

## CMS Evaluation Form

### As Part of the Application for the Increase in a Hospital's FTE Cap(s) under Section 5506 of the Affordable Care Act: Preservation of FTE Cap Slots from Teaching Hospitals that Close

**Directions:** Please fill out the information below for each residency program for which the applicant hospital intends to use the increase in its FTE cap(s). The applicant hospital is responsible for complying with the other requirements listed in the CY 2011 Hospital Outpatient Prospective Payment System rule in order to complete its application for the increase in its FTE cap(s) under section 5506 of Public Law 111-148.

**NAME OF HOSPITAL:** \_\_\_\_\_

**MEDICARE PROVIDER NUMBER:** \_\_\_\_\_

**NAME OF MEDICARE CONTRACTOR:** \_\_\_\_\_

**NAME OF SPECIALTY TRAINING PROGRAM:** \_\_\_\_\_

**(Check one):**  Allopathic Program  Osteopathic Program

**NUMBER OF FTE SLOTS REQUESTED FOR PROGRAM:**

**Direct GME:** \_\_\_\_\_ **IME:** \_\_\_\_\_

#### **Section A: Demonstrated Likelihood of Filling the FTE Slots**

Demonstrated Likelihood: Hospital must provide documentation to demonstrate the likelihood of filling requested slots under section 5506 within 3 years. For example, the applying hospital would document that it does not have sufficient room under its FTE resident caps to take in the additional residents, and has approval from the relevant accrediting body to take over the closed hospital's residency program(s), or expand its own residency program(s) to reflect a permanent commitment to train additional residents.

(1) The hospital does not have sufficient room under its direct GME FTE cap or IME FTE cap, or both, and will establish a newly approved residency program.

**(The hospital must check at least one of the following, if applicable.)**

Application for approval of the new residency program has been submitted to the ACGME, AOA or the ABMS. **(The hospital must attach a copy.)**

The hospital has submitted an institutional review document or program information form concerning the new program in an application for approval of the new program. **(The hospital must attach a copy.)**

The hospital has received written correspondence from the ACGME, AOA or ABMS acknowledging receipt of the application for the new or expanded program, or other types of communication from the accrediting bodies concerning the new program approval process (such as notification of site visit). **(The hospital must attach a copy.)**

The hospital may submit documentation demonstrating that it has made a commitment to start a new program.

(2) Hospital does not have sufficient room under its direct GME FTE cap or IME FTE cap, or both, and has or is seeking approval from the relevant accrediting body to take over the closed hospital's residency program(s), or expand its own residency program(s) to reflect a permanent commitment to train additional residents. **(The hospital must check at least one of the following, if applicable.)**

Application for approval of the residency program has been submitted to the ACGME, AOA or the ABMS. **(The hospital must attach a copy.)**

The hospital has submitted an institutional review document or program information form concerning the program in an application for approval of the program. **(The hospital must attach a copy.)**

The hospital has received written correspondence from the ACGME, AOA or ABMS acknowledging receipt of the application for the program, or other types of communication from the accrediting bodies concerning the program approval process (such as notification of site visit). **(The hospital must attach a copy.)**

The hospital is seeking approval from the relevant accrediting body to take over the closed hospital's residency program(s), and the hospital may submit documentation demonstrating that it has made a commitment to take over the program(s).

(3) Hospital will likely fill the slots requested. **(The hospital must check the following, if applicable.)**

The hospital does not have sufficient room under its direct GME FTE cap or IME FTE cap, or both. **(Copies of EACH of the following must be attached.)**

- Copies of the Medicare cost reports that have been most recently submitted to the Medicare contractor documenting on Worksheet E, Part A, Worksheet E-3, Part IV, and Worksheet E-3, Part VI the resident counts and FTE resident caps for both direct GME and IME.

(4) Applying hospital was listed as a participant of a Medicare GME affiliated group on the most recent Medicare GME affiliation agreement of which the closed hospital was a member before the hospital closed, and under the terms of that Medicare GME affiliation agreement, the applying hospital received slots from the hospital that closed, and the applying hospital will use the additional slots to continue to train at least the number of FTE residents it had trained under the terms of the Medicare GME affiliation agreement. If the most recent Medicare GME

affiliation agreement of which the closed hospital was a member before the hospital closed was with a hospital that itself has closed or is closing, the applying hospital was listed as a participant in the next most recent Medicare GME affiliation agreement (but not one which was entered into more than 5 years prior to the hospital's closure) of which the first closed hospital was a member before the hospital closed, and that applying hospital received slots from the closed hospital under the terms of that affiliation agreement. **(Copies of EACH of the following must be attached.)**

- Copies of the recent Medicare GME affiliation agreement of which the applying hospital and the closed hospital were a member of before the hospital closed.
- Copies of the Medicare cost reports that have been most recently submitted to the Medicare contractor documenting on Worksheet E, Part A, Worksheet E-3, Part IV and Worksheet E-3, Part VI the resident counts and FTE resident caps for both direct GME and IME for the relevant cost reporting periods.
- Copies of the most recent accreditation letters for all of the hospital's training programs in which the hospital had a shared rotational arrangement (as defined at §413.75(b)) with the closed hospital.

