



ACGME

# ACGME RTP Designation Process Toolkit

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Accreditation Council for Graduate Medical Education (ACGME)



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This interactive toolkit is intended to provide information about the ACGME Rural Track Program (RTP) designation\* processes, criteria, and resources.

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\*The ACGME RTP designation is independent of any rural track designation by the Centers for Medicare and Medicaid Services (CMS) and does not guarantee that a program will meet CMS eligibility requirements for GME or other financial support.



# ACGME Rural Track Program (RTP)

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 (any area outside of an urban Core-Based Statistical Area (CBSA)).



# ACGME Rural Track Program Designation

A classification provided by the ACGME that identifies Rural Track Programs at the time of application for accreditation (Type 1) or with the approval of a permanent complement increase request and the addition of at least one new rural participating site (Type 2).



# ACGME Rural Track Related Program

A separately accredited program in the same specialty at the same Sponsoring Institution in which residents/fellows have some overlapping education and training experiences with the ACGME Rural Track Program (Type 1) residents/fellows and may share resources.



# RTP Designation Types Summary

## Type 1 (separate accreditation)

- DIO initiates at program application
- Criteria include:
  - > 50% GME in rural PPS hospital and/or non-provider site(s)
  - Rural area = county outside of an urban CBSA
  - Some required non-rural GME

## Type 2 (track within program)

- Program director initiates using sidebar option within ADS
- Criteria include:
  - All of the Type 1 criteria; and,
  - At least one rural participating site is new (program's current residents/fellows not rotating there)

### **Two approval steps:**

1. MUA/P and GME review of designation information
2. Review Committee review\* of program application (Type 1) or permanent complement increase request and site changes (Type 2)

**\*The designation process is independent of accreditation review.**

# ACGME Rural Track Program Designation: Type 1 (separately accreditation program) – (4.21.21)

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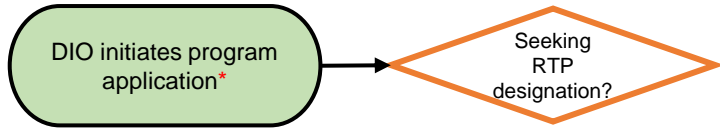
DIO initiates program application\*

Key:
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Program Director (PD)
ACGME Review Committee (RC)
ACGME Executive Director (ED)
ACGME Medically Underserved Areas/Populations and GME staff (MUA/P and GME staff)

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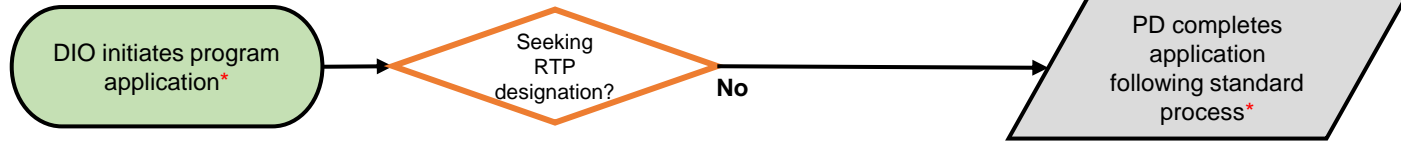
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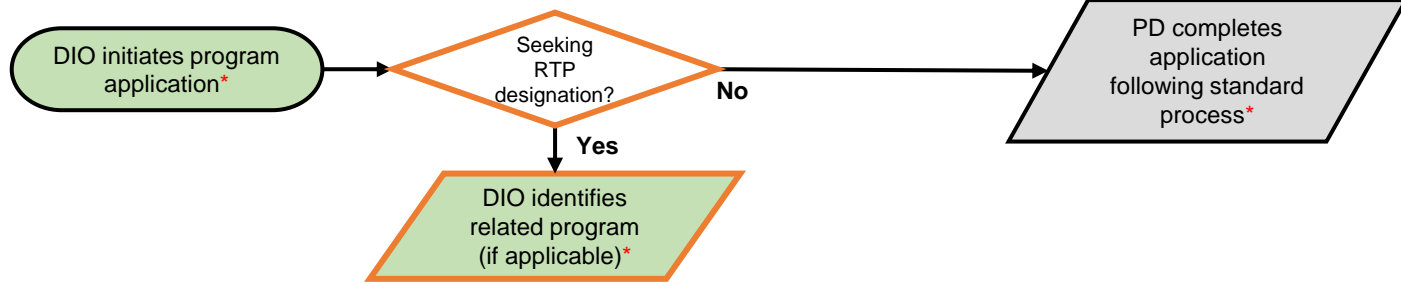


