

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

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### ***A Common Nomenclature: The RTT Collaborative***<sup>1</sup>

A **rural program** is an accredited residency program in which residents spend the majority of their total training time (i.e. more than 50%, as reported to CMS and/or the Teaching Health Center program) in a rural place.<sup>2</sup>

An **Integrated Rural Training Track (IRTT)** is a sub-type of rural program that is separately accredited and because of its generally smaller size and variable resources is substantially integrated with a larger, often more urban residency program. Many of these programs function in a 1-2 format, in which residents train the first year in the more urban location, and then spend years 2 and 3 in a rural place.

An identified training track within a larger family medicine program, not separately accredited (i.e. without a separate accreditation program number), in which the tracked residents meet their 24-month continuity requirements<sup>3</sup> in a rurally located continuity clinic or Family Medicine Practice site (FMP) is considered an “IRTT-like” program.

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 (Sometimes described as a rural track of the urban program or an “Area of Concentration”).

***Basic Federal Regulations Relevant to Rural Training Tracks*** (from the Electronic Code of Federal Regulations, [Title 42](#) → [Chapter IV](#) → [Subchapter B](#) → [Part 413](#), accessed August 1, 2019)

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

[http://www.ecfr.gov/cgi-bin/text-](http://www.ecfr.gov/cgi-bin/text-idx?SID=55bcffa0cfd9538a10a9abaf84f42c6b&node=42:2.0.1.2.13&rgn=div5#se42.2.413_175)

[idx?SID=55bcffa0cfd9538a10a9abaf84f42c6b&node=42:2.0.1.2.13&rgn=div5#se42.2.413\\_175](http://www.ecfr.gov/cgi-bin/text-idx?SID=55bcffa0cfd9538a10a9abaf84f42c6b&node=42:2.0.1.2.13&rgn=div5#se42.2.413_175)

[Search for these sections for “rural” and “GME,” especially]

*Residents training in rural track programs, 42 CFR 413.79, scroll to (k):* [http://www.ecfr.gov/cgi-bin/text-](http://www.ecfr.gov/cgi-bin/text-idx?SID=55bcffa0cfd9538a10a9abaf84f42c6b&node=42:2.0.1.2.13&rgn=div5#se42.2.413_179)

[idx?SID=55bcffa0cfd9538a10a9abaf84f42c6b&node=42:2.0.1.2.13&rgn=div5#se42.2.413\\_179](http://www.ecfr.gov/cgi-bin/text-idx?SID=55bcffa0cfd9538a10a9abaf84f42c6b&node=42:2.0.1.2.13&rgn=div5#se42.2.413_179)

### ***Specific Federal Register Final Rule Notices***

(August 1, 2019)

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>

<sup>1</sup> 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> (Accessed 8-1-2019)

<sup>2</sup> Aligns with CMS FY2004 regulations defining an integrated rural track, Department of Health and Human Services, Center for Medicare and Medicaid Services. *Federal Register* August 2003; <http://edocket.access.gpo.gov/2003/pdf/03-19363.pdf> (Accessed 8-1-2019)

<sup>3</sup> Continuity requirement as defined by the ACGME Family Medicine Review Committee and the American Board of Family Medicine

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 “nonprovider setting,” effective October 1, 2019; pages 42411 – 42415: <https://www.govinfo.gov/content/pkg/FR-2019-08-16/pdf/2019-16762.pdf>

[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]