

**Hospital Graduate Medical Education Reporting Changes to
Schedules P4A to P4I (Direct Medical Education) and
Schedule IRS (Indirect Medical Education)**

Health Services Cost Review Commission
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This is a draft recommendation. Comments may be submitted to Mary Beth Pohl
(mpohl@hsrc.state.md.us) by December 31, 2011.

Purpose

This is a draft recommendation regarding changes to hospital graduate medical education (GME) financial and resident count reporting.

HSCRC staff utilizes the GME financial reporting for calculating dollars attributed to direct medical education (DME). HSCRC staff utilizes the resident¹ count report to quantify the added cost to patient charges attributable to training (indirect medical education, or IME). The changes HSCRC staff recommend intend to:

- DME: Update financial schedules to reflect previously implemented policy that discontinued the requirements around hospital reporting of ineligible residents;
- DME: Modify financial schedule instructions to reflect the full time equivalency definition used by Medicare for counting residents;
- IME: Change IME reporting from a one-day snap shot to a FTE based count;
- IME: Modify and clarify IME reporting requirements to follow Medicare resident reporting; and
- IME: Revise the HSCRC's IME collection template to more closely approximate the data format for which hospitals submit resident information to Medicare's Intern and Resident Reporting System (IRIS).

Background

Since its inception, Maryland's all payer system has accounted for the social costs associated with the training of physicians by building costs for DME and IME into hospital rates. The HSCRC does not make payments for DME or IME. Rather, the Commission uses DME and IME adjustments in its methodologies to assess the adequacy of hospital rates relative to peer institutions through the reasonableness of charges (ROC) and the inter-hospital cost comparison (ICC) methodologies.

To account for DME and IME in the ROC and ICC, the Commission requires hospitals to submit annual financial and resident count reports. Hospitals report DME on Schedule P4A to P4I. For DME, the HSCRC quantifies the dollar amount associated with training program components, including salaries/compensation and fringe benefits. Hospitals report the resident count on the HSCRC's Intern and Resident Survey (Schedule IRS). HSCRC staff utilize the resident count in quantifying the added cost to patient charges attributable to training (i.e., inefficiencies). The HSCRC captures IME costs through a regression analysis.

While computing the ROC this summer, HSCRC staff identified an error in hospital reporting of resident counts in the previous year. Following the correction of the error, HSCRC staff opened a discussion with the Payment Workgroup to review and potentially modify HSCRC's collection

¹ For purposes of this recommendation, "resident" may be an intern, resident, or fellow who meets the DME or IME definitions in the GME reporting requirements.

of GME data. New collection practices would aim to provide HSCRC with a more complete understanding of GME and allow for GME data review/auditing.

In October, HSCRC staff engaged a workgroup of hospital representatives to address potential changes to DME and IME reporting. HSCRC staff emailed CFOs at all hospitals with graduate medical education programs. The following hospitals/systems provided representatives for the GME workgroup: Holy Cross, Johns Hopkins, LifeBridge, MedStar, Saint Agnes, and University of Maryland. HSCRC staff copied Maryland Hospital Association representatives on email correspondence with the GME workgroup.

The GME workgroup discussed the potential to consolidate collection of DME and IME information. However, based on HSCRC staff review of Commission policy and Medicare regulation, HSCRC staff recommend continuing to have separate reporting practices for DME and IME. With input from the workgroup, HSCRC staff recommend changes to both DME and IME reporting.

Recommended Updates to DME Reporting

As HSCRC had previously discontinued the requirements around reporting of ineligible residents, the revisions to the financial reporting eliminate Schedule P5. The revised instructions also specify the calculation of resident FTEs utilizing days worked annually.

See Attachment A for the draft Schedule P4A to P4I. Attachment B modifies Section 400, Reporting Requirements of the Accounting and Budget Manual.

Recommended Changes to IME Reporting

Background:

Currently, Schedule IRS, completed by hospitals and due to the HSCRC by January 15th each year, lists interns, residents, and eligible fellows who performed services in that hospital on the Tuesday following Labor Day. Instead of relying on the Schedule IRS's one day snapshot to represent resident counts for the entire year, HSCRC staff reviewed the potential of moving to a FTE count of the time that interns/residents/fellows provided patient care at the hospital. Data similar to those submitted to Medicare's Intern and Resident Information System (IRIS), which provides FTE information for each resident, seems a logical potential replacement.