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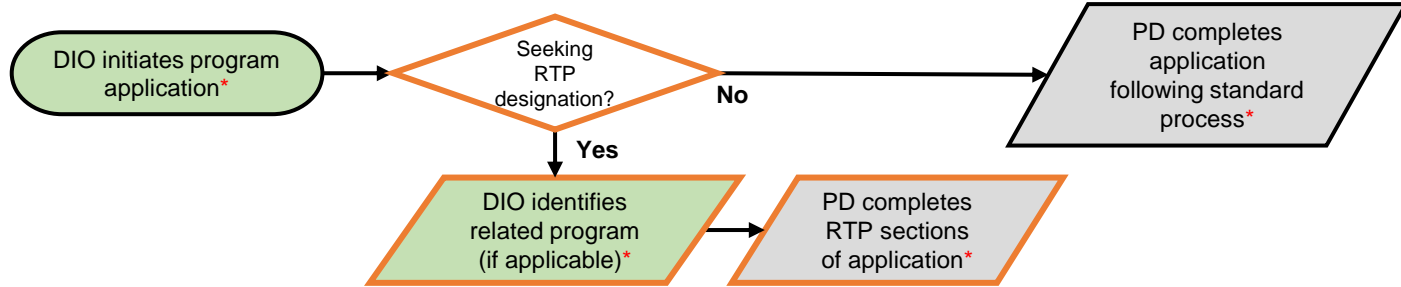


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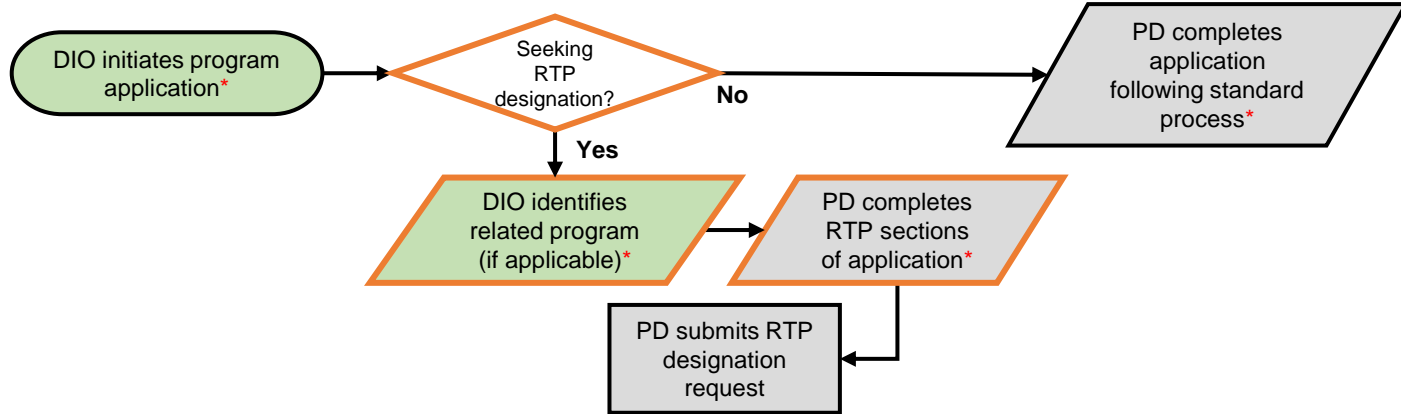


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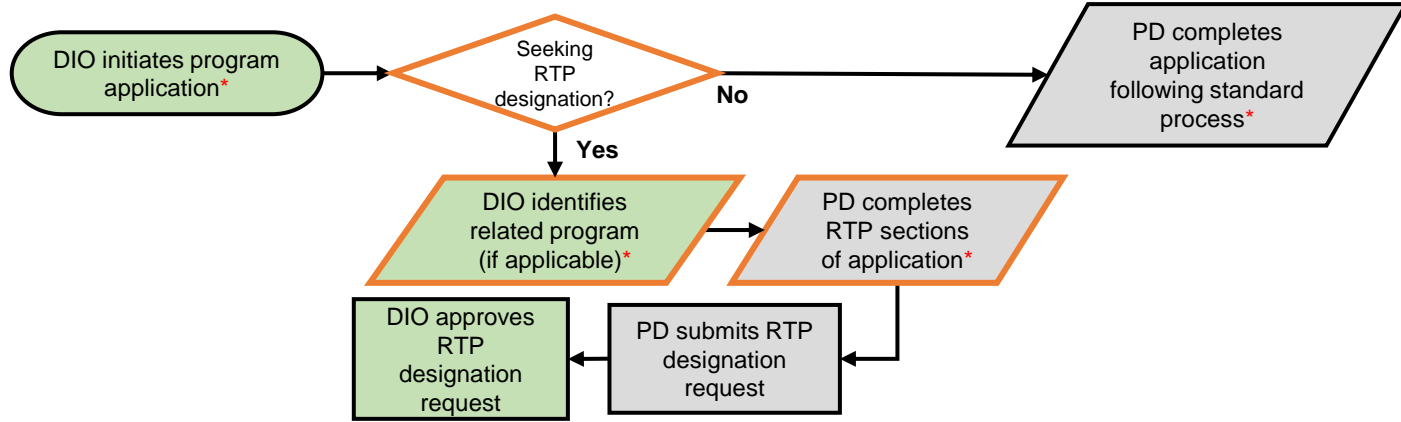


