

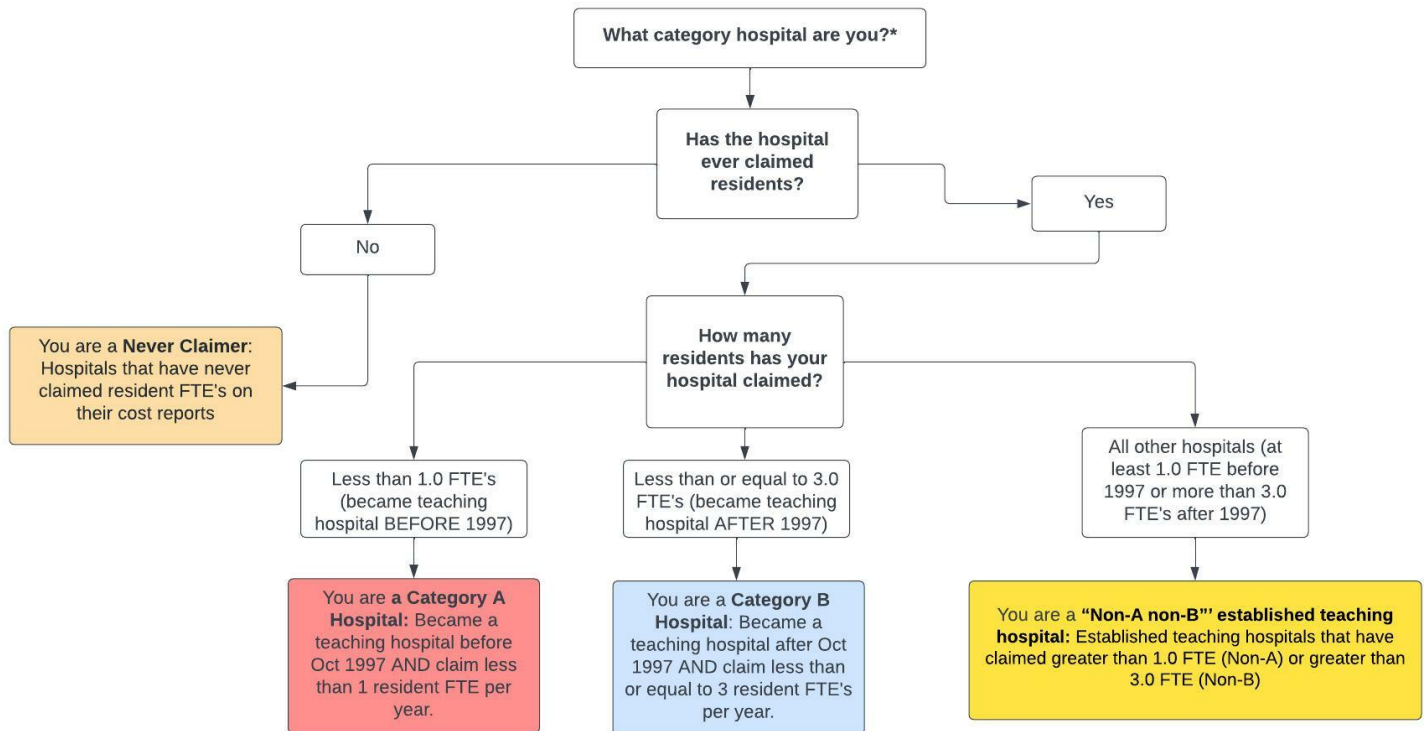
## Section 131 GME Tables for South Carolina

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



**\*Disclaimer:** This is an oversimplified model of four categories of hospitals based on GME history. Review detailed GME table and HCRIS file to confirm your hospital's category.

