

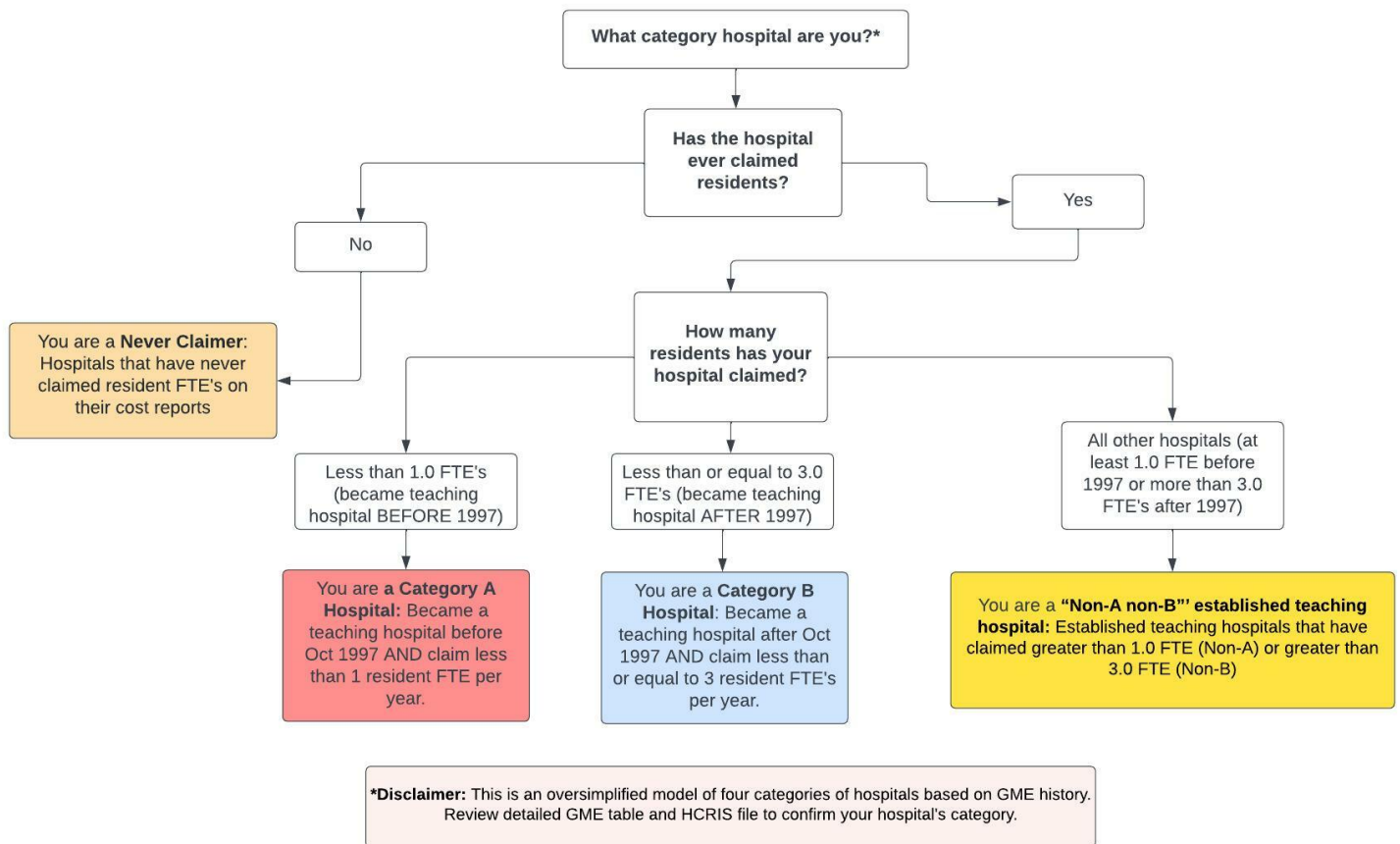
## Section 131 GME Tables for Maryland

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.

**There are no Likely Category A Hospitals in Maryland**

## 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
210058	UMD REHABILITATION & ORTHOPAEDIC INSTIT	BALTIMORE		152104
210007	SAINT JOSEPH MEDICAL CENTER	BALTIMORE	*	58384
214013	ADVENTIST HEALTHCARE BEHAVIORAL HEALTH &	MONTGOMERY		107063

