

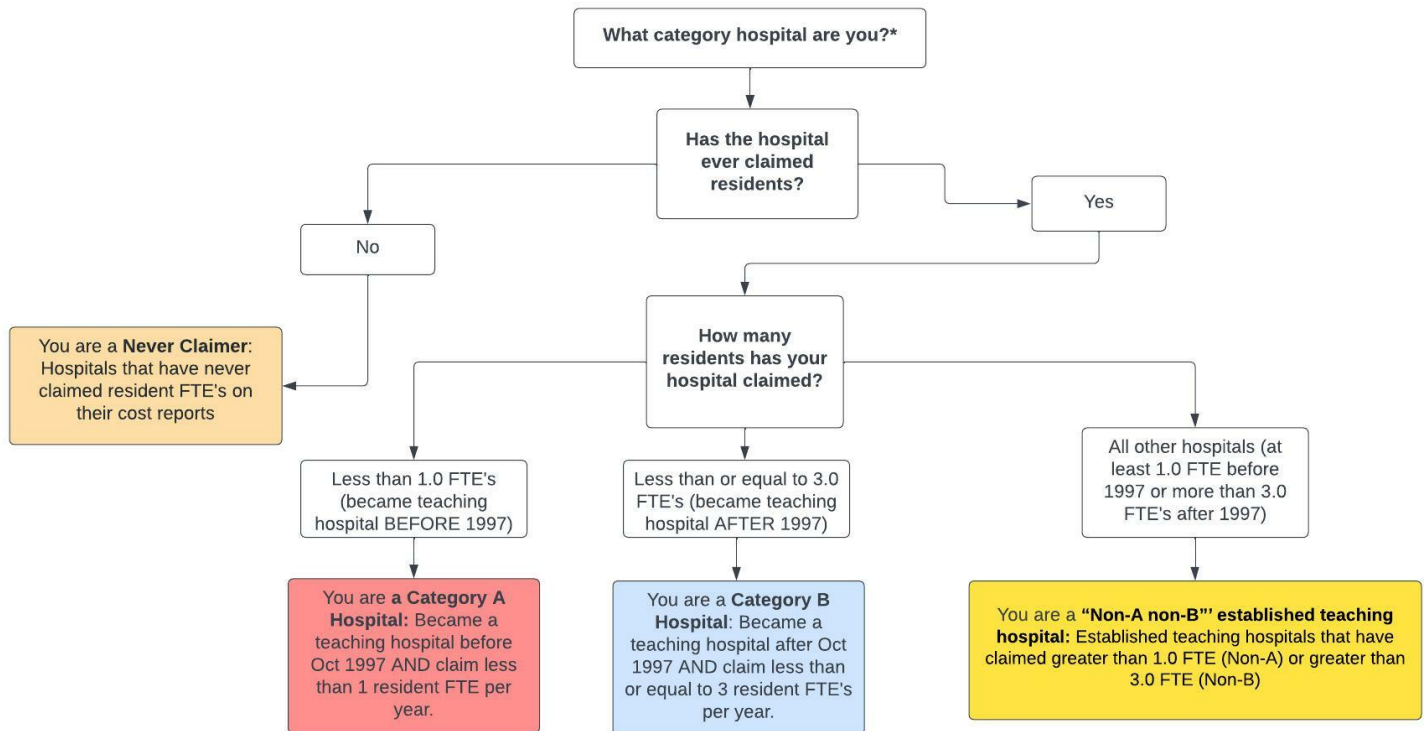
## Section 131 GME Tables for West Virginia

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
510068	JEFFERSON MEMORIAL HOSPITAL	City: RANSON	*	91812

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
514009	MILDRED MITCHELL-BATEMAN HOSPITAL	City: HUNTINGTON	*	101370
514008	RIVER PARK HOSPITAL	CABELL	*	95056

