

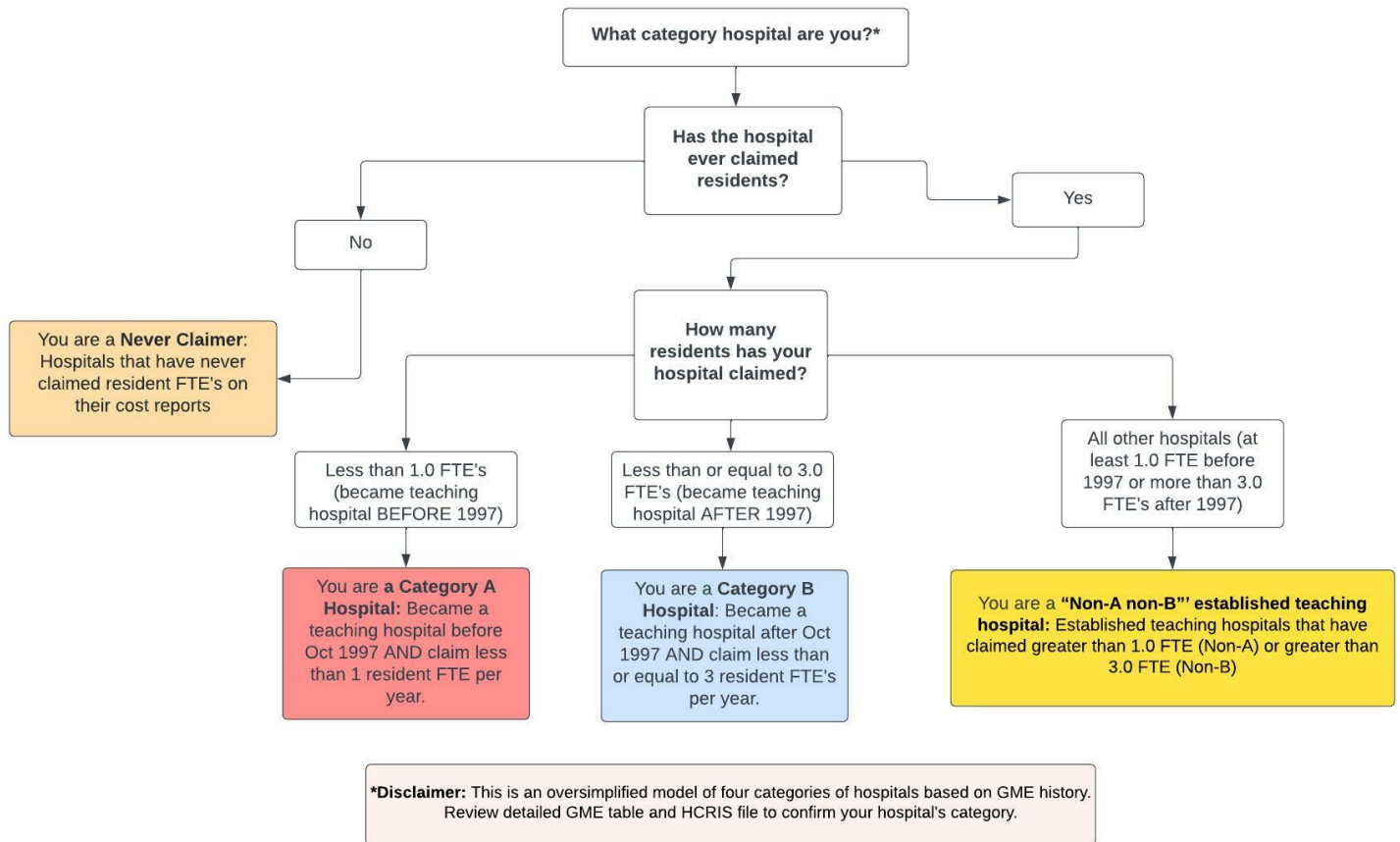
Section 131 GME Tables for Kansas

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



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
170015	MITCHELL COUNTY HOSPITAL	City: BELOIT	*	45312
170034	MINNEOLA DISTRICT HOSPITAL	City: MINNEOLA	*	23266
170023	ST CATHERINE HOSPITAL	FINNEY	*	72928
170074	GEARY COMMUNITY HOSPITAL	GEARY	*	80285

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
170176	OVERLAND PARK REG MED CTR	City: OVERLAND PARK	*	99683

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
173033	MEADOWBROOK REHABILITATION HOSPITAL	City: GARDNER
170133	SAINT LUKE’S CUSHING HOSPITAL	City: LEAVENWORTH
170109	MIAMI COUNTY MEDICAL CENTER	City: PAOLA
170191	UNIVERSITY OF KS HLTH SYSTEM GREAT BEND	BARTON
170058	MERCY HOSPITAL-FORT SCOTT	BOURBON
170017	SUSAN B ALLEN MEMORIAL HOSPITAL	BUTLER
170197	KANSAS MEDICAL CENTER LLC	BUTLER
170203	MERCY SPECIALTY HOSPITAL SOUTHEAST KANSA	CHEROKEE
170094	COFFEY COUNTY HOSPITAL	COFFEY
170150	SOUTH CENTRAL KS MED CENTER	COWLEY
170006	VIA CHRISTI HOSPITAL PITTSBURG INC	CRAWFORD
170137	LAWRENCE MEMORIAL HOSPITAL	DOUGLAS
170175	WESTERN PLAINS MEDICAL COMPLEX	FORD
170014	ADVENTHEALTH OTTAWA	FRANKLIN
170110	BOB WILSON MEMORIAL GRANT COUNTY HOSPITA	GRANT
174016	PRAIRIE VIEW INC	HARVEY
170103	NMC HEALTH	HARVEY
170199	MINIMALLY INVASIVE SURGERY HOSPITAL	JOHNSON
173300	CHILDREN’S MERCY SOUTH	JOHNSON
170185	SAINT LUKE’S SOUTH HOSPITAL	JOHNSON
170201	PINNACLE REGIONAL HOSPITAL, INC	JOHNSON