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
213330	No name found	City:
213300	MOUNT WASHINGTON PEDIATRIC HOSPITAL	City: BALTIMORE
214002	EASTERN SHORE HOSPITAL CENTER	City: CAMBRIDGE
214018	SPRING GROVE HOSPITAL CENTER	City: CATONSVILLE
214012	THOMAS B FINAN CENTER	City: CUMBERLAND
210027	WESTERN MARYLAND REGIONAL MEDICAL CENTER	City: CUMBERLAND
210028	MEDSTAR SAINT MARY’S HOSPITAL	City: LEONARDTOWN
210017	GARRETT COUNTY MEMORIAL HOSPITAL	City: OAKLAND
212003	DEER’S HEAD CENTER	City: SALISBURY
214004	SPRINGFIELD HOSPITAL CENTER	City: SYKESVILLE
210043	UNIVERSITY OF MD BALTIMORE WASHINGTON ME	ANNE ARUNDEL
210040	NORTHWEST HOSPITAL CENTER	BALTIMORE
210063	UNIVERSITY OF MD ST JOSEPH MEDICAL CENTE	BALTIMORE
212005	LEVINDALE HEBREW GERIATRIC CENTER & HOSP	BALTIMORE CITY
210064	LEVINDALE HEBREW GERIATRIC CENTER AND HO	BALTIMORE CITY
212007	UNIVERSITY SPECIALTY HOSPITAL	BALTIMORE CITY
210039	CALVERTHEALTH MEDICAL CENTER	CALVERT
210033	CARROLL HOSPITAL CENTER	CARROLL
210032	UNION HOSPITAL OF CECIL COUNTY	CECIL
210035	UNIVERSITY OF MD CHARLES REGIONAL MEDIC	CHARLES

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CCN	Name	County
210005	FREDERICK HEALTH HOSPITAL	FREDERICK
210049	UMD UPPER CHESAPEAKE MEDICAL CENTER	HARFORD
210006	UNIVERSITY OF MD HARFORD MEMORIAL HOSPIT	HARFORD
210048	HOWARD COUNTY GENERAL HOSPITAL	HOWARD
210030	UNIVERSITY OF MD SHORE MEDICAL CTR AT CH	KENT
210065	HOLY CROSS GERMANTOWN HOSPITAL	MONTGOMERY
210018	MEDSTAR MONTGOMERY MEDICAL CENTER	MONTGOMERY
213029	ADVENTIST HEALTHCARE REHABILITATION AT	MONTGOMERY
210016	ADVENTIST HEALTHCARE WHITE OAK MEDICAL C	MONTGOMERY
210062	MEDSTAR SOUTHERN MARYLAND HOSPITAL CENTE	PRINCE GEORGES
210060	ADVENTIST HEALTHCARE FORT WASHINGTON MED	PRINCE GEORGES
210054	SOUTHERN MARYLAND HOSPITAL CENTER	PRINCE GEORGES
210055	LAUREL REGIONAL MEDICAL CENTER	PRINCE GEORGES
210051	LUMINIS HEALTH DOCTORS COMMUNITY MEDICAL	PRINCE GEORGES COUNTY
210045	EDWARD MCCREARY MEMORIAL HOSPITAL	SOMERSET
210037	UMD SHORE MEDICAL CENTER AT EASTON	TALBOT
214003	BROOK LANE HEALTH SERVICES	WASHINGTON
212002	WESTERN MARYLAND CENTER	WASHINGTON
213028	ENCOMPASS HEALTH REHAB HOSPITAL OF SALIS	WICOMICO
210019	PENINSULA REGIONAL MEDICAL CENTER	WICOMICO
210061	ATLANTIC GENERAL HOSPITAL	WORCESTER

## 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
210059	LIBERTY MED CENTER	City: BALTIMORE	*	25000
210031	CHILDRENS HOSPITAL INC	City: BALTIMORE	*	49209
210023	LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENT	ANNE ARUNDEL		139263
210012	SINAI HOSPITAL OF BALTIMORE	BALTIMORE	*	97776
210044	GREATER BALTIMORE MEDICAL CENTER	BALTIMORE		156181
214000	SHEPPARD AND ENOCH PRATT HOSPITAL, THE	BALTIMORE		145845
210056	MEDSTAR GOOD SAMARITAN HOSPITAL	BALTIMORE	*	98478
213301	KENNEDY KRIEGER INSTITUTE	BALTIMORE	*	96180
210015	MEDSTAR FRANKLIN SQUARE MEDICAL CENTER	BALTIMORE	*	98478
210034	MEDSTAR HARBOR HOSPITAL	BALTIMORE CITY	*	98478
210013	GRACE MEDICAL CENTER, INC	BALTIMORE CITY	*	21241
210009	JOHNS HOPKINS HOSPITAL, THE	BALTIMORE CITY	*	98478
210002	UNIVERSITY OF MARYLAND MEDICAL CENTER	BALTIMORE CITY	*	98478
210029	JOHNS HOPKINS BAYVIEW MEDICAL CENTER	BALTIMORE CITY	*	98478
210038	UNIVERSITY OF MD MEDICAL CENTER MIDTOWN	BALTIMORE CITY	*	98478
210008	MERCY MEDICAL CENTER INC	BALTIMORE CITY	*	101483
210011	SAINT AGNES HOSPITAL	BALTIMORE CITY	*	96179

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CCN	Name	County	Review PRA?	Max PRA
210024	MEDSTAR UNION MEMORIAL HOSPITAL	BALTIMORE CITY	*	98478
210004	HOLY CROSS HOSPITAL	MONTGOMERY	*	100930
210022	SUBURBAN HOSPITAL	MONTGOMERY	*	100930
210057	ADVENTIST HEALTHCARE SHADY GROVE MEDICAL	MONTGOMERY	*	3
210003	UM CAPITAL REGION MEDICAL CENTER	PRINCE GEORGES	*	98478
210001	MERITUS MEDICAL CENTER	WASHINGTON	*	105283

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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