

GME @ Dentons

Welcome to GME @ Dentons, a newsletter designed to provide you with monthly updates on issues related to **graduate medical education (GME)**.

Our DC-based team—

Holley Thames Lutz

and

Susan Banks

—regularly advise clients on all aspects of GME and write the GME @ Dentons newsletter to help you navigate the ever-evolving GME regulatory landscape.

Holley has, for more than a decade, represented a broad array of health care providers with respect to Medicare coverage and reimbursement issues, including those relating to graduate medical education. Finally, Susan's Medicare and Medicaid compliance and reimbursement consulting experience has a large GME component, including advising on GME-related contracting requirements in connection with the establishment of new medical and dental residency programs.

What can you expect from *GME @ Dentons*?

- Hot topics and insights into key developments in the complex world of GME reimbursement.
- Updates on proposed GME regulations and other guidance from the Centers for Medicare & Medicaid Services (CMS).
- Alerts and analysis regarding significant proposed GME legislation.

Showing 51 - 60 of Total Results (87)



Key contacts



Holley Thames Lutz

Partner,

Washington, DC

Washington, DC

D +1 202 408 6836

holley.lutz@dentons.com



Susan Banks

Partner,

Denver

Denver

D +1 303 634 4329

susan.banks@dentons.com



Senate reintroduces resident rotator legislation, other GME-related Washington updates

June 8, 2017



With the recent change of administration and a new congressional session beginning in 2017, medical education stakeholders have been watching closely for any signs on the political horizon regarding federal GME funding.





New teaching hospitals that started training residents *before* October 1, 2012, should verify their GME FTE cap calculations

May 4, 2017



Due to potential inconsistencies in CMS's cap-setting calculation methodologies, new teaching hospitals that first started training residents after the 1996 cap-setting base year, but before October 1, 2012, are well-advised to scrutinize their permanent GME cap calculations.





CMS now auditing Section 5503 slot awards

April 6, 2017



Section 5503 of the Affordable Care Act required CMS to redistribute 65 percent of each teaching hospital's unused DGME and IME slots to other teaching hospitals. A hospital that was awarded slots through that program was obligated to meet several requirements over a five-year period to avoid forfeiting any of its awarded slots.





CMS announces awardees for three rounds of redistributed slots from closed hospitals

February 2, 2017



The Centers for Medicare & Medicaid Services on January 31 released the awardees of resident cap increases from Rounds 8, 9, and 10 of the Affordable Care Act's (ACA, P.L. 111-148 and P.L. 111-152) Section 5506 closed hospital residency slot redistribution program.





Urban hospitals that established GME caps after 1996: Be careful with this compliance issue

January 12, 2017



If a teaching hospital meets certain regulatory requirements, it is generally permitted to loan its cap slots to other hospitals through a Medicare GME affiliated group agreement.





Special rules for dental and podiatric residents

December 1, 2016



Teaching hospitals that train residents are capped at a total number of full-time equivalent (FTE) medical residents for which they may claim Medicare GME reimbursement each year.





GME Payments for Chief Residents

November 3, 2016



Whether a teaching hospital may receive DGME and IME payments for the "chief resident year" has long been a source of confusion, particularly given that some specialties require all residents to complete a chief resident year as part of the approved program and others do not.





GME benefits of rural status

October 20, 2016



Rural hospitals enjoy some important GME reimbursement benefits that are unavailable to urban hospitals. In addition to receiving a 30 percent increase in their historic GME caps, rural hospitals' caps may be increased any time they begin a truly new GME program. CMS has said hospitals that reclassify from urban to rural will enjoy these GME benefits of rural status, subject to certain caveats.





Congress is focused on FTE caps: New proposed legislation would redistribute hospitals' unused residency training slots

October 6, 2016



There has been recent activity in Congress surrounding full-time equivalent (FTE) residency training caps that limit the number of Medicare-GME training positions for which a teaching hospital may claim reimbursement each year. On September 15, 2016, the Graduate Opportunities in Medical Distribution Act was proposed.





Loaned and Awarded GME Slots: When does the three-year rolling average and the IRB ratio cap apply?

September 15, 2016



Ever since Congress capped teaching hospitals' Medicare-funded residency positions to the number of "full time equivalent" (FTE) allopathic and osteopathic residents the hospital reported in FY 1996, there have been very limited opportunities for teaching hospitals to receive slots beyond their 1996 graduate medical education (GME) FTE caps.

How can the world's largest law firm help you today

?

Contact us or find an office in your location.