



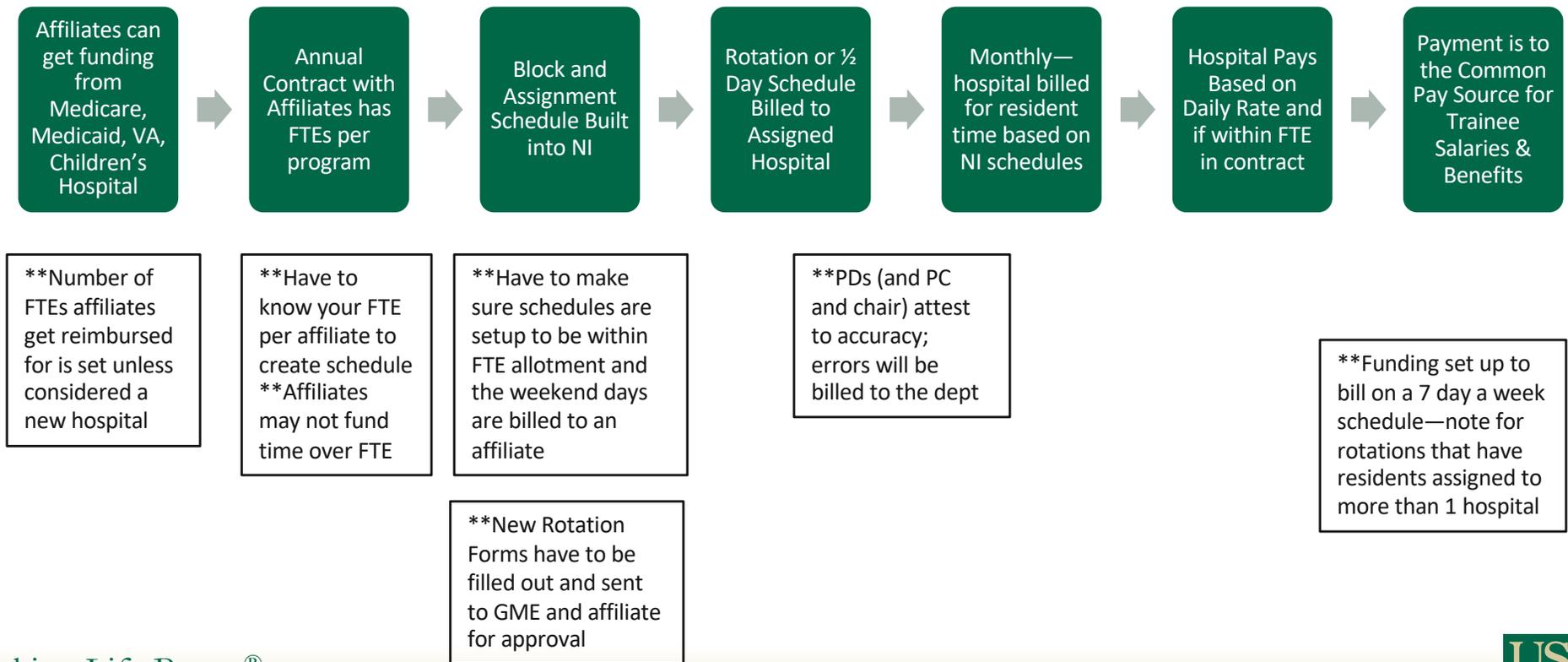
GME Finances

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Goals & Objectives

- Understand GME Funding
- Understand how the funding structure impacts our/your responsibilities
- Understand GME funding allocation structure (faculty and program)

GME as a Business



Affiliate Reimbursement Through Medicare: Direct (DME) and Indirect (IME) Funds

- Direct GME Payments (DGME or DME)
 - Pays Medicare's share of residency education costs
 - Per Resident Amount (PRA)
 - PRA for fellows is 50% of residents
 - Based on each hospital's 1984 cost estimate
 - FTE Cap – Based on 1996 FTE count

What Are DME Payments Intended to Cover?

