

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—

Lori Mihalich-Levin,

Holley Thames Lutz,

Susan Banks,

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

Prior to joining Dentons, Lori and Allison helped to advance the public policy agenda of more than 300 major teaching hospitals at the Association of American Medical Colleges (AAMC), Lori as Director of Hospital and GME Payment Policies, and Allison as senior policy and regulatory specialist for the AAMC's Health Care Affairs Division. 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.

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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.





GME in the IPPS Final Rule: Medicare GME slots now up for grabs from three closed hospitals

September 1, 2016



In the Fiscal Year 2017 inpatient prospective payment system Final Rule published in the *Federal Register* on August 22, 2016, the Centers for Medicare & Medicaid Services announced the next open round of GME slots available through the Affordable Care Act's closed hospital slot redistribution program.





Sharing FTE Caps: Threshold requirements for entering into Medicare GME affiliation agreements

August 18, 2016



Teaching hospitals' full-time equivalent (FTE) resident caps dictate the maximum number of residents for which the hospital is eligible to receive graduate medical education (GME) reimbursement from the Medicare program. Once FTE caps have been established, they are, for the most part, permanent. However, under limited circumstances, certain hospitals may be able to share their caps with their neighbor, partner, or sibling hospitals.



Court decision spotlights necessary steps to preserve PRRB jurisdiction

August 4, 2016



In *Lutheran Medical Center v. Burwell*, the US District Court for the Eastern District of New York granted summary judgment in favor of the government in a case challenging a Provider Reimbursement Review Board's decision of non-jurisdiction in a hospital's GME payment-related

appeal. The PRRB dismissed the hospital's claims, which sought to "carry forward" the outcome of an appeal relating to a prior fiscal year but did not indicate this in its hearing request or final position paper.



The "Primary Care Exception" —a limited opportunity for billing without in-person supervision of residents

July 21, 2016



In most circumstances, the Centers for Medicare & Medicaid Services (CMS) will not allow billing or payment under the Medicare Physician Fee Schedule (PFS) for services furnished by interns and residents within the scope of approved training programs. Instead, the Medicare program generally pays physicians who are not residents under the PFS for professional services, and pays for medical education through direct graduate medical education (DGME) and indirect medical education (IME) payments made to the hospital. Generally, to be eligible for Medicare PFS payment for services provided in a teaching setting, the services must be personally furnished by a physician who is not a resident (which includes interns and fellows).



AAMC Releases 2016 Medicaid GME 50-State Survey

July 7, 2016





The Association of American Medical Colleges has released the latest update of *Medicaid Graduate Medical Education Payments: A 50-State Survey*, a periodic report summarizing Medicaid GME payment rules in each state and examining payment policies and GME-related issues of particular interest to hospitals and policymakers.



Can moonlighting residents trigger Medicare GME caps?

June 16, 2016





In response to recent *GME @ Dentons* discussions of moonlighting and resident rotations, a reader asks an astute question: Might a resident moonlighting at a non-teaching hospital trigger the establishment of that hospital's Medicare per-resident amount or full-time equivalent resident caps? We examine that situation in this edition.



The ins and outs of reimbursement for fellow moonlighting

June 9, 2016





Moonlighting is an accepted practice for many licensed fellows who are training in teaching hospitals. However, billing for such services can present unique considerations for both the fellows and their hospitals. Dentons' Health Care team highlights some things you should be aware of in this context.



CMS's FTE cap-setting methodology: It pays to hog residents!

May 19, 2016





The FTE cap-setting process for new teaching hospitals is fraught with pitfalls and surprises. Indeed, the cap-setting calculation itself, and CMS's process of accounting for out-rotations during the cap-building window, is often poorly understood by new teaching hospitals. Strategic planning is the key to cap-building success.



Seeing your first Medicare GME dollars

May 5, 2016





A pressing question for new teaching hospitals is, "When will we start seeing Medicare GME funding?" Although a host of factors determine the answer to this question, it is possible for hospitals to accelerate the process by working closely and collaboratively with their Medicare Administrative Contractors (MACs). Dentons examines the typical route taken by MACs to initiate GME payments and explains how you can ensure your new teaching hospital will receive them in a timely manner.