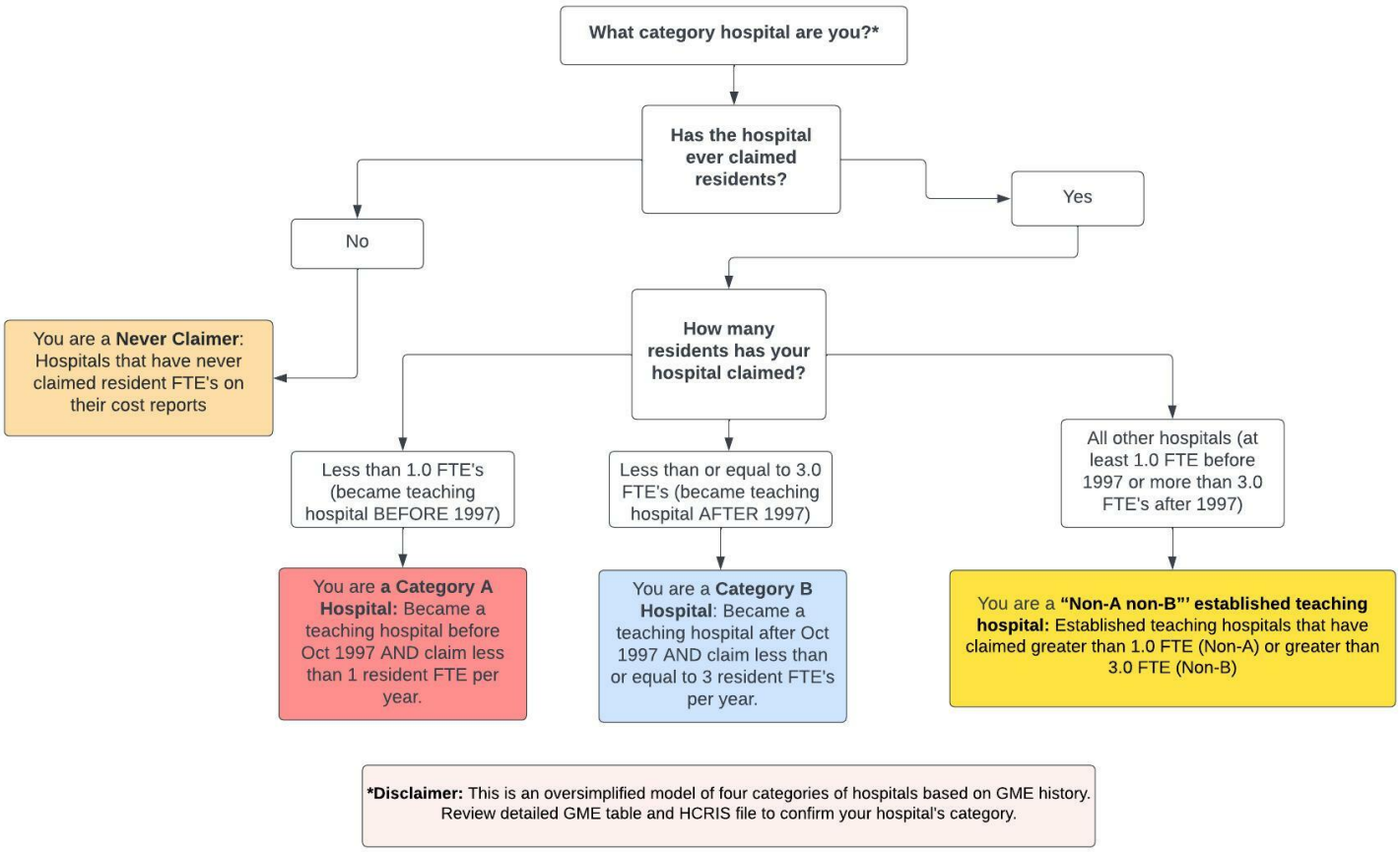
Section 131 GME Tables for Maine

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 Maine

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
200019	SOUTHERN MAINE HEALTH CARE	City: BIDDEFORD	*	111151

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
200034	ST MARY'S REGIONAL MEDICAL CENTER	ANDROSCOGGIN
200052	NORTHERN MAINE MEDICAL CENTER	AROOSTOOK
200018	A R GOULD HOSPITAL	AROOSTOOK
200031	CARY MEDICAL CENTER	AROOSTOOK
200021	MID COAST HOSPITAL	CUMBERLAND
203025	HEALTHSOUTH/MAINE MEDICAL CENTER, LLC	CUMBERLAND
200025	PARKVIEW ADVENTIST MEDICAL CENTER	CUMBERLAND
200037	FRANKLIN MEMORIAL HOSPITAL	FRANKLIN
200050	NORTHERN LIGHT MAINE COAST HOSPITAL	HANCOCK
200041	NORTHERN LIGHT INLAND HOSPITAL	KENNEBEC
204007	RIVERVIEW PSYCHIATRIC CENTER	KENNEBEC
204008	RIVERVIEW PSYCHIATRIC CENTER	KENNEBEC
200063	PENOBSCOT BAY MEDICAL CENTER	KNOX
200002	MILES MEMORIAL HOSPITAL INC (LINCOLN COU	LINCOLN
204004	DOROTHEA DIX PSYCHIATRIC CENTER	PENOBSCOT
204006	NORTHERN LIGHT ACADIA HOSPITAL	PENOBSCOT
200001	ST JOSEPH HOSPITAL	PENOBSCOT
200040	HENRIETTA D GOODALL HOSPITAL	YORK
200020	YORK HOSPITAL	YORK

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
200039	MAINE GENERAL MEDICAL CENTER	City: AUGUSTA		148923
200017	BRIGHTON MEDICAL CENTER	City: PORTLAND	*	48877
200024	CENTRAL MAINE MEDICAL CENTER	ANDROSCOGGIN	*	106850
200008	NORTHERN LIGHT MERCY HOSPITAL	CUMBERLAND		134365
204005	SPRING HARBOR HOSPITAL	CUMBERLAND	*	109487
200009	MAINE MEDICAL CENTER	CUMBERLAND	*	93758
200033	EASTERN MAINE MEDICAL CENTER	PENOBSCOT	*	98822

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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