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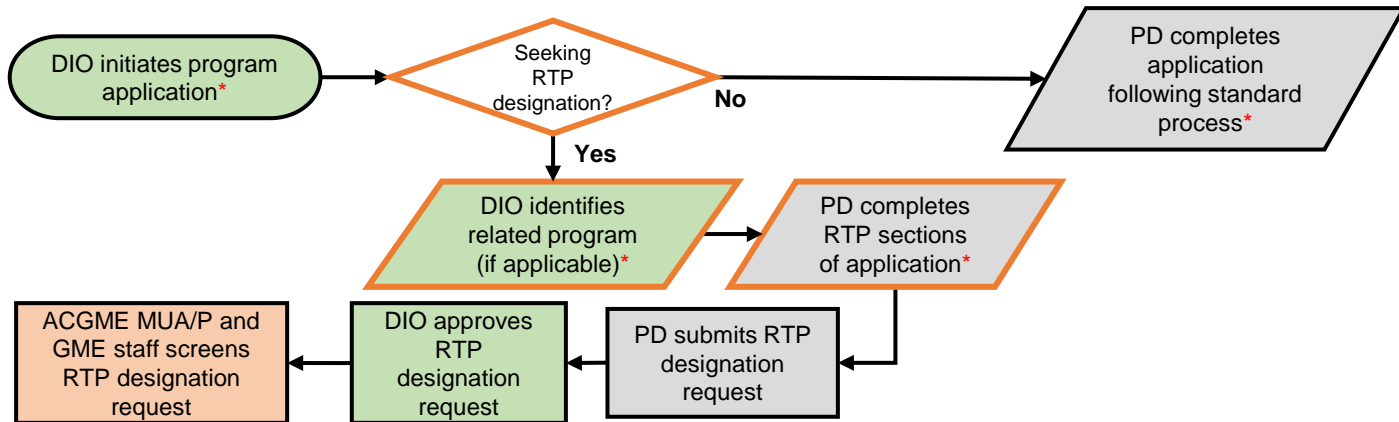