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 South Carolina**

## 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
420082	AIKEN REGIONAL MEDICAL CENTER	AIKEN	*	101615
420107	MCLEOD HEALTH CHERAW	CHESTERFIELD	*	0
420109	MCLEOD HEALTH CLARENDON	CLARENDON	*	0
420030	COLLETON MEDICAL CENTER	COLLETON	*	99520
420020	TIDELANDS GEORGETOWN MEMORIAL HOSPITAL	GEORGETOWN	*	99108
420098	TIDELANDS WACCAMAW COMMUNITY HOSPITAL	GEORGETOWN	*	100513
420037	PRISMA HEALTH HILLCREST HOSPITAL	GREENVILLE		110998
420033	PRISMA HEALTH GREER MEMORIAL HOSPITAL	GREENVILLE		111625
420049	CONWAY MEDICAL CENTER	HORRY	*	0
420009	PRISMA HEALTH OCONEE MEMORIAL HOSPITAL	OCONEE	*	95759
420070	PRISMA HEALTH TUOMEY HOSPITAL	SUMTER		138810

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
424005	G WERBER BRYAN PSYCH HOSP	City: COLUMBIA
423300	SHRINERS HOSPITALS FOR CHILDREN	City: GREENVILLE
424013	THE WILLIAM J MCCORD ADOLESCENT TREATMEN	City: ORANGEBURG
423029	ANMED HEALTHSOUTH REHABILITATION HOSPITA	ANDERSON
420056	BAMBERG COUNTY MEMORIAL HOSPITAL	BAMBERG
420016	SOUTHERN PALMETTO HOSPITAL	BARNWELL
420067	BEAUFORT COUNTY MEMORIAL HOSPITAL	BEAUFORT
423032	ENCOMPASS HEALTH REHAB HOSPITAL OF BLUFF	BEAUFORT
420080	HILTON HEAD REGIONAL MEDICAL CENTER	BEAUFORT
420110	ROPER ST FRANCIS HOSPITAL-BERKELY INC	BERKELEY
420104	MOUNT PLEASANT HOSPITAL	CHARLESTON
420087	ROPER HOSPITAL	CHARLESTON

