

**Kaiser Foundation Hospitals**

**FTE Counting Policy - Vacation, Sick Time, Leave of Absence, Other Time Offs from Training and Other Didactic Activities**

**Effective Academic Year Beginning July 1**

Description	Allowable vs Nonallowable		Effective July 1	FTE Counting Policy
	GME	IME		
Vacation	Yes	Yes	<p><b>GME and IME</b> - Regardless of who is paying the resident's salaries and benefits during vacation whether Kaiser or the affiliate, count for both GME and IME if the resident is assigned to rotate at Kaiser hospitals and clinics during the time the vacation is taken.</p> <p>If the rotation schedule does not clearly indicate where the resident is assigned during the time the vacation is taken, prorate the resident's vacation time amongst the hospitals the resident is assigned to rotate over the course of the academic year.</p>	GME = 100%, IME = 100%
Sick Time	Yes	Yes	<b>GME and IME</b> - Same as above.	GME = 100%, IME = 100%
Holidays	Yes	Yes	<b>GME and IME</b> - Same as above.	GME = 100%, IME = 100%
Bereavement	Yes	Yes	<b>GME and IME</b> - Same as above.	GME = 100%, IME = 100%
Other Time Offs and Approved Leave of Absence including jury duty, other court leave, or voting leave. <sup>1</sup>	Yes	Yes	<b>GME and IME</b> - Same as above.	GME = 100%, IME = 100%
In-Service Exams (Step 3) Initial exam	Yes	No		GME = 100%, IME = 0%

Research	Yes and No	Yes and No	<b>GME and IME</b> - It must be associated with the treatment or diagnosis of a particular patient.	GME and IME = <b>Do not count or include any Research time unless the following are met:</b> (1) onsite (2) patient care related (3) part of the program curriculum and is a requirement for graduation and (4) supporting documents describing the research activity.
Electives	Yes and No	Yes and No	<b>GME and IME</b> - It must be associated with the treatment or diagnosis of a particular patient.	GME = 100% if onsite, 0% if away IME = 100% if onsite and patient care related, 0% if onsite but not patient care related. <b>Do not include any Elective time unless there is a signed Elective form stating, among other things, the date(s), location and activity description.</b>
Orientation	Yes	Yes	<b>GME</b> - the resident must be doing "orientation activities". <sup>2</sup> <b>IME</b> - the resident must be doing "orientation activities".	GME = 100%, IME = 100%
SCPMG, TPMG, NWPMG and HPMG Medical Offices and Off Site Clinics.	Yes	Yes	<b>GME</b> - time spent must be patient care related meaning related to the treatment of particular patients. <b>IME</b> - same as above.	GME = 100% IME = 100%
All other Clinics and nonhospital setting locations <sup>3</sup> e.g. Community Clinics, SNF and High School Sport Clinics. <sup>4</sup>	Yes	Yes and No	<b>GME</b> - Include if (1) there is a written agreement with the non hospital setting location prior to the resident's start of rotation. (2) time spent must be patient care related meaning related to the treatment of particular patients. (3) the salaries and benefits of the resident rotating to a non hospital location as well as the teaching physician costs must be incurred or paid by Kaiser. <b>IME</b> - same as above.	GME = 100%, subject to note 4 IME = 100%, subject to note 4

Meetings, Conferences, Educational Seminars and other didactic activities.	Yes	Yes and No	<b>GME</b> - <u>Include</u> if the meetings conferences, educational seminars and other didactic activities take place in the hospital or locations engage in the treatment of patients e.g. hospital, SNF and clinics. <u>Do not include</u> if the meetings, conferences, seminars and other didactic activities take place in hotels, convention centers and other locations not engage in the treatment of patients. <sup>5</sup> <b>IME</b> - same as above.	GME = 100%, subject to note 5 IME = 100% , subject to note 5
<b>Other Non Standard Assignments/Rotations:</b>				
- Recruitment & Interview	No	No	<b>GME and IME</b> - <u>Do not include</u> time when a resident is participating in the recruitment and interview of prospective residents.	GME = 0%, IME = 0%
- Exam Retests	No	No	<b>GME and IME</b> - <u>Do not include</u> time when a resident is retakes exams/tests to improve his/her test score study.	GME = 0%, IME = 0%
- Chief Resident Admin Time	Yes	Yes	<b>GME and IME</b> - <u>Include</u> administrative time is given to the two chief residents one -half day every two weeks so they can use the time for creating noon conference schedules, deal with any resident issues, plan the retreat, create agendas for residency/faculty meetings, plan schedules for back up residents for inpatient medicine, lunch coverage, etc.	GME = 100%, IME = 100%
- Preceptorship	Yes	Yes	<b>GME and IME</b> - <u>Include</u> time required to teach/train other residents who are less experienced.	GME = 100%, IME = 100%

**Notes:**

<sup>1</sup> These are generally accepted leave of short duration and do not prolong the total time that the resident is participating in the approved training program.

