

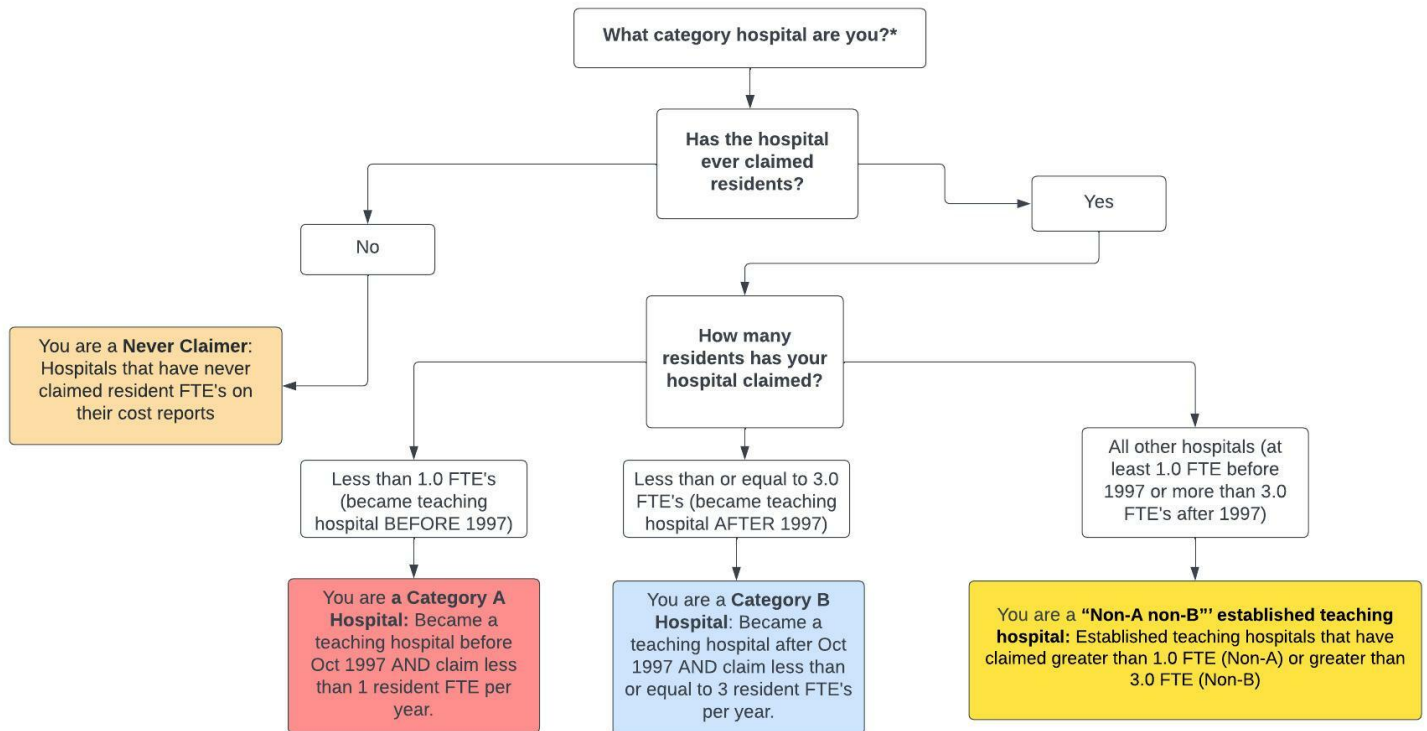
## Section 131 GME Tables for Washington

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.

Table 1: Category A

CCN	Name	County	PRA?	Max PRA
500051	OVERLAKE HOSPITAL MEDICAL CENTER	KING	*	92380
500079	MULTICARE GOOD SAMARITAN HOSPITAL	PIERCE		123491
500119	MULTICARE VALLEY HOSPITAL	SPOKANE		147600
500037	ASTRIA TOPPENISH HOSPITAL	YAKIMA	*	85277

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
500085	KLICKITAT VALLEY HOSPITAL	City: GOLDENDALE	*	66044
500053	TRIOS HEALTH	BENTON	*	112097
500072	OLYMPIC MEDICAL CENTER	CLALLAM	*	109293
500141	ST FRANCIS COMMUNITY HOSPITAL	KING	*	103838
500152	SWEDISH ISSAQUAH	KING	*	108969
500019	PROVIDENCE CENTRALIA HOSPITAL	LEWIS	*	90875
500108	ST JOSEPH MEDICAL CENTER	PIERCE	*	0