For costs directly related to educating residents:

- Residents' stipends/fringe benefits
- Faculty Salaries/fringe benefits
- Allocated overhead costs
- Residents must be in ACGME-approved program or pre-req. for ABMS certification
- Residents/Fellows cannot bill

Indirect Medical Education (IME)

- Compensates teaching hospitals for higher inpatient operating costs due to:
 - Unmeasured patient complexity not captured by the Diagnosis Related Group (DRG) system
 - Other operating costs associated with being a teaching hospital (lower productivity, standby capacity, etc.)
- Percentage add-on payment to basic Medicare per case (DRG) payment

How Much does a Hospital Get from CMS?

Example	Resident	Fellow/ 2nd Resident
1/3 DME	\$30,000	\$15,000*
2/3 IME	\$60,000	\$60,000
Total	\$90,000	\$75,000

*Fellows/2nd Residency get half of the DME

*Most hospitals only pay for resident salary/benefits and not faculty salary (mostly generated by practice plans routed through the medical school)

Resident Time Claimable for DME and IME

DME

Within Hospital Walls	Non Hospital Owned Clinic
Trainee in Patient Care	Trainee in Patient Care
Vacation/Sick	Vacation/Sick
Didactic	<i>Didactic (since 2009+)</i>
Patient-related Research	NO Research

IME

Within Hospital Walls	Non Hospital Owned Clinic
Trainee in Patient Care	Trainee in Patient Care
Vacation/Sick	Vacation/Sick
<i>Didactic (since 1983+)</i>	NO Didactic
NO Research (after 2001+)*	NO Research

Note: Text in *italics* indicates language in the ACA.

* The ACA clarifies that IME research time does not count after October 1, 2001

2000-2016 Graduate Medical Education For Teaching Hospitals

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Search:

FY	CCN	NAME	STATE	BEGIN DATE	END DATE	STATUS	DGME	IME	GME	PC FTES	NON-PC FTES	PC PRA	NON-PC PRA	DGME CAP	FTES	BEDS
2016	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2015	9/30/2016	Amended	\$5,925,925	\$18,900,000	\$24,800,000	97.05	172.2	\$85,833	\$85,833	208.94	303.2	913
2015	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2014	9/30/2015	Amended	\$6,129,337	\$18,300,000	\$24,400,000	91.92	171.91	\$84,991	\$84,991	208.94	297.14	905
2014	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2013	9/30/2014	Amended	\$5,940,324	\$18,300,000	\$24,200,000	86.74	164.07	\$85,110	\$85,110	208.94	282.71	872
2013	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2012	9/30/2013	Amended	\$5,382,795	\$17,800,000	\$23,200,000	94	154.18	\$83,663	\$83,663	208.94	280.64	866
2012	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2011	9/30/2012	Amended	\$5,177,120	\$17,000,000	\$22,100,000	85.45	142.15	\$82,614	\$82,614	208.94	293.18	859
2011	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2010	9/30/2011	Amended	\$5,305,813	\$16,800,000	\$22,100,000	79.08	134.48	\$80,614	\$80,614	208.94	270	857
2010	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2009	9/30/2010	Amended	\$5,325,620	\$15,900,000	\$21,200,000	81.82	156.09	\$78,320	\$78,320	208.94	301.83	837
2009	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2008	9/30/2009	As submitted	\$5,161,937	\$15,200,000	\$20,400,000	121.06	114.02	\$76,574	\$76,574	208.94	267.35	817
2008	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2007	9/30/2008	Settled with audit	\$5,326,683	\$14,700,000	\$20,000,000	118.51	134	\$77,012	\$77,012	208.94	282.45	737
2007	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2006	9/30/2007	Settled with audit	\$4,947,673	\$14,200,000	\$19,100,000	110.27	125.13	\$74,079	\$74,079	208.94	264.02	697
2006	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2005	9/30/2006	Reopened	\$4,891,583	\$14,900,000	\$19,800,000	102.13	135.12	\$72,145	\$72,145	208.94	262.61	682
2005	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2004	9/30/2005	Reopened	\$4,897,534	\$13,200,000	\$18,100,000	96.98	123.37	\$69,739	\$69,739	208.94	243.51	679
2001	100128	TAMPA GENERAL HOSPITAL	FL	10/1/2000	9/30/2001	Reopened	\$3,455,023	\$9,482,199	\$12,900,000	92.27	100.68	\$52,280	\$52,280	208.94	199.82	671