### **Section B. Level Priority Category**

**(Place an "X" in the appropriate box that is applicable to the level priority category that describes the applicant hospital.)**

- First, to hospitals located in the same core-based statistical area (CBSA) as, or in a CBSA contiguous to, the hospital that closed.
- Second, to hospitals located in the same State as the closed hospital.
- Third, to hospitals located in the same region as the hospital that closed.
- Fourth, if the slots have not yet been fully distributed, to qualifying hospitals in accordance with the criteria established under section 5503, "Distribution of Additional Residency Positions"

### **Section C. Evaluation Criteria**

**(Place an "X" in the box for each criterion that is appropriate for the applicant hospital and for the program for which the increase in the FTE cap is requested.)**

- Ranking Criterion One. *The applying hospital is requesting the increase in its FTE resident cap(s) because it is assuming (or assumed) an entire program (or programs) from the hospital that closed, and the applying hospital is continuing to operate the program(s) exactly as it had been operated by the hospital that closed (that is, same residents, possibly the same program director, and possibly the same (or many of the same) teaching staff).*

□ **Ranking Criterion Two.** *The applying hospital was listed as a participant of a Medicare GME affiliated group on the most recent Medicare GME affiliation agreement of which the closed hospital was a member before the hospital closed, and under the terms of that Medicare GME affiliation agreement, the applying hospital received slots from the hospital that closed, and the applying hospital will use the additional slots to continue to train at least the number of FTE residents it had trained under the terms of the Medicare GME affiliation agreement. If the most recent Medicare GME affiliation agreement of which the closed hospital was a member before the hospital closed was with a hospital that itself has closed or is closing, preference would be given to an applying hospital that was listed as a participant in the next most recent Medicare GME affiliation agreement (but not one which was entered into more than 5 years prior to the hospital's closure) of which the first closed hospital was a member before the hospital closed, and that applying hospital received slots from the closed hospital under the terms of that affiliation agreement.*

□ **Ranking Criterion Three.** *The applying hospital took in residents displaced by the closure of the hospital, but is not assuming an entire program or programs, and will use the additional slots to continue training residents in the same programs as the displaced residents, even after those displaced residents complete their training (that is, the applying hospital is permanently expanding its own existing programs).*

□ **Ranking Criterion Four.** *The applying hospital does not fit into Ranking Criteria 1, 2, or 3, and will use additional slots to establish a new or expand an existing geriatrics residency program.*

□ **Ranking Criterion Five:** *The applying hospital does not meet ranking criterion 1, 2, or 3, is located in a HPSA, and will use all the additional slots to establish or expand a primary care or general surgery residency program.*

□ **Ranking Criterion Six:** *The applying hospital does not meet ranking criterion 1, 2, or 3, is not located in a HPSA, and will use all the additional slots to establish or expand a primary care or general surgery residency program.*

□ **Ranking Criterion Seven:** *The applying hospital seeks the slots for purposes that do not fit into any of the above ranking criteria.*

### **Application Process and CMS Central Office and Regional Office Mailing Addresses for Receiving Increases in FTE Resident Caps**

In order for hospitals to be considered for increases in their FTE resident caps, each qualifying hospital must submit a timely application. The following information must be submitted on applications to receive an increase in FTE resident caps:

- The name and Medicare provider number, and Medicare contractor (to which the hospital submits its cost report) of the hospital.

- The total number of requested FTE resident slots for direct GME or IME, or both.
- A completed copy of the CMS Evaluation Form for each residency program for which the hospital intends to use the requested increase in FTE residents.
- Source documentation to support the assertions made by the hospital on the CMS Evaluation Form.
- FTE resident counts for direct GME and IME and FTE resident caps for direct GME and IME reported by the hospital in the most recent as-filed cost report. (Include copies of Worksheets E, Part A, E-3, Part IV, and if a hospital received an increase to its FTE cap(s) under section 422 of the MMA, a copy of E-3, Part VI).
- An attestation, signed and dated by an officer or administrator of the hospital who signs the hospital's Medicare cost report, of the following information:

“I hereby certify that I understand that misrepresentation or falsification of any information contained in this application may be punishable by criminal, civil, and administrative action, fine and/or imprisonment under federal law. Furthermore, I understand that if services identified in this application were provided or procured through payment directly or indirectly of a kickback or were otherwise illegal, criminal, civil, and administrative action, fines and/or imprisonment may result. I also certify that, to the best of my knowledge and belief, it is a true, correct, and complete application prepared from the books and records of the hospital in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding Medicare payment to hospitals for the training of interns and residents.”