See individual specific program policy relating on extended leave of absence and graduation date due to extended time off from residency training.

<sup>2</sup> "Orientation activities" are necessary prerequisite for the resident to commence (or continue) the approved training program and is required as a term of employment. Such orientation consists of basic informational sessions in which all new employees, residents and other staff, must participate at the beginning of employment. There could also be other orientation activities designed specifically to prepare residents to furnish patient care in a particular setting or to participate in a particular approved residency training program. Certain portions of orientation activities are specific to residents in particular approved programs and are required by the accrediting organizations. **Orientation allowable from 6/21 - 6/30.**

Other components of orientation relate to employment and are common to all employees. Still other components of orientation may involve training regarding particular hospital policies and procedures, some of which would relate to patient care and safety. Orientation activities would occur either at the beginning of a particular specialty program, or when a resident goes to another facility for training. In orientation sessions, much of the information being imparted to the residents is essential knowledge for the residents in order to furnish patient care services in a particular hospital facility or approved program.

Since orientation happens before the regular academic year begins on July 1, it may or may not be reflected on the Master Rotation Schedule. Include a supporting document such as orientation schedules and resident information sheet with your IRIS package which is an evidence that the resident was doing orientation activities.

<sup>3</sup> Locations primarily engaged in furnishing patient care or those whose main mission is to provide patient care, such as doctor's offices and community health clinics. Medical schools and dental schools that are part of a larger system that includes institutions that are primarily engaged in patient care do not qualify as nonprovider settings that meet the criteria of locations with a main mission of providing patient care because they are primarily engaged in educational activities as opposed to patient care.

<sup>4</sup> Exclude time spent at games and other sporting events.

<sup>5</sup> The residents may attend didactic seminars and conferences in a hotel or convention center but the didactic time cannot be counted because a hotel or

convention center is in the business of providing hospitality and meeting services and is not primarily engaged in furnishing patient care.

**6 Resident FTE Counts:** When calculating teaching hospitals' resident FTE counts, CMS will allow a teaching hospital to count the time that residents spend at another hospital—teaching or non-teaching. This significant change in policy, while temporary, will help stabilize teaching hospitals' direct graduate medical education (“DGME”) and indirect graduate medical education (“IME”) payments when they need to redeploy residents to other hospitals, including historically non-teaching hospitals, for training. Additionally, non-teaching hospitals that agree to take residents will not trigger the establishment of a per-resident amount (“PRA”) or trigger the creation of FTE caps for new program residents by allowing residents to work in the non-teaching hospital.

**7 Flexibilities When Counting Resident:** FTEs DGME and IME payments both depend on the number of resident FTEs that train at a teaching hospital and applicable non-provider locations during an academic year. Historically, for training time in the hospital, CMS has only permitted teaching hospitals to count time spent within their own hospital locations, and never time spent in another hospital (i.e., a hospital with a different CCN), toward their resident FTE counts. Under the Rule, teaching hospitals will be permitted to count the time that residents spend at non-hospital sites and other hospitals in response to the PHE. The Rule requires that either the sending hospital or the receiving hospital be treating COVID-19 patients, that the resident from the sending hospital perform activities at the receiving hospital that are consistent with his or her approved residency program while at the receiving hospital, that the receiving hospital cannot count the resident time if the sending hospital counts the time at the receiving hospital on the sending hospital's cost report, and that the sending hospital include the time for the residents sent to the receiving hospital immediately before or after the PHE in the sending hospital's resident FTE count. In addition, if non-hospital sites provide routine services to the hospital's inpatients under arrangements with the hospital, the hospital can count the time that residents spend at those under arrangements locations toward its FTE count, as these services are deemed to have been provided by the hospital. This location flexibility represents a significant shift on CMS's part. Historically, teaching hospitals have only been permitted to count the time that residents spend in the teaching hospital's own facilities toward their FTE counts, and never in another hospital, except in limited circumstances. As stated in the Rule, CMS expects that these changes will give teaching hospitals flexibility to determine resident training on an emergency basis and to help address hospital workforce shortfalls without triggering potentially negative GME financial results. CMS stressed that it is granting this flexibility only during the PHE and in response to the unprecedented nature of the COVID-19 pandemic.