<https://www.graham-center.org/rgc/maps-data-tools/data-tables/gme/00-16.html>

BEGIN DATE	END DATE	STATUS	DGME	IME	GME
10/1/2015	9/30/2016	Amended	\$5,925,925	\$18,900,000	\$24,800,000
10/1/2014	9/30/2015	Amended	\$6,129,337	\$18,300,000	\$24,400,000

PC PRA	NON-PC PRA	DGME CAP	FTES	BEDS
Select	Select			
\$85,833	\$85,833	208.94	303.2	913
\$84,991	\$84,991	208.94	297.14	905

Ensure Correct Rotation Set Up

- All 800+ rotation must have accurate:
 - Physical address
 - Defined activity
 - IME and DME flags
 - Mapping to a payer (Affiliate)

Rotation Mapping

Rotation Definition Configuration

for the "DM:CARD:CONSULTS-TGH" rotation

Which IRIS protocol?

IRIS Protocol: Percentage Duty Hour None

Work takes place at how many locations?

1

IRIS

Provider

GME IME

General

Training Location

Percent

Notes

Remaining Characters: 255

Billing

Bill From

Bill To

Billing Rates Are Fixed Monthly Fixed Daily

Will continuity clinics be considered for this rotation?

Use hours from schedule
 Use half days

How Can You Help?

- Maintain accurate block and assignment schedules in New Innovations
- Use rotations appropriately
- Provide data in a timely fashion for audits and requests (be responsive)

What's The Process To Get A New Rotation?

- Complete new rotation form to request the funding
- If approved, GME sets up the rotation with payer and DME/IME flags set

UNIVERSITY OF SOUTH FLORIDA
GRADUATE MEDICAL EDUCATION
NEW ROTATION/ASSIGNMENT REQUEST FORM

Instructions: Programs complete the top section of this form for requesting a new rotation or assignment. Request processing time is 6-8 weeks. Take that into consideration when planning future rotations.

Program Name: _____

Rotation/Assignment Name: _____

New Rotation OR Replacing an Existing Rotation

Nature of Rotation/Assignment:

Patient Care Didactics Research Effective Start Date: ___/___/___

Explain % of time didactics and/or research, if applicable: _____

Description: _____

Training Physical Location (name and address): _____

PGY Level: _____ Funding Source FTEs: _____ Funding Source: _____

Will the residents be receiving credit towards Board Certification while on this rotation? Yes / No

SIGNATURE:

Program Director Name Program Director Signature Date

TO BE COMPLETED BY GME OFFICE

Select whether GME, IME or both are claimable for this rotation. GME IME

Is any other provider funding this program's residents at this training location? Yes / No

Provider: _____

GME Director Name GME Director Signature Date

Site/Funding Source Rep. Name Site/Funding Source Rep. Signature Date

GME Salary Support Framework for PDs

- Funds derive from TGH faculty support agreement and Moffitt PD agreement for PDs with trainees at Moffitt (for USF portion of salary)
- Estimate of salary support is based on ACGME requirement and 25th percentile from AAMC table for program specialty at associate professor level
- Portion of salary support that is allocated by GME is percentage of funds available/total salary support needed across all programs
- Any difference in what GME provides for salary support should be made up by department

