed GME, and **Non-A and Non-B Hospitals** to confirm that they do not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

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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
160090	MONTGOMERY COUNTY MEMORIAL HOSPITAL	City: RED OAK	*	40330

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 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.

Table 2: **Category B**

CCN	Name	County	PRA?	Max PRA
160044	PELLA REGIONAL HEALTH CENTER	City: PELLA	*	85907

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 inadvertantly 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
164002	MENTAL HEALTH INSTITUTE	City: CHEROKEE
160080	MERCYONE CLINTON MEDICAL CENTER	City: CLINTON
160040	SARTORI MEMORIAL HOSPITAL, INC	BLACK HAWK
164003	MENTAL HEALTH INSTITUTE	BUCHANAN
160005	ST ANTHONY REGIONAL HOSPITAL & NURSING H	CARROLL
160112	SPENCER MUNICIPAL HOSPITAL	CLAY
160057	GREAT RIVER MEDICAL CENTER	DES MOINES
160124	LAKES REGIONAL HEALTHCARE	DICKINSON
160117	FINLEY HOSPITAL	DUBUQUE
160069	MERCYONE DUBUQUE MEDICAL CENTER	DUBUQUE
164004	MENTAL HEALTH INSTITUTE	HENRY
160032	MERCYONE NEWTON MEDICAL CENTER	JASPER
163026	MERCY IOWA CITY REHABLITATION HOSPITAL	JOHNSON
160122	FORT MADISON COMMUNITY HOSPITAL	LEE
160008	KEOKUK AREA HOSPITAL	LEE
162002	CONTINUING CARE HOSPITAL	LINN
160001	UNITYPOINT HEALTH - MARSHALLTOWN	MARSHALL
160013	TRINITY MUSCATINE	MUSCATINE
164005	MENTAL HEALTH INSTITUTE	PAGE
160157	SELECT SPECIALTY HOSPITAL- DES MOINES	POLK
163025	MERCY REHABILITATION HOSPITAL, LLC	POLK

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Table 3 – *Continued from previous page*

CCN	Name	County
162003	SELECT SPECIALTY HOSPITAL - DES MOINES	POLK
160147	GRINNELL REGIONAL MEDICAL CENTER	POWESHIEK
162001	SELECT SPECIALTY HOSPITAL - QUAD CITIES	SCOTT
164006	EAGLE VIEW BEHAVIORAL HEALTH	SCOTT
160030	MARY GREELEY MEDICAL CENTER	STORY
160089	OTTUMWA REGIONAL HEALTH CENTER	WAPELLO

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
160102	METROPOLITAN MEDICAL CENTER	City: DES MOINES	*	66587
160058	UNIVERSITY OF IOWA HOSPITAL & CLINICS	City: IOWA CITY	*	87112
160153	MERCYONE SIOUXLAND MEDICAL CENTER	City: SIOUX CITY		138006
160067	MERCYONE WATERLOO MEDICAL CENTER	BLACK HAWK		133685
160110	ALLEN HOSPITAL	BLACK HAWK		143350
160064	MERCYONE NORTH IOWA MEDICAL CENTER	CERRO GORDO		124175
160029	MERCY HOSPITAL	JOHNSON	*	77795
160079	MERCY MEDICAL CENTER - CEDAR RAPIDS	LINN		138011
160045	ST LUKES HOSPITAL	LINN		144256
160082	UNITYPOINT HEALTH - DES MOINES IOWA METH	POLK		145574
160083	MERCYONE DES MOINES MEDICAL CENTER	POLK		128945
160101	BROADLAWNS MEDICAL CENTER	POLK	*	108795
160024	UNITYPOINT HEALTH - DES MOINES IOWA LUTH	POLK		139027
160028	CHI HEALTH MERCY COUNCIL BLUFFS	POTTAWATTAMIE	*	100000
160047	METHODIST JENNIE EDMUNDSON	POTTAWATTAMIE	*	111187
160033	GENESIS MEDICAL CENTER-DAVENPORT	SCOTT		143195
160104	TRINITY - BETTENDORF	SCOTT	*	112282
160016	TRINITY REGIONAL MEDICAL CENTER	WEBSTER	*	86278
160146	ST LUKES REGIONAL MEDICAL CENTER	WOODBURY		142575

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.

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- **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.