

# INSTRUCTIONS

## 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) makes annual payments of up to \$50,000 per resident to hospitals for graduate medical education associated with the Medicaid program. Qualifying hospitals must be licensed under part I of chapter 395 of the Florida Statutes.

Each year, the Agency will calculate each qualifying hospital's payment amount based on a methodology that requires a count of the number of full-time equivalent residents in that hospital on July 1st. Each hospital will be required to complete the attached **"Statewide Medicaid Full Time Equivalent Resident Count Input Form" (SMRP FTE Resident Count Input Form)** to adequately account for full time equivalent residents in its hospital. 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 hospital and the possibility of the loss of payments from this program. If you have any questions regarding this form, you may contact Lecia Behenna at (850) 412-4130 or email Lecia.Behenna@ahca.myflorida.com.

### DEFINITIONS APPLICABLE TO THE INPUT FORM:

**"Full-time equivalent" or "FTE"** - a resident who is in his or her initial residency period, which is 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)

**"Florida Medicaid FTE Adjustment"** - A resident beyond his or her 5th year of initial residency period AND meets the definition of General Surgery or Primary Care will be counted as 1.0 FTE.

**"General Surgery"** - As defined by the American Board of Surgery, and listed on their website:  
[http://www.absurgery.org/default.jsp?certgsqe\\_training](http://www.absurgery.org/default.jsp?certgsqe_training)

**"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; and
8. Emergency medicine.

**"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 cost report GME reporting methodology.

# INSTRUCTIONS

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### INPUT FORM INSTRUCTIONS:

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

#### **COLUMN HEADINGS:**

**HOSPITAL NAME** - Input hospital name.

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

**HOSPITAL COUNTY** - Input the county in which the hospital physically resides.

**FIRST NAME** - Input the resident's first name.

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

**PREFIX** - Input the appropriate prefix for the residents program in medicine (i.e. M.D., D.O.).

**RESIDENTS FLORIDA MEDICAL LICENSE NUMBER** - Input the resident's appropriate license number issued by the Department of Health. Only provide one license number. (i.e. training, D.O. or M.D.)

**SPECIALTY** - Input the resident's specialty declared for his/her initial residency period. Example: Cardiology, Family Medicine, Emergency Medicine, Surgery, etc...

**PROGRAM YEAR FOR THE RESIDENT (AS OF JULY 1, 2014)** - Input the year of residency the resident is presently in as of July 1, 2014. Example: If resident is in his/her initial year as of July 1, 2014, 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".

**WEIGHTED FTE (AS OF JULY 1, 2014)** - Utilizing the same methodology required for the Medicare cost report, input the projected weighted FTE value of the resident for the hospital as of July 1, 2014. This would be the per resident value projected to be used in reporting the totals in Line 8 of Worksheet E-4 of your Medicare Cost Report.

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

**FLORIDA MEDICAID FTE ADJUSTMENT:** Input YES if the resident's initial residency meets the definition of General Surgery or 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.