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
504004	EASTERN STATE HOSPITAL	City: MEDICAL LAKE
504014	INLAND NORTHWEST BEHAVIORAL HEALTH	City: SPOKANE
503302	SHRINERS HOSPITAL FOR CHILDREN	City: SPOKANE
504003	WESTERN STATE HOSPITAL	City: TACOMA
504008	LOURDES COUNSELING CENTER	BENTON
500016	CENTRAL WASHINGTON HOSPITAL	CHELAN
500148	CONFLUENCE HEALTH- WENATCHEE VALLEY HOSP	CHELAN
500150	LEGACY SALMON CREEK MEDICAL CENTER	CLARK
504013	RAINIER SPRINGS	CLARK
500041	PEACEHEALTH ST JOHN MEDICAL CENTER	COWLITZ
500033	SAMARITAN HOSPITAL	GRANT
500031	GRAYS HARBOR COMMUNITY HOSPITAL	GRAYS HARBOR
500153	PEACEHEALTH PEACE ISLAND MEDICAL CENTER	ISLAND
502001	REGIONAL HOSPITAL FOR RESPIRATORY AND CO	KING
500154	MULTICARE COVINGTON MEDICAL CENTER	KING

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CCN	Name	County
504002	BHC FAIRFAX HOSPITAL	KING
500124	EVERGREENHEALTH MEDICAL CENTER	KING
500052	KAISER PERMANENTE CENTRAL HOSPITAL	KING
504009	NAVOS - INPATIENT SERVICES	KING
500011	HIGHLINE MEDICAL CENTER	KING
504011	CASCADE BEHAVIORAL HOSPITAL	KING
501992	SUNRISE HAVEN	KING
500015	MULTICARE AUBURN MEDICAL CENTER	KING
503026	CHI FRANCISCAN REHABILITATION HOSPITAL	PIERCE
500151	ST ANTHONY HOSPITAL	PIERCE
504016	WELLFOUND BEHAVIORAL HEALTH HOSPITAL	PIERCE
500021	ST CLARE HOSPITAL	PIERCE
500007	ISLAND HOSPITAL	SKAGIT
504012	SMOKEY POINT BEHAVIORAL HOSPITAL	SNOHOMISH
500060	CASCADE VALLEY HOSPITAL	SNOHOMISH
500084	EVERGREENHEALTH MONROE	SNOHOMISH
500026	SWEDISH EDMONDS HOSPITAL	SNOHOMISH
500077	PROVIDENCE HOLY FAMILY HOSPITAL	SPOKANE
503025	PROVIDENCE ST LUKE'S REHABILITATION MEDI	SPOKANE
500139	CAPITAL MEDICAL CENTER	THURSTON
504015	SOUTH SOUND BEHAVIORAL HOSPITAL	THURSTON
500049	WALLA WALLA GENERAL HOSPITAL	WALLA WALLA
500002	PROVIDENCE ST MARY MEDICAL CENTER	WALLA WALLA
500030	ST JOSEPH HOSPITAL	WHATCOM

## 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
500055	MOUNT CARMEL HOSPITAL	City: COLVILLE	*	67893
503301	MARY BRIDGE CHILDREN'S HOSPITAL	City: TACOMA	*	0
500045	PUGET SOUND HOSPITAL	City: TACOMA	*	69405
500036	YAKIMA VALLEY MEMORIAL	City: YAKIMA	*	114163
500058	KADLEC REGIONAL MEDICAL CENTER	BENTON	*	107516
500050	PEACEHEALTH SOUTHWEST MEDICAL CENTER	CLARK	*	111546
500064	HARBORVIEW MEDICAL CENTER	KING		118867
502002	KINDRED HOSPITAL-SEATTLE	KING	*	0
503300	SEATTLE CHILDREN'S HOSPITAL	KING	*	96462
500138	SEATTLE CANCER CARE ALLIANCE	KING	*	110646
500001	UW MEDICINE/NORTHWEST HOSPITAL	KING	*	97480
500025	SWEDISH MEDICAL CENTER / CHERRY HILL	KING		144934
500027	SWEDISH MEDICAL CENTER	KING		146493
500088	VALLEY MEDICAL CENTER	KING		127562

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CCN	Name	County	Review PRA?	Max PRA
500005	VIRGINIA MASON MEDICAL CENTER	KING	*	97067
500008	UNIVERSITY OF WASHINGTON MEDICAL CTR	KING	*	108876
500039	HARRISON MEDICAL CENTER	KITSAP		117688
500129	TACOMA GENERAL ALLENMORE HOSPITAL	PIERCE		150900
500003	SKAGIT VALLEY HOSPITAL	SKAGIT	*	101839
500014	PROVIDENCE REGIONAL MEDICAL CENTER EVERE	SNOHOMISH	*	96244
500044	DEACONESS MEDICAL CENTER	SPOKANE		143583
500054	PROV SACRED HRT MED CTR & CHILDS HOSP.	SPOKANE		117080
500024	PROVIDENCE ST PETER HOSPITAL	THURSTON	*	91304
500012	ASTRIA REGIONAL MEDICAL CENTER	YAKIMA	*	108767

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.

#### Acknowledgement

Disclaimer: The grant program is supported by the Health Resources and Services Administration of the U.S. Department of Health and Human Services under cooperative agreement #UK6RH32513. The content does not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.