The completed application and supporting documentation (as described above) must be submitted to the CMS Central Office and the CMS Regional Office for the region in which the applicant hospital is located. The addresses of the CMS Central Office and Regional Offices are listed below.

**CMS Central and CMS Regional Office Mailing Addresses for Applications for  
Increases in FTE Resident Caps:**

**Central Office**

Centers for Medicare and Medicaid Services (CMS)  
Director, Division of Acute Care  
7500 Security Boulevard  
Mail Stop C4-08-06  
Baltimore, Maryland 21244  
(410) 786-4548

**Region I (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont):**

Centers for Medicare and Medicaid Services (CMS)  
Associate Regional Administrator, Division of Financial Management and Fee for  
Service Operations  
Region I  
JFK Federal Building  
Room 23275  
Boston, MA 02203  
Phone: (617) 565-1331

**Region II (New York, New Jersey, U.S. Virgin Islands, and Puerto Rico):**

Centers for Medicare and Medicaid Services (CMS)  
Associate Regional Administrator,  
Division of Financial Management and Fee for Service Operations  
Region II  
26 Federal Plaza, 38<sup>th</sup> Floor  
New York, NY 10278  
Phone: (212) 616-2545

**Region III (Delaware, Maryland, Pennsylvania, Virginia and West Virginia, and  
the District of Columbia):**

Centers for Medicare and Medicaid Services (CMS)  
Associate Regional Administrator,  
Division of Financial Management and Fee for Service Operations  
Region III  
Public Ledger Building, Suite 216  
150 South Independence Mall West  
Philadelphia, PA 19106  
Phone: (215) 861-4140  
CMS-1504-FC 1699

**Region IV (Alabama, North Carolina, South Carolina, Florida, Georgia, Kentucky,  
Mississippi, and Tennessee):**

Centers for Medicare and Medicaid Services (CMS)  
Associate Regional Administrator,  
Division of Financial Management and Fee for Service Operations  
Region IV  
Atlanta Federal Center  
61 Forsyth Street, S.W., Suite 4T20  
Atlanta, GA 30303-8909  
Phone: (404) 562-7300

**Region V (Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin):**

Centers for Medicare and Medicaid Services (CMS)  
Associate Regional Administrator,  
Division of Financial Management and Fee for Service Operations  
Region V  
233 North Michigan Avenue, Suite 600  
Chicago, IL 60601  
Phone: (312) 886-6432

**Region VI (Arkansas, Louisiana, New Mexico, Oklahoma, and Texas):**

Centers for Medicare and Medicaid Services (CMS)  
Associate Regional Administrator,  
Division of Financial Management and Fee for Service Operations  
Region VI  
1301 Young Street, Suite 714  
Dallas, TX 75202  
Phone: (214) 767-6423

**Region VII (Iowa, Kansas, Missouri, and Nebraska):**

Centers for Medicare and Medicaid Services (CMS)  
Associate Regional Administrator,  
Division of Financial Management and Fee for Service Operations  
Region VII  
Richard Bolling Federal Building  
Room 235  
601 East 12<sup>th</sup> Street  
Kansas City, MO 64106  
(816) 564-1843  
CMS-1504-FC 1700

**Region VIII (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming):**

Centers for Medicare and Medicaid Services (CMS)  
Associate Regional Administrator,  
Division of Financial Management and Fee for Service Operations  
Region VIII  
Colorado State Bank Building  
1600 Broadway, Suite 700  
Denver, CO 80202  
Phone: (303) 844-2111

**Region IX (Arizona, California, Hawaii, and Nevada and Territories of American Samoa, Guam and the Commonwealth of the Northern Mariana Islands):**

Centers for Medicare and Medicaid Services (CMS)  
Associate Regional Administrator,  
Division of Financial Management and Fee for Service Operations  
Region IX  
90 7<sup>th</sup> Street, Suite 5-300 (SW)  
San Francisco, CA 94103-6708  
Phone: (415) 744-3501

**Region X (Alaska, Idaho, Oregon, and Washington):**

Centers for Medicare and Medicaid Services (CMS)  
Associate Regional Administrator,  
Division of Financial Management and Fee for Service Operations  
Region X  
2201 Sixth Avenue, MS/RX-46  
Seattle, WA 98121  
Phone: (206) 615-2094