*Continued on next page*

Table 3 – Continued from previous page

CCN	Name	County
423027	HEALTHSOUTH REHABILITATION HOSP OF CHARL	CHARLESTON
422005	VIBRA HOSPITAL OF CHARLESTON	CHARLESTON
420065	BON SECOURS-ST FRANCIS XAVIER HOSPITAL	CHARLESTON
420089	EAST COOPER MEDICAL CENTER	CHARLESTON
424006	PALMETTO LOWCOUNTRY BEHAVIORAL HEALTH	CHARLESTON
420043	CHEROKEE MEDICAL CENTER	CHEROKEE
420019	MUSC HEALTH CHESTER MEDICAL CENTER	CHESTER
420062	CHESTERFIELD GENERAL HOSPITAL	CHESTERFIELD
420069	CLARENDON MEMORIAL HOSPITAL	CLARENDON
420010	CAROLINA PINES REGIONAL MEDICAL CENTER	DARLINGTON
420057	MCLEOD MEDICAL CENTER - DARLINGTON	DARLINGTON
420005	MCLEOD MEDICAL CENTER - DILLON	DILLON
423026	ENCOMPASS HEALTH REHABILITATION HOSPITAL	FLORENCE
420091	MUSC HEALTH FLORENCE MEDICAL CENTER	FLORENCE
422007	REGENCY HOSPITAL OF FLORENCE	FLORENCE
420066	LAKE CITY COMMUNITY HOSPITAL	FLORENCE
423033	TIDELANDS HEALTH REHABILITATION HOSPITAL	GEORGETOWN
424010	CAROLINA CTR FOR BEHAVIORAL HEALTH,THE	GREENVILLE
420023	ST FRANCIS-DOWNTOWN	GREENVILLE
422008	PRISMA HEALTH NORTH GREENVILLE LTACH	GREENVILLE
422009	REGENCY HOSPITAL OF GREENVILLE	GREENVILLE
424007	SPRINGBROOK BEHAVIORAL HEALTH SYSTEM	GREENVILLE
423030	GREENWOOD REGIONAL REHABILITATION HOSPIT	GREENWOOD
420072	HAMPTON REGIONAL MEDICAL CENTER	HAMPTON
424002	LIGHTHOUSE BEHAVIORAL HEALTH HOSPITAL	HORRY
420064	LORIS COMMUNITY HOSPITAL	HORRY
420105	MCLEOD LORIS HOSPITAL	HORRY
420101	COASTAL CAROLINA HOSPITAL	JASPER
423034	MIDLANDS REGIONAL REHABILITATION HOSPITA	KERSHAW
420048	KERSHAWHEALTH	KERSHAW
420036	MUSC HEALTH LANCASTER MEDICAL CENTER	LANCASTER
424014	REBOUND BEHAVIORAL HEALTH	LANCASTER
420038	GHS LAURENS COUNTY MEMORIAL HOSPITAL	LAURENS
420073	LEXINGTON MEDICAL CENTER	LEXINGTON
424008	THREE RIVERS BEHAVIORAL HEALTH	LEXINGTON
420055	MUSC HEALTH MARION MEDICAL CENTER	MARION
420054	MARLBORO PARK HOSPITAL	MARLBORO
420053	NEWBERRY COUNTY MEMORIAL HOSPITAL	NEWBERRY
420068	TRMC OF ORANGEBURG & CALHOUN	ORANGEBURG
420011	CANNON MEMORIAL HOSPITAL	PICKENS
423025	ENCOMPASS HEALTH REHABILITATION HOSPITAL	RICHLAND
422006	CONTINUECARE HOSPITAL AT PALMETTO HEALTH	RICHLAND
420026	PROVIDENCE HEALTH	RICHLAND
420106	PRISMA HEALTH BAPTIST PARKRIDGE	RICHLAND
424011	PATRICK B HARRIS PSYCHIATRIC HOSPITAL	RICHLAND
420103	PELHAM MEDICAL CENTER	SPARTANBURG
420083	MARY BLACK HEALTH SYSTEM SPARTANBURG	SPARTANBURG
422004	SPARTANBURG HOSP FOR RESTORATIVE CARE	SPARTANBURG
423031	SPARTANBURG REHABILITATION INSTITUTE, IN	SPARTANBURG
420039	WALLACE THOMSON HOSPITAL	UNION
420108	UNION MEDICAL CENTER	UNION
420002	PIEDMONT MEDICAL CENTER	YORK
423028	ENCOMPASS HEALTH REHABILITATION 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
420006	CHARLESTON MEMORIAL HOSPITAL	City: CHARLESTON	*	85776
424003	WILLIAM S HALL PSYCHIATRIC INSTITUTE	City: COLUMBIA	*	69860
420027	ANMED HEALTH	ANDERSON		109714
420004	MUSC MEDICAL CENTER	CHARLESTON	*	87207
420079	TRIDENT MEDICAL CENTER	DORCHESTER	*	91300
420051	MCLEOD REGIONAL MEDICAL CENTER-PEE DEE	FLORENCE		109691
420078	PRISMA HEALTH GREENVILLE MEMORIAL HOSPIT	GREENVILLE		111625
420102	PRISMA HEALTH PATEWOOD HOSPITAL	GREENVILLE		111625
420071	SELF REGIONAL HEALTHCARE	GREENWOOD		138513
420085	GRAND STRAND REGIONAL MEDICAL CENTER	HORRY	*	99067
420015	PRISMA HEALTH BAPTIST EASLEY HOSPITAL	PICKENS		111625
420018	PRISMA HEALTH RICHLAND HOSPITAL	RICHLAND		138810
420086	PRISMA HEALTH BAPTIST	RICHLAND	*	97837
420007	SPARTANBURG MEDICAL CENTER	SPARTANBURG		134097

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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