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Table 3 – Continued from previous page

CCN	Name	County
170195	HEARTLAND SURGICAL SPEC HOSPITAL	JOHNSON
170180	MEADOWBROOK REHABILITATION HOSPITAL	JOHNSON
173032	REHABILITATION HOSPITAL OF OVERLAND PARK	JOHNSON
172004	KPC PROMISE HOSPITAL OF OVERLAND PARK	JOHNSON
170188	KANSAS CITY ORTHOPAEDIC INSTITUTE	JOHNSON
170194	DOCTORS HOSPITAL LLC	JOHNSON
174020	COTTONWOOD SPRINGS LLC	JOHNSON
174024	ST ANTHONY’S SENIOR CARE HOSPITAL OLATHE	JOHNSON
173026	MIDAMERICA REHABILITATION HOSPITAL	JOHNSON
170120	LABETTE HEALTH	LABETTE
170009	SAINT JOHN HOSPITAL	LEAVENWORTH
170001	NEWMAN REGIONAL HEALTH	LYON
170105	MCPHERSON HOSPITAL	MCPHERSON
170075	MERCY HOSPITAL, INC	MCPHERSON
174004	OSAWATOMIE STATE HOSPITAL PSYCHIATRIC	MIAMI
174022	ADAIR ACUTE CARE AT OSAWATOMIE STATE HOS	MIAMI
170145	COFFEYVILLE REGIONAL MEDICAL CENTER, INC	MONTGOMERY
170010	MERCY HOSPITAL INDEPENDENCE	MONTGOMERY
170166	MORTON COUNTY HOSPITAL	MORTON
174006	LARNED STATE HOSPITAL	PAWNEE
170027	PRATT REGIONAL MEDICAL CENTER	PRATT
170020	HUTCHINSON REGIONAL MEDICAL CENTER INC	RENO
170198	SUMMIT SURGICAL, LLC	RENO
170142	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN	RILEY
170190	MANHATTAN SURGICAL HOSPITAL LLC	RILEY
170187	SALINA SURGICAL HOSPITAL	SALINE
173027	WESLEY REHABILITATION HOSPITAL, AN AFFIL	SEDGWICK
170200	VIA CHRISTI HOSPITAL WICHITA ST TERESA,	SEDGWICK
170183	KANSAS SURGERY & RECOVERY CENTER	SEDGWICK
173028	ASCENSION VIA CHRISTI REHABILITATION HOS	SEDGWICK
170204	ROCK REGIONAL HOSPITAL, LLC	SEDGWICK
170192	GALICHIA HEART HOSPITAL LLC	SEDGWICK
174023	ST ANTHONY’S SENIOR CARE HOSPITAL, LLC	SEDGWICK
172007	SELECT SPECIALTY HOSPITAL WICHITA	SEDGWICK
172003	WICHITA-AMG SPECIALTY HOSPITAL	SEDGWICK
170186	KANSAS HEART HOSPITAL	SEDGWICK
170202	No name found	SEDGWICK
170196	KANSAS SPINE & SPECIALTY HOSPITAL, LLC	SEGWICK
170068	SOUTHWEST MEDICAL CENTER	SEWARD
172006	SELECT SPECIALTY HOSPITAL OF TOPEKA	SHAWNEE
173025	KANSAS REHABILITATION HOSPITAL, A JOINT	SHAWNEE
174021	FREEDOM BEHAVIORAL HOSPITAL OF TOPEKA, L	SHAWNEE
170039	SUMNER COMMUNITY HOSPITAL	SUMNER
174010	RAINBOW MENTAL HLTH FACILITY	WYANDOTTE
172005	SELECT SPECIALTY HOSPITAL OF KS CITY	WYANDOTTE

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
170148	BETHANY MEDICAL CENTER	City: KANSAS CITY	*	41904
170049	OLATHE MEDICAL CENTER	City: OLATHE	*	60534
174003	MENNINGER CF MEM HOSP	City: TOPEKA		128505
170147	VIA CHRISTI RIVERSIDE MEDICAL CENTER	City: WICHITA	*	66327
170013	HAYS MEDICAL CENTER	ELLIS	*	70212
170182	MENORAH MEDICAL CENTER	JOHNSON	*	99000
170104	ADVENTHEALTH SHAWNEE MISSION	JOHNSON	*	90806
170012	SALINA REGIONAL HEALTH CENTER	SALINE	*	87976
170122	ASCENSION VIA CHRISTI HOSPITALS WICHITA,	SEDGWICK		145752
170123	WESLEY MEDICAL CENTER	SEDGWICK		129110
170086	STORMONT VAIL HOSPITAL	SHAWNEE	*	86994
170016	UNIVERSITY OF KANSAS HEALTH SYSTEM - ST	SHAWNEE	*	88908
170146	PROVIDENCE MEDICAL CENTER	WYANDOTTE	*	69339
170040	UNIVERSITY OF KANSAS HOSPITAL	WYANDOTTE	*	89118

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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