

RTTs: A Two-Page Reference Regarding Federal Definitions and Regulations

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An Aligned Nomenclature

A **Rural Program** of any type is an accredited residency program in which residents spend the majority of their total training time in a rural place.¹ A rurally located program is primarily anchored in a rural community and residents have minimal if any urban experience (e.g., in family medicine, one or two months in an urban children's hospital for intensive pediatric training)

A **Rural Track Program (RTP)** is defined in regulations as of October 1, 2022, as “an ACGME-accredited program in which all, or some, residents/fellows gain both urban and rural experience with more than half of the education and training for the applicable resident(s)/fellow(s) taking place in a rural area.” CMS uses this term for a track, whether or not it is a separately accredited program, in qualifying hospitals for financing of residency training under a ‘rural FTE limitation’ or ‘RTP cap.’ This term is also used by the ACGME for a separately accredited program. The ACGME has a pre-accreditation process in place to endorse new programs as such.

<https://www.acgme.org/what-we-do/accreditation/medically-underserved-areas-and-populations/>

A **Rural Track** is the term used by the ACGME to describe a not-separately-accredited track within an accredited program where more than 50% of the training of track participants occurs in a rural area (using the CMS definition).

A **Rural Pathway** is an identified sequence of training activities or rotations as part of an accredited urban program in which trainees in any specialty spend significant time training in a rural location, but less than 50% of their total initial residency training period (Sometimes described as an “Area of Concentration”).

An Expanded Federal Definition, effective October 1, 2022:

“Rural Track Program means, effective for cost reporting periods beginning on or after October 1, 2022, an ACGME-accredited program in which all, or some, residents/fellows gain both urban and rural experience with more than half of the education and training for the applicable resident(s)/fellow(s) taking place in a rural area as defined at 42 CFR 412.62(f)(iii). In the finalized regulations text at 42 CFR 412.105(f)(1)(v) and (x) and 42 CFR 413.79(k), effective for a cost reporting period beginning on or after October 1, 2022, if those programs (either the whole program, or a subset of residents in the program) consist of greater than 50 percent of the training time in a rural area, we will use the term ‘Rural Track Program.’” (For the purpose of this regulation a ‘rural area’ is defined as any area outside of a Metropolitan Statistical Area, i.e., in a Micropolitan CBSA or a Non-CBSA)

Going forward, this replaces prior language around ‘rural training tracks’ or RTTs. For a history of the nomenclature around RTTs see JGME article in 2017.¹

Basic Federal Regulations Relevant to Rural Training Tracks (from the Electronic Code of Federal Regulations, [Title 42](#) → [Chapter IV](#) → [Subchapter B](#) → [Part 413](#), accessed February 21, 2021)

Subpart F, Specific Categories of Cost, Direct GME payments, 42 §413.75 to 413.83

[Search for these sections using the terms “rural,” “rural track,” and “GME,” especially]

¹ Longenecker R. Rural Medical Education Programs: A Proposed Nomenclature. Journal of Graduate Medical Education June 2017;9(3):283-286. <https://doi.org/10.4300/JGME-D-16-00550.1>

Specific Federal Register Final Rule Notices

(As of January 23, 2023)

FY01 IPPS Final Rule, August 1, 2000, Implementation of BBRA, page 47032ff (“Rural track FTE limitation” determined, page 47033-47): <https://www.gpo.gov/fdsys/pkg/FR-2000-08-01/pdf/FR-2000-08-01.pdf>

FY02 IPPS Final Rule, August 1, 2001, Responses to public comments from August 1, 2000 interim final rule and to finalize the rule, page 39901ff:
<http://www.gpo.gov/fdsys/pkg/FR-2001-08-01/pdf/01-18868.pdf>

FY04 IPPS Final Rule, August 1, 2003, “Integrated rural track” defined as a separately accredited program; residents must train more than one-half of the program duration in rural areas for urban hospitals to qualify for a rural FTE limitation, page 45454ff: <https://www.gpo.gov/fdsys/pkg/FR-2003-08-12/pdf/03-20280.pdf>

FY10 IPPS Final Rule, August 27, 2009, Clarification of definition of new medical residency training program (74 FR 43908 - 43919):
<https://www.gpo.gov/fdsys/pkg/FR-2009-08-27/pdf/FR-2009-08-27.pdf>

FY15 IPPS Final Rule: August 19, 2014, Reclassification of rural hospitals to urban, example calculation of FTE limitation (cap), pages 50116 – 50117: <https://www.gpo.gov/fdsys/pkg/FR-2014-08-22/pdf/2014-18545.pdf>

FY17 IPPS Final Rule: August 1, 2016, Policy Changes Relating to Rural Training Tracks at Urban Hospitals – Cap building period, other; pages 57026 – 57031:
<https://www.gpo.gov/fdsys/pkg/FR-2016-08-22/pdf/2016-18476.pdf>

FY20 IPPS Final Rule: August 2, 2019, Changes in payment for GME in Critical Access Hospitals and rules for claiming of residents training in a CAH as training in a “non-provider setting,” effective October 1, 2019; pages 42411 – 42415: <https://www.govinfo.gov/content/pkg/FR-2019-08-16/pdf/2019-16762.pdf>

FY22 IPPS Final Rule: December 27, 2021

Implementation of Sections 126, 127, and 131 of the Consolidated Appropriations Act of 2021 (signed into law December 27, 2020); created an expanded definition of a ‘rural track program’ to include those not separately accredited, allowed urban hospitals to expand rural track programs to additional rural sites, and eliminated the 3-year rolling average for rural track programs in their 5-year cap-building period. It also creates new residency positions in rural and underserved settings and allows hospitals an opportunity to reset a low or “\$0” PRA.

Official Executive Summary from CMS: <https://www.federalregister.gov/d/2021-27523>

Webpage with supporting materials for Section 126 and Section 131 applications:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/DGME>

FY23 IPPS Final Rule: August 10, 2022

Allows urban and rural hospitals that participate in the same separately accredited family medicine RTP and have rural track FTE limitations to enter into “Rural Track Medicare GME Affiliation Agreements” and provides relevant definitions, effective with cost reporting periods beginning on or after October 1, 2022.

<https://www.federalregister.gov/d/2022-16472/page-49075>

[Note: To search any of these documents for relevant regulations, I recommend the reader search (or “find”) the terms “rural training” or “rural track;” in addition, for a summary of all of the regulations to date, one can read the last Final Rule, which generally references the previous rules in a Background section]