



News briefs

Direct Graduate Medical Education (DGME)

The Centers for Medicare and Medicaid Services Section 1886(h) of the DGME Act, as added by section 9202 of the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (Pub. L. 99-272) and implemented in regulations at existing §§413.75 through 413.83, establish a methodology for determining payments to hospitals for the costs of approved graduate medical education (GME) programs.

Section 1886(h)(2) of the Act, as added by COBRA, sets forth a payment methodology for the determination of a hospital-specific, base-period per resident amount (PRA) that is calculated by dividing a hospital's allowable costs of GME for a base period by its number of residents in the base period. The base period is, for most hospitals, the hospital's cost reporting period beginning in FY 1984 (that is, the period of beginning between October 1, 1983, through September 30, 1984). Medicare direct GME payments are calculated by multiplying the PRA times the weighted number of full-time equivalent (FTE) residents working in all areas of the hospital (and non-hospital sites, when applicable), and the hospital's Medicare share of total inpatient days.

The Affordable Care Act amended section 1886(h)(4)(E) of the Act for direct GME purposes (and section 1886(d)(5)(B)(iv) of the Act for IME purposes), effective July 1, 2010, to allow a hospital to count residents training in nonprovider settings if the residents are engaged in patient care activities and if the hospital incurs the

costs of the stipends and fringe benefits of the resident during the time the residents spend in that setting. In addition, effective July 1, 2009, for direct GME purposes only, the time residents spend in certain nonpatient care activities that occur in a nonprovider setting that is primarily engaged in furnishing patient care may also be counted. For IME purposes, residents training in nonprovider settings must spend their time in patient care activities in order to be counted. The implementing regulations at §413.78(g) for direct GME and at §412.105(f)(1)(ii)(E) for IME require that the hospital must either have a written agreement with the nonprovider setting, or the hospital must pay for the costs of the stipends and fringe benefits of the residents concurrently during the time the residents spend in that setting.

Section 126 of the Consolidated Appropriations Act (CAA), 2021, makes available an additional 1,000 FTE resident cap slots phased in at a rate of no more than 200 slots per year beginning in fiscal year 2023.

Section 126 requires that in order to receive additional FTE resident cap slots a hospital must qualify in at least one of the following four categories:

- (1) hospitals in rural areas (or treated as being located in a rural area under the law),
- (2) hospitals training a number of residents in excess of their GME cap,

- (3) hospitals in states with new medical schools or branch campuses, and
- (4) hospitals that serve areas designated as health professional shortage areas (HPSAs).

Additionally, Section 126 requires that at least 10 percent of the cap slots go to hospitals in each of the four categories, and that no single hospital can receive more than 25 FTE resident cap slots.

Applications for fiscal year 2023 are due March 31, 2022.

More information is available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/DGME>

CMS.gov
Centers for Medicare & Medicaid Services



2022 PAC
Contributions

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Cheyenne VA Opens Northern Colorado VA Outpatient Clinic

The Northern Colorado VA Outpatient Clinic, a part of the Cheyenne Veterans Affairs Healthcare System is scheduled to open May 27, a gift to the veterans of Northern Colorado shortly before Memorial Day.

The project, which has been in development for several years and under construction since June of 2020, is nearing completion as teams put the final touches on the more than 75,000-square-foot building. During a tour of the facility, the keys were officially passed from the building owner to the VA team.

With mental health services, outpatient care, pharmacy, physical therapy, dentistry and more, Roberts said the old days of how people think a VA clinic is are over. He said the new facility will meld the specialties and the staff inside with the patients to create a unique form of care.

Roberts explained that the building is designed to be a new experience for veterans, updating the way VA clinics work to better serve those in need. A big part of that, he said, is ensuring the correct people are at the helm of care.

“The true goal here is the staff that will man it,” Roberts said. “We have worked hard ... in particular with getting the right staff ... for this mission.”

One of the greatest aspects of the clinic, he said, is that it offers a “one-stop shop” for anything a veteran may need in health care. He added that for a long time many veterans were unaware of the services available to them as they came out of service.

WDH Resilience Training

The Wyoming Department of Health cares about the wellbeing of Wyomingites, especially in these unprecedented times. Recognizing a need for support, the department is offering free resilience and mindfulness training online this spring to workers across the state who may be experiencing mental fatigue from the pandemic.

Thanks to a federal grant through the Substance Abuse and Mental Health Services Administration, WDH has partnered with Flitner Strategies to deliver this innovative stress reduction and mental wellness program. The science-based practice of mindfulness increases focus and awareness, reducing stress and improving resilience to the challenges of today’s world. With simple exercises, we can train our brains much like we lift weights to build stronger muscles.

The link to the training registration webpage can be found at www.flitner.net/resilience

Both an instructor-led and a self-guided course will be delivered fully online during April and May. The instructor-led course requires weekly attendance in a one-and-a-half-hour Zoom session, from the week of April 3 to the week of April 24. The self-guided, self-paced course comes online the week of May 1.

First-come registration for the instructor-led cohorts closes on March 31 or sooner when it reaches 100 participants.

Please contact Deb Barracato at deb@flitner.net with questions.

Wyoming Department of Health and
training partner Flitner Strategies present

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TWO CONVENIENT FORMATS
– Live Instructor-led training via Zoom
– Self-guided online program

APRIL | MAY 2022

FOR DETAILS AND TO REGISTER, VISIT
WWW.FLITNER.NET/RESILIENCE
DEADLINE: MARCH 31
SPACE IS LIMITED
deb@flitner.net

Wyoming
Department
of Health

FLITNER
STRATEGIES

SAVE THE DATE

**Wyoming Hospital Association
Trustee Board Education
May 12, 2022
Holiday Inn
Riverton, Wyoming**