Note that the HSCRC developed Schedule IRS prior to the federal government's implementation of Medicare's IRIS. Currently hospitals submit resident count data to both the HSCRC and Medicare using different templates and methodologies.

HSCRC Staff Review of Medicare Regulations and the Use of IRIS:

HSCRC reviewed Medicare IME regulations (§412.105), IRIS reporting requirements, and consulted with Medicare's fiscal intermediary to understand the impact of following Medicare regulations for the reporting of IME.

HSCRC staff found that Medicare's IME reporting requirements are substantially in line with the intent of the HSCRC for hospital reporting of resident counts. This includes Medicare regulations regarding the definition of an accredited residency program/inclusion of fellows for purposes of IME, the determination of countable time (e.g., research vs. clinical time), determination of hospital vs. out of hospital, and the definition of full time equivalency seemed

overall to be in line with HSCRC policy. Note that Medicare regulations are far more instructive regarding which residents and which time is accounted for in IME.

The aspect of Medicare IME regulation that most differs from HSCRC reporting requirements is that Medicare does count for IME certain days that a resident spends outside of regulated space when performing patient care activities (e.g., rotations at affiliated physician practices). HSCRC staff has asked the GME workgroup to comment on the extent of resident rotations outside of the regulated space that are countable under Medicare regulation §412.105(f)(1)(ii)(C). We have not received feedback thus far and will continue to request feedback during this recommendation's comment period. Unless HSCRC staff receive documentation from hospitals to the contrary, HSCRC staff believe that following Medicare policy on this is acceptable.

See Attachment C for the Schedule IRS instructions in the Accounting and Budget Manual. Attachment D is a snapshot of the Schedule IRS template.

Addition of a GME Review/Audit

HSCRC will begin reviews of Schedule IRS submissions Spring 2012 based on the draft GME audit program in Attachment E.

Summary of Recommendations

HSCRC staff recommend changes to hospital reporting of GME:

- DME: Update financial schedules to reflect previously implemented policy that discontinued the requirements around hospital reporting of ineligible residents;
- DME: Modify financial schedule instructions to reflect the full time equivalency definition used by Medicare for counting residents;
- IME: Change IME reporting from a one-day snap shot to a FTE based count;
- IME: Modify and clarify IME reporting requirements to follow Medicare resident reporting; and
- IME: Revise the HSCRC's IME collection template to more closely approximate the data format for which hospitals submit resident information to Medicare's Intern and Resident Reporting System (IRIS).

As this is a draft recommendation, HSCRC will continue to solicit feedback from hospitals and the GME workgroup on the draft Schedule P4A to P4I and Schedule IRS and report back to the Commission with final recommendations at its January Commission meeting.

Attachment A - Draft Schedule P4A to P4I

SCHEDULES P4A TO P4I - RESIDENTS, INTERNS SERVICES .15

Overview .151

Schedules P4A thru P4I are provided to enable each hospital to report the total costs including compensation and fringe benefits for residents, interns and physician supervision of residents, interns services engaged in an organized program of post-graduate medical clinical education for the following cost centers:

<u>Nomenclature</u>	<u>Account Number</u>	<u>Code</u>
Medical Surgical Acute	8240	MSG
Pediatrics Acute	8240	PED
Psychiatric Acute	8240	PSY
Obstetrics Acute	8240	OBS
Definitive Observation	8240	DEF
M/S Intensive Care	8240	MIS
Coronary Care	8240	CCU
Pediatric Intensive Care	8240	PIC
Neo-Natal Intensive Care	8240	NEO
Burn Care	8240	BUR
Psychiatric Intensive Care	8240	PSI
Shock Trauma	8240	TRM
Oncology	8240	ONC
Newborn Nursery	8240	NUR
Premature Nursery	8240	PRE
Rehabilitation	8240	RHB
Intermediate Care	8240	ICC
Emergency Services	8240	EMG
Clinic Services	8240	CL
Psych. Day & Night Care	8240	PDC
Labor & Delivery Services	8240	DEL
Operating Room	8240	OR
Operating Room Clinic	8240	ORC
Anesthesiology	8240	ANS
Laboratory Services	8240	LAB
Electrocardiography	8240	EKG
Interventional Radiology/Cardiovascular	8240	IRC
Radiology-Diagnostic	8240	RAD
CT Scanner	8240	CAT
Radiology-Therapeutic	8240	RAT
Nuclear Medicine	8240	NUC
Respiratory Therapy	8240	RES