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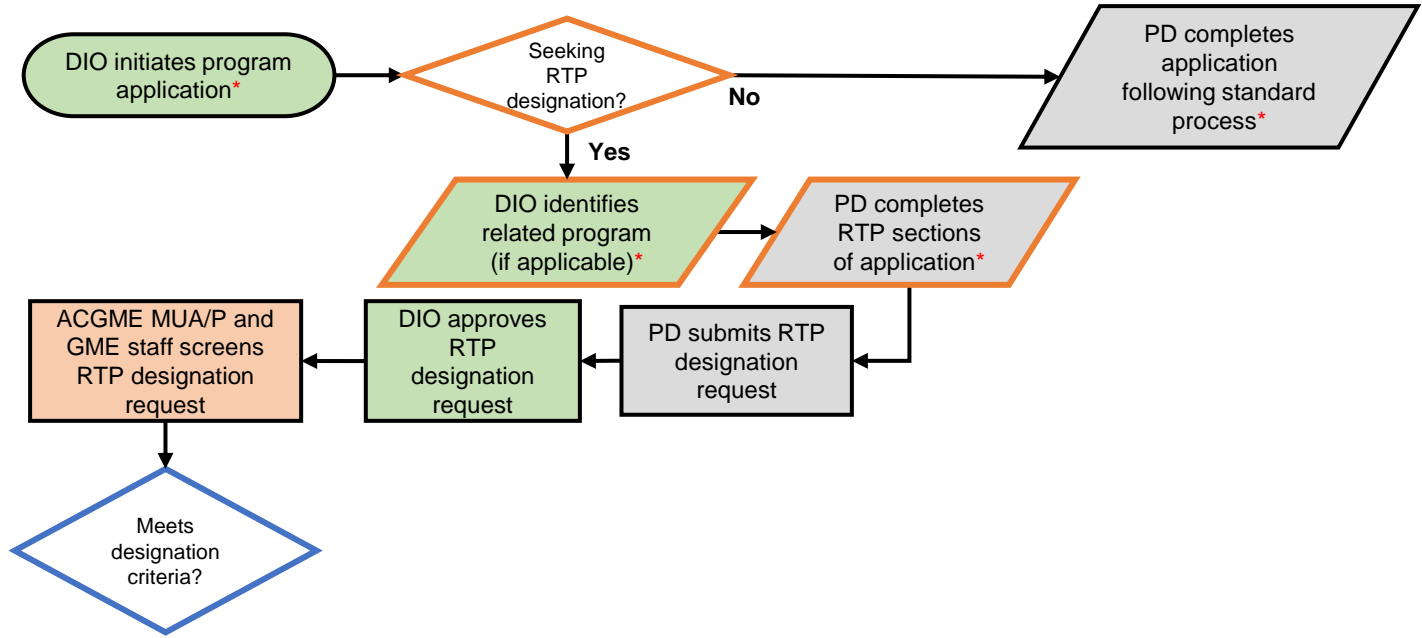
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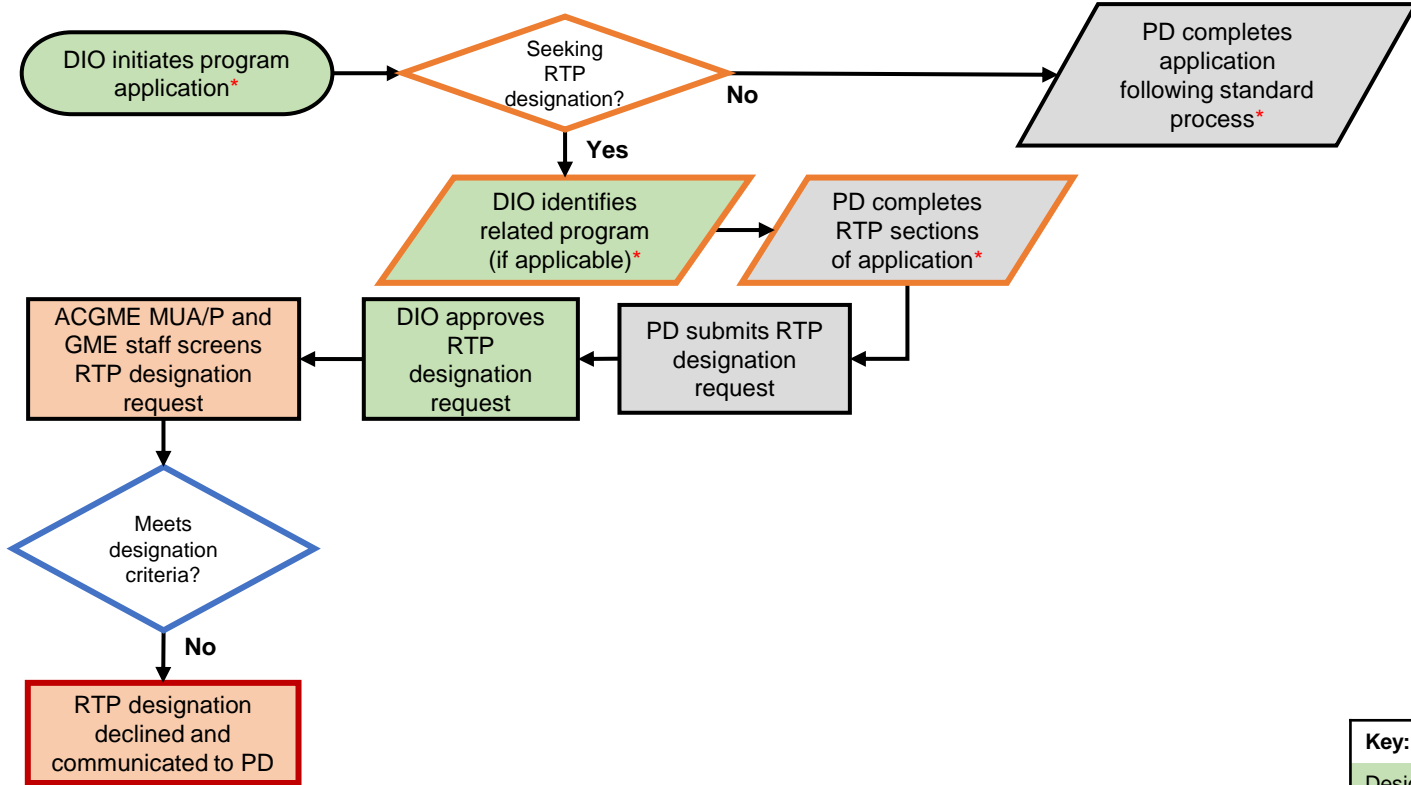