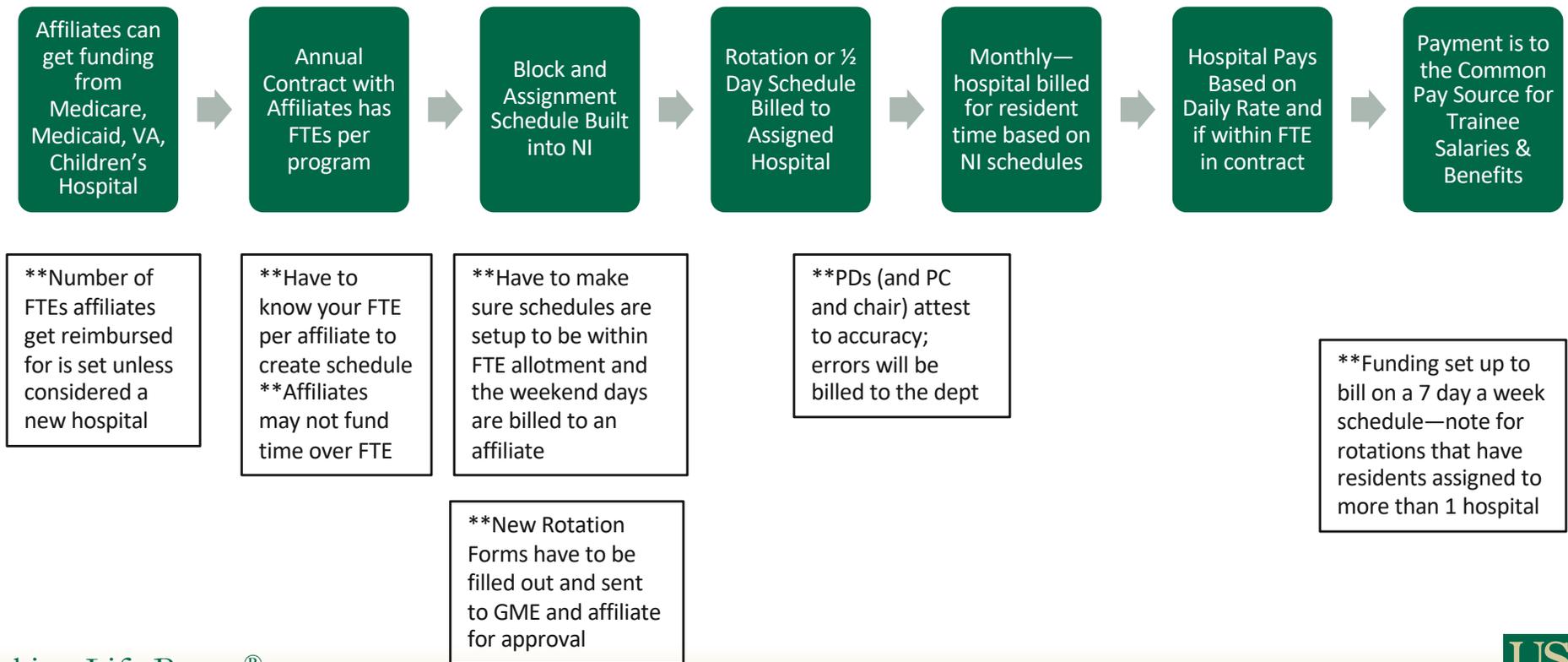
Education Funds Framework

- Educational funds are provided for number of FTEs at non-VA sites in varying amounts
- Use of educational funds is guided by educational funds policy and relates to USF and IRS rules
- Funds are also used centrally for simulation
- Program funds calculated based on proportion of non-VA trainees and funds received by non-VA affiliate sites

Education Funds

- Read the policy
- All expenses must be pre-approved
- Expenses need an educational purpose (justification to affiliates)
- Funds do not carry-over

GME as a Business



Conclusions

- Understanding GME funding structure helps program directors deal with fiscal and compliance responsibilities of managing GME programs (and why we have to do things the way we do)
- Must, must, must have accurate data