Attachment A - Draft Schedule P4A to P4I

<u>Nomenclature</u>	<u>Account Number</u>	<u>Code</u>
Pulmonary Function	8240	PUL
Electroencephalography	8240	EEG
Physical Therapy	8240	PTH
Occupational Therapy	8240	OTH
Speech-Language Pathology	8240	STH
MRI Scanner	8240	MRI
Same Day Surgery	8240	SDS
Lithotripsy	8240	LIT
Rehabilitation	8240	RHB
Adult Psychiatric	8240	PAD
Psychiatric Child/Adolescent	8240	PCD
Psychiatric Intensive Care	8240	PSI
Psycho-Geriatric	8240	PSG
Psychiatric Day Care	8240	PSD
Individual Therapy	8240	ITH
Group Therapy	8240	GTH
Activity Therapy	8240	ATH
Family Therapy	8240	FTH
Psychiatric Testing	8240	PST

The total costs are to be reported for all residents and interns working in the hospital.

The column headed Source indicates computations to be made or the source of the data requested.

Round the expenses on Lines A, B, C, D, E, and F to 1 decimal place (nearest hundred), e.g., \$128,610.50 is entered as 128.6.

Round the FTE data on Lines G and H to 1 decimal place, e.g., line G, 1898 days divided by 365 = 5.2 FTEs and line H, 4160 hours divided by 2080 = 2.0 FTEs.

Detailed Instructions .152

Heading Section

Institution Name Line

Enter on this line the complete name of the reporting hospital.

Institution Number Line

Enter on this line, the number assigned to the reporting hospital located in Appendix B. The assigned number corresponds to the last 4 digits of the reporting hospital's Medicare Provider Number, e.g., 0099.

Base Year Line

Enter on this line the year for which the base year data is reported, e.g., 06-12.

Attachment A - Draft Schedule P4A to P4I

Base Year Data Section

Line A - Base Year Wages and Salaries

Schedule P4A- Columns 1 to 7

Schedule P4B- Columns 1 to 7

Schedule P4C - Columns 1 to 7

Schedule P4D - Columns 1 to 7

Schedule P4E - Columns 1 to 7

Schedule P4F - Columns 1 to 7

Schedule P4G - Columns 1 to 7

Schedule P4H - Columns 1 to 7

Schedule P4I - Columns 1 to 6

Enter on this line, in each applicable cost center column, the wages, salaries and fringe benefits expenses incurred in the base year for residents and interns.

Schedule P4I - Column 7

Enter on this line, in the Total Column, the result of adding Line A. Base Year Expenses, from each cost center column, (Schedule P4A, Columns 1 to 7, Schedule P4B, Columns 1 to 7, Schedule P4C, Columns 1 to 7, Schedule P4D, Columns 1 to 7, Schedule P4E, Columns 1 to 7, Schedule P4F, Columns 1 to 7, Schedule P4G, Columns 1 to 7, Schedule P4H, Columns 1 to 7 and Schedule P4I, Columns 1 to 6.)

Line B - Base Year Physician Supervision

Schedule P4A - Columns 1 to 7

Schedule P4B - Columns 1 to 7

Schedule P4C - Columns 1 to 7

Schedule P4D - Columns 1 to 7

Schedule P4E - Columns 1 to 7

Schedule P4F - Columns 1 to 7

Schedule P4G - Columns 1 to 7

Schedule P4H - Columns 1 to 7

Schedule P4I - Columns 1 to 6

Enter on this line, in each applicable cost center column, the physician supervision expenses transferred from Schedules P1A and P1B, Lines A1 to A50, Column 6, Education, except Private Psychiatric hospitals.