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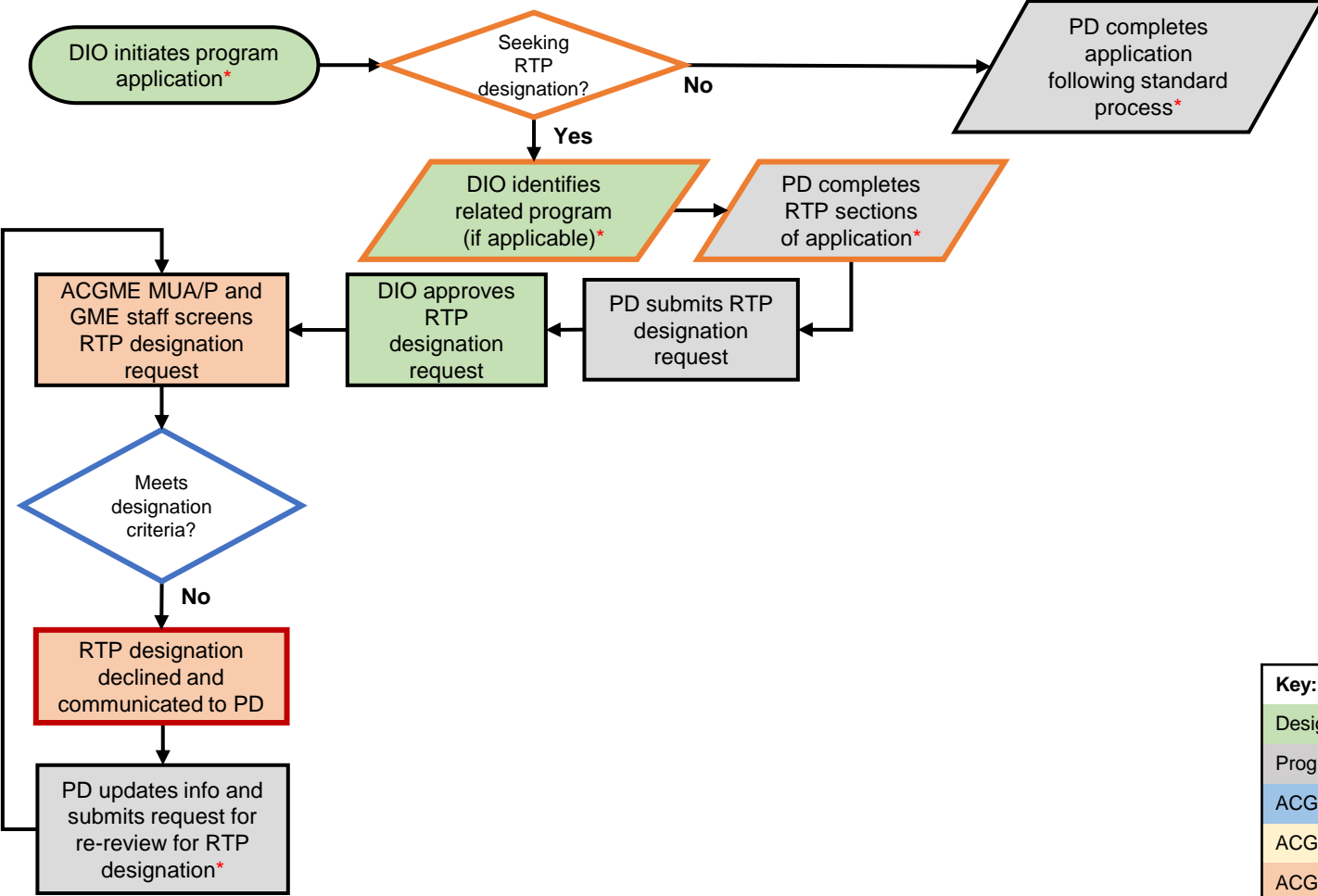
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