

# INSTRUCTIONS

## SFY 2023-24 Statewide Medicaid Residency Program (SMRP) Full Time Equivalent (FTE) Resident Count

Section 409.909 of the Florida Statutes establishes the Statewide Medicaid Residency Program to improve the quality of care and access to care for Medicaid recipients; expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians in Florida. Under this law, the Agency for Health Care Administration (Agency) will calculate annual distribution and make quarterly payments to hospitals and qualifying institutions for graduate medical education associated with the Medicaid program. Qualifying hospitals must be licensed under part I of chapter 395 of the Florida Statutes. Qualifying institution means a Federally Qualified Health Center holding an Accreditation Council for Graduate Medical Education institutional accreditation.

Each year, the Agency will calculate each qualifying hospital and qualifying institution's payment amount based on a methodology that requires a count of the number of full-time equivalent residents in that facility on July 1st. Each hospital and qualifying institution will be required to complete the attached "Statewide Medicaid Residency Program Full Time Equivalent Resident Count Input Form" (SMRP FTE Resident Count Input Form) to adequately account for full time equivalent residents in its facility. Please review the INSTRUCTIONS provided below to properly complete the form. Failure to properly complete the form may result in an inadequate or zero count of the number of full time equivalent residents in your facility and the possibility of the loss of payments from this program. If you have any questions regarding this form, you may contact Kiana Redding by phone at (850) 412-4274 or by email at [Kiana.Redding@ahca.myflorida.com](mailto:Kiana.Redding@ahca.myflorida.com).

### DEFINITIONS APPLICABLE TO THE INPUT FORM:

**"Full-time equivalent" or "FTE"** -A resident who is in his or her residency period, with the initial residency period defined as the minimum number of years of training required before the resident may become eligible for board certification by the American Osteopathic Association Bureau of Osteopathic Specialists or the American Board of Medical Specialties in the specialty in which he or she first began training, not to exceed 5 years. (Dentistry and Podiatry are not eligible.)

**"Residency Specialty"** -The residency specialty is defined as reported using the current residency type codes in the Intern and Resident Information System (IRIS), required by Medicare.

**"Florida Medicaid FTE Adjustment"**-A resident beyond his or her initial residency period AND meets the definition of Primary Care will be counted as 1.0 FTE.

**"Primary Care"** -primary care specialties include:

1. Family medicine;
2. General internal medicine;
3. General pediatrics;
4. Preventive medicine;
5. Geriatric medicine;
6. Osteopathic general practice;
7. Obstetrics and gynecology;
8. Emergency medicine;
9. General surgery; and
10. Psychiatry.

**"Resident"**-A medical intern, fellow, or resident enrolled in a program accredited by the Accreditation Council for Graduate Medical Education, the American Association of Colleges of Osteopathic Medicine, or the American Osteopathic Association. (Dentistry and Podiatry are not eligible)

**"Weighted FTE"**-The weighted value of an FTE resident per Medicare IRIS GME reporting methodology.

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### INPUT FORM INSTRUCTIONS:

Instructions for each column are also available by hovering your cursor over the column heading while using the input form.

#### **COLUMN HEADINGS:**

**FACILITY NAME** - Input facility name

**FACILITY MEDICAID PROVIDER ID** - Input facility Medicaid provider identification number. This is a six digit number.

**FACILITY COUNTY** - Input the county in which the facility physically resides.

**FIRSTNAME** - Input the resident's first name.

**LAST NAME** - Input the resident's last name.

**SUFFIX** - Input the appropriate suffix for the resident's program in medicine (i.e. MD, DO).

**RESIDENT'S FLORIDA MEDICAL LICENSE NUMBER** - Input the resident's appropriate license number issued by the Department of Health. Only provide one license number. Do not use spaces or hyphens.

**FACILITY ACCREDITATION SOURCE** - Input the facility's accreditation source: either AOA or ACGME.

**IRIS SPECIALTY (PRIMARY DESCRIPTION, SECONDARY DESCRIPTION, AND CODE)** - Input the Residency Specialty code for primary description and secondary description using the current residency type codes in the Intern and Resident Information System (IRIS), required by Medicare. The IRIS Specialty (Primary Description) and the IRIS Specialty (Secondary Description) will auto-populate when IRIS code is input on the form.

**PROGRAM YEAR FOR THE RESIDENT (AS OF JULY 1, 2023)** - Input the year of residency the resident is presently in as of July 1, 2023. Example: If resident is in his/her initial year as of July 1, 2023, Input "1" into this cell; 2nd Year "2"; 3rd Year "3"; 4th Year "4"; 5th Year "5"; 6th Year "6"; 7th Year "7"; 8th Year "8"; 9th Year "9"; 10th Year "10".

**UNWEIGHTED FTE (AS OF JULY 1, 2023)** - Utilizing the same methodology required for the Medicare cost report, input the projected unweighted FTE value of the resident for the facility as of July 1, 2023. This would be the per resident value projected to be used in reporting the totals in Line 6 of Worksheet E-4 of your Medicare Cost Report.

**WEIGHTED FTE (AS OF JULY 1, 2023)** - Utilizing the same methodology required for the Medicare cost report, input the projected weighted FTE value of the resident for the facility as of July 1, 2023. This would be the per resident value projected to be used in reporting the totals in Line 8 and Line 15 of Worksheet E-4 of your Medicare Cost Report.

**DOES RESIDENT MEET THE FLORIDA MEDICAID DEFINITION OF PRIMARY CARE?** - Input YES in this cell if the resident meets the definition of Primary Care per this form; Leave the cell BLANK if resident does not meet the definition of Primary Care per this form.

**FLORIDA MEDICAID FTE ADJUSTMENT:** Input YES if the resident's initial residency meets the definition of Primary Care AND if their Weighted FTE that was input into the Weighted FTE column was capped at 50% per Medicare guidelines; otherwise leave the cell blank.

**MEDICAID ALLOWABLE GME FTE COUNT** - This cell is calculated for you; the results in this cell cannot exceed 1.0 for the resident. If this cell displays an error please make the appropriate adjustments.