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
510086	WELCH COMMUNITY HOSPITAL	City: WELCH
510023	WEIRTON MEDICAL CENTER	BROOKE
512003	CORNERSTONE SPECIALTY HOSPITALS HUNTINGT	CABELL
513028	ENCOMPASS HEALTH REHAB HOSPITAL OF HUNTI	CABELL
512005	ACUITY SPECIALTY HOSPITAL OHIO VALLEY	HANCOCK
514011	HIGHLAND-CLARKSBURG HOSPITAL INC	HARRISON
510018	JACKSON GENERAL HOSPITAL	JACKSON
514001	HIGHLAND HOSPITAL	KANAWHA
510031	ST FRANCIS HOSPITAL	KANAWHA
510091	CHARLESTON SURGICAL HOSPITAL	KANAWHA
512002	SELECT SPECIALTY HOSPITAL	KANAWHA
510029	THOMAS MEMORIAL HOSPITAL	KANAWHA
510059	CHARLESTON SURGICAL HOSPITAL	KANAWHA
514012	WILLIAM R SHARPE, JR HOSPITAL	LEWIS
514010	WILLIAM R SHARPE, JR HOSPITAL	LEWIS
510038	STONEWALL JACKSON MEMORIAL HOSPITAL	LEWIS
510047	FAIRMONT REGIONAL MEDICAL CENTER	MARION
510013	REYNOLDS MEMORIAL HOSPITAL	MARSHALL
510012	PLEASANT VALLEY HOSPITAL	MASON
513026	ENCOMPASS HEALTH REHAB HOSPITAL OF PRINC	MERCER

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Table 3 – Continued from previous page

CCN	Name	County
510046	PRINCETON COMMUNITY HOSPITAL	MERCER
510077	WILLIAMSON MEMORIAL HOSPITAL	MINGO
510092	ACUITY SPECIALTY HOSPITAL OF MORGANTOWN	MONONGALIA
513030	ENCOMPASS HEALTH REHAB HOSPITAL OF MORGANTOWN	MONONGALIA
510082	SUMMERSVILLE REGIONAL MEDICAL CENTER	NICHOLAS
513025	PETERSON HEALTHCARE AND REHABILITATION HOSPITAL	OHIO
510085	CAMC TEAYS VALLEY HOSPITAL	PUTNAM
510062	BECKLEY ARH HOSPITAL	RALEIGH
510030	DAVIS MEDICAL CENTER	RANDOLPH
510053	ST JOSEPH HOSPITAL	UPSHUR
510072	WETZEL COUNTY HOSPITAL	WETZEL
513027	ENCOMPASS HEALTH REHAB HOSPITAL OF PARKE	WOOD

## 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
514007	CHESTNUT RIDGE PSYCHIATRIC HOSPITAL	City: MORGANTOWN	*	39098
510008	BERKELEY MEDICAL CENTER	BERKELEY	*	88871
510055	CABELL HUNTINGTON HOSPITAL INC	CABELL	*	87221
510007	ST MARY’S MEDICAL CENTER	CABELL	*	87179
510002	GREENBRIER VALLEY MEDICAL CENTER	GREENBRIER	*	86728
510006	UNITED HOSPITAL CENTER	HARRISON		107347
510022	CHARLESTON AREA MEDICAL CENTER	KANAWHA	*	92086
510048	LOGAN REGIONAL MEDICAL CENTER	LOGAN	*	62531
510071	BLUEFIELD REGIONAL MEDICAL CENTER	MERCER	*	98039
510001	WEST VIRGINIA UNIVERSITY HOSPITALS	MONONGALIA	*	87465
510024	MON HEALTH MEDICAL CENTER	MONONGALIA	*	71080
510050	WHEELING HOSPITAL	OHIO	*	95400
510039	OHIO VALLEY MEDICAL CENTER	OHIO		116532
510070	RALEIGH GENERAL HOSPITAL	RALEIGH	*	51275
510058	CAMDEN CLARK MEDICAL CENTER	WOOD	*	91420

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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