Attachment A - Draft Schedule P4A to P4I

Schedule P4I - Column 7

Enter on this line, in the Total Column, the result of adding Line B, Base Year Physician Supervision, from each cost center column, (Schedule P4A, Columns 1 to 7, Schedule P4B, Columns 1 to 7, Schedule P4C, Columns 1 to 7, Schedule P4D, Columns 1 to 7, Schedule P4E, Columns 1 to 7, Schedule P4F, Columns 1 to 7, Schedule P4G, Columns 1 to 7, Schedule P4H, Columns 1 to 7 and Schedule P4I, Columns 1 to 6.)

Line C - Base Year Other Expenses

Schedule P4A - Columns 1 to 7

Schedule P4B - Columns 1 to 7

Schedule P4C and P5C - Columns 1 to 7

Schedule P4D - Columns 1 to 7

Schedule P4E - Columns 1 to 7

Schedule P4F - Columns 1 to 7

Schedule P4G - Columns 1 to 7

Schedule P4H - Columns 1 to 7

Schedule P4I - Columns 1 to 6

Enter on this line, in each applicable cost center column, the other expenses incurred in the base year in the resident, intern program.

Schedule P4I - Column 7

Enter on this line, in the Total Column, the result of adding Line C, Base Year Other Expenses, from each cost center column, (Schedule P4A, Columns 1 to 7, Schedule P4B, Columns 1 to 7, Schedule P4E, Columns 1 to 7, Schedule P4F, Columns 1 to 7, Schedule P4G, Columns 1 to 7, Schedule P4H, Columns 1 to 7 and Schedule P4I, Columns 1 to 6.)

Line D - Total Base Year Expenses

Schedule P4A - Columns 1 to 7

Schedule P4B - Columns 1 to 7

Schedule P4C - Columns 1 to 7

Schedule P4D - Columns 1 to 7

Schedule P4E - Columns 1 to 7

Schedule P4F - Columns 1 to 7

Schedule P4G - Columns 1 to 7

Schedule P4H - Columns 1 to 7

Schedule P4I - Columns 1 to 6

Attachment A - Draft Schedule P4A to P4I

Enter on this line, in each cost center column and the Total Column, the result of adding Line A, Base Year Wages and Salaries, Line B, Base Year Physician Supervision and Line C, Base Year Other Expenses.

Verify the result of adding the base year expenses from each cost center column (Schedule P4A, Columns 1 to 7, Schedule P4B, Columns 1 to 7, Schedule P4C, Columns 1 to 7, Schedule P4D, Columns 1 to 7, Schedule P4E, Columns 1 to 7, Schedule P4F, Columns 1 to 7, Schedule P4G, Columns 1 to 7, Schedule P4H, Columns 1 to 7 and Schedule P4I, Column 1 to 6.) equals the expenses in the Total Column.)

Transfer the total expenses from schedule P4I to Schedule RC, Line D, Column 1, Base Year.

Line E - Allocation from Cafeteria, Parking, Etc.

Schedule P4A - Columns 1 to 7

Schedule P4B - Columns 1 to 7

Schedule P4C - Columns 1 to 7

Schedule P4D - Columns 1 to 7

Schedule P4E - Columns 1 to 7

Schedule P4F - Columns 1 to 7

Schedule P4G - Columns 1 to 7

Schedule P4H - Columns 1 to 7

Schedule P4I - Columns 1 to 6

Enter on this line, in each applicable cost center column, the allocation of cafeteria, parking, etc. from Schedule OADP, lines 204 to 325.

Schedule P4I - Column 7

Enter on this line, in the Total Column, the result of adding the allocation from each cost center column (Schedule P4A, Columns 1 to 7, Schedule P4B, Columns 1 to 7, Schedule P4C, Columns 1 to 7, Schedule P4D, Columns 1 to 7, Schedule P4E, Columns 1 to 7, Schedule P4F, Columns 1 to 7, Schedule P4G, Columns 1 to 7, Schedule H, Columns 1 to 7, and Schedule P4I, Columns 1 to 6.)

Line F - Base Year Expenses Adjusted

Schedule P4A - Columns 1 to 7

Schedule P4B - Columns 1 to 7

Schedule P4C - Columns 1 to 7

Schedule P4D - Columns 1 to 7

Schedule P4E - Columns 1 to 7

Schedule P4F - Columns 1 to 7

Schedule P4G - Columns 1 to 7

Attachment A - Draft Schedule P4A to P4I

Schedule P4H - Columns 1 to 7

Schedule P4I - Columns 1 to 6

Enter on this line, in each cost center column and the Total Column, the result of adding Line A, Base Year Wages and Salaries with Line B, Base Year Physician Supervision and Line C, Base Year Other Expenses.

Verify the result of adding the base year expenses adjusted from each cost center column (Schedule P4A, Columns 1 to 7, Schedule P4B, Columns 1 to 7, Schedule P4C, Columns 1 to 7, Schedule P4D, Columns 1 to 7, Schedule P4E, Columns 1 to 7, Schedule P4F, Columns 1 to 7, Schedule P4G, Columns 1 to 7, Schedule P4H, Columns 1 to 7, and Schedule P4I, Columns 1 to 6 to Schedule P4I, Column 7, Total.)

FTE Data Section

Line G - Base Year Residents and Interns FTE's line (A)

Schedule P4A- Columns 1 to 7

Schedule P4B - Columns 1 to 7

Schedule P4C - Columns 1 to 7

Schedule P4D - Columns 1 to 7

Schedule P4E - Columns 1 to 7

Schedule P4F - Columns 1 to 7

Schedule P4G - Columns 1 to 7

Schedule P4H - Columns 1 to 7

Schedule P4I - Columns 1 to 6

Enter on this line, in each cost center, the total of the result of multiplying each Resident or Intern, individually, by the percentage of the Base Year Worked (based on days worked divided by 365) in that particular cost center, e.g. 8 Residents worked a full year, 7/1 - 6/30, and 1 Resident worked 91 days. Therefore $8 \times 100\% = 8$ and $1 \times 25\% = .25$ or a total of 8.25 Intern/Resident FTE's.

Schedule P4I - Column 7

Enter on this line, in the Total Column, the result of adding the FTEs from each cost center column (Schedule P4A, Columns 1 to 7, Schedule P4B, Columns 1 to 7, Schedule P4C, Columns 1 to 7, Schedule P4D, Columns 1 to 7, Schedule P4E, Columns 1 to 7, Schedule P4F, Columns 1 to 7, Schedule P4G, Columns 1 to 7, Schedule P4H, Columns 1 to 7 and Schedule P4I, Columns 1 to 6.)

Line H - Base Year Hours Worked Physicians Supervision divided by 2080 (B)

Schedule P4A- Columns 1 to 7

Schedule P4B - Columns 1 to 7

Schedule P4C - Columns 1 to 7

Attachment A - Draft Schedule P4A to P4I

Schedule P4D - Columns 1 to 7

Schedule P4E - Columns 1 to 7

Schedule P4F - Columns 1 to 7

Schedule P4G - Columns 1 to 7

Schedule P4H - Columns 1 to 7

Schedule P4I - Columns 1 to 6

Enter on this line, in each cost center, the total of the result of dividing the physician supervision worked hours for the base year by 2080, e.g., 10,912 divided by 2080 = 5.2.

Schedule P4I - Column 7

Enter on this line, in the Total Column, the result of adding the FTEs from each cost center column (Schedule P4A, Columns 1 to 7, Schedule P4B, Columns 1 to 7, Schedule P4C, Columns 1 to 7, Schedule P4D, Columns 1 to 7, Schedule P4E, Columns 1 to 7, Schedule P4F, Columns 1 to 7, Schedule P4G, Columns 1 to 7, Schedule P4H, Columns 1 to 7 and Schedule P4I, Columns 1 to 6.)

Attachment B - Draft Section 400, Reporting Requirements

08/01/11

SECTION 400 REPORTING REQUIREMENTS

1

OVERVIEW

Commission regulation 10.37.01.03 has been amended to authorize the Commission to prescribe the format for the submission of required reports. Effective immediately, reports MUST be filed in the format prescribed below or hospitals will be subject to fines as provided for by COMAR 10.37.01.03 N. Format references can be found at the end of this document.

1. ANNUAL REPORTS

A. Reports due 60 days after the end of the hospital's fiscal year:

- 1) Annual Debt Collection/Financial Assistance Report –Format #9

B. Reports due 120 days after the end of the hospital's fiscal year:

- 1) Annual Report of Revenue, Expenses, and Volumes - Format #1
- 2) Audited Financial Statements - Format #2 & Format #8
- 3) Trustee Disclosure Information - Format #11
 1. List of Trustees with business addresses. Designate individual trustees who have engaged in more than \$10,000 of business with the hospital.
 2. Individual disclosure form of each trustee doing more than \$10,000 of business with the hospital.
 3. If no trustees have engaged in more than \$10,000 of business with the hospital, the cover letter should so indicate.
- 4) Credit and Collection Policy – Format #8

C. Report due 140 days after end of fiscal year.

Special Audit Report - Should include audit procedures for alternative method of rate determination if hospital related entity's fiscal year is the same as hospital - Format 1a & Format #8

D. Report due 6 months and 15 days after end of fiscal year

Federal IRS Form 990 – Format # 8

E. Report due June 1 each year

Wage & Salary Report - Format #6

F. Report due December 15th each year

Community Benefit Report – Format #4

G. Report due January 15th or 30 days after the due date of Hospital's Medicare Cost Report

Schedule IRS – Intern, Residents Survey – Format #4

Attachment C - Draft Schedule IRS Instructions

SECTION 500
REPORTING INSTRUCTIONS

SCHEDULE IRS – INTERN, RESIDENTS SURVEY

Overview- Schedule IRS (Intern and Resident Survey) is provided to enable each hospital to report certain intern and resident information for the purpose of calculating the Indirect Medical Education (IME) adjustments for use in HSCRC rate setting methodologies (e.g., Reasonableness of Charges (ROC) and Inter-hospital Cost Comparison (ICC) methodologies).

A supplementary worksheet must accompany the IRS schedule disclosing the reconciling items between your hospital's IRIS (Intern and Resident Information System) Report submitted to the Medicare fiscal intermediary for the period covered by the IRS schedule, and the schedule. The reconciliation worksheet should explain in detail the reason for the differences between the reports.

Schedule IRS is to be submitted annually by January 15th or 30 days after the due date of the hospital's Medicare Cost Report, whichever is later.

Detailed Instructions

Heading Section

Institution Name Line

Enter on this line the complete name of the reporting hospital.

Institution Number Line

Enter on this line the Hospital Identification Number as reported in Appendix B of the HSCRC Accounting and Budget Manual.

Period

Enter on this line the period for which the data are reported.

Reporting Section

Utilizing one line for each Intern/Resident, provide the following information for each Intern/Resident who provides services at your hospital.

Col. 1 Intern/Resident Name- Enter in this column on each line the intern/resident first and last name.

Col. 2 Social Security Number- Enter in this column on each line the intern/resident social security number.

Col. 3 Hospital Employed By- Enter in this column on each line the name of the hospital that employs or provides compensation to the intern/resident.

Attachment C - Draft Schedule IRS Instructions

Col. 4 Medical School- Enter in this column on each line the medical school from which the intern/resident graduated.

Col. 5 ECFMG Certificate Date- If the medical school listed in col.5 is not a US medical school, enter in this column on each line the date that the foreign medical graduate passed the Educational Commission for Foreign Medical Graduates (ECFMG) exam. (If the foreign medical graduate did not pass the ECFMG examination, he/she should not be included in the GME count.)

Col. 6 Program Name- Enter in this column on each line the GME program in which the intern/resident is enrolled.

Col. 7 Program Number- Enter in this column on each line the applicable GME program number of the intern/resident.

Col. 8 Program Year- Enter in this column on each line the number of years in the GME program completed by the intern/resident.

Col. 9 Status Full Time- Enter in this column on each line the word "FULL" if the intern/resident worked full time at the hospital, and the word "PART" if he/she worked part-time.

Col. 10a Patient Care Rotations - Rotation Begin Date - Enter in this column on each line the start date for the intern/resident rotation in which the intern/resident performed patient care activities. Patient care activities included research that is related to the diagnosis and treatment of individual patients.

Col. 10b Patient Care Rotations - Rotation End Date - Enter in this column on each line the end date for the intern/resident rotation in which the intern/resident performed patient care activities. Patient care activities included research that is related to the diagnosis and treatment of individual patients.

Col. 11 Count of Days in Rotation - Enter the count of days in the rotation.

Attachment D - Draft Schedule IRS Template

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	HSCRC Schedule IRS - Intern and Resident Survey												
2	Fiscal Yr:	FY2012											
3	Hospital Name:												
4													
5	Hospid	Intern/Resident Name	Social Security Number	Name of hospital where intern/resident is employed	Medical School	ECFMG Certificate Date	Program Name	Program Number	Number of Years Completed	Status (Full-time or Part-time)	Patient Care Rotation		Count of Days in Rotation
(First & Last)											Rotation Begin Date	Rotation End Date	
6		Col 1	Col 2	Col 3	Col 4	Col 5	Col 6	Col 7	Col 8	Col 9	Col 10a	Col 10b	Col 11
7													
8	#N/A												
9	#N/A												
10	#N/A												
11	#N/A												
12	#N/A												
13	#N/A												
14	#N/A												
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26	#N/A												
27	#N/A												
28	#N/A												
29	#N/A												

Attachment E - Draft GME Audit Program

GRADUATE MEDICAL EDUCATION AUDIT PROGRAM

APPROVAL OF EDUCATIONAL PROGRAMS

1. Using the listings of residents that the hospital submitted to support their FTE count for Graduate Medical Education (GME) identify the residency programs in which the hospital participates. Examine the approval/renewal letters from the appropriate national accrediting organization or information in the Directory of Medical Association Programs published by the American Medical Association or the Annual Report and Reference Handbook published by the American Board of Medical Specialties to determine whether each program is approved by the appropriate organization.

Note: That a hospital does not have to operate the GME program to be able to count residents for GME purposes. The program however, must be approved at either the hospital or parent institution.

If the review discloses that the GME program is not approved do not approve the related FTE for GME.

Intern and Resident Information Verification

2. Obtain from the hospital the intern/resident (I/R) folder for each I/R reported on the HSCRC Intern & Resident Survey (IRS). Each I/R folder should have either an intern's resume or residency/program application. Based on review of the intern's resume or application please verify the following:
 - Intern/resident name
 - Social Security Number (SSN)
 - Specialty Program
 - Residency Year
 - Previous Specialty Programs
 - Who is paying intern/resident.
 - Intern/resident or "fellow"

Fellow: A physician in a program of graduate medical education accredited by the Accreditation Council for Graduate Medical Education (ACGME) who has completed the requirements for eligibility for first board certification in the specialty. The term "subspecialty residents" is also applied to such physicians. Other uses of the term "fellow" require modifiers for precision and clarity, e.g., research fellow.

Attachment E - Draft GME Audit Program

GRADUATE MEDICAL EDUCATION (GME) RESIDENT FTE COUNT

3. Verify the accuracy of the GME intern/ residents reported on the hospital's GME FTE spreadsheet.
 - Obtain the hospital's current year listing of all residents that supports the GME FTE count reported on the hospital's GME intern and resident survey (IRS).
 - Obtain from the hospital their GME I/R rotation schedules. Trace I/R from the IRS to their respective rotation schedules. Please note any discrepancies found. Please resolve all discrepancies with the hospital.
 - Obtain from the hospital the letter (s) from the ACGME noting the number of I/R slots that the hospital has been allowed for each approved GME program. Compare the hospital's HSCRC Intern and Resident Survey intern and resident count for each program to ACGME letter (s) and note that those I&R counts that exceed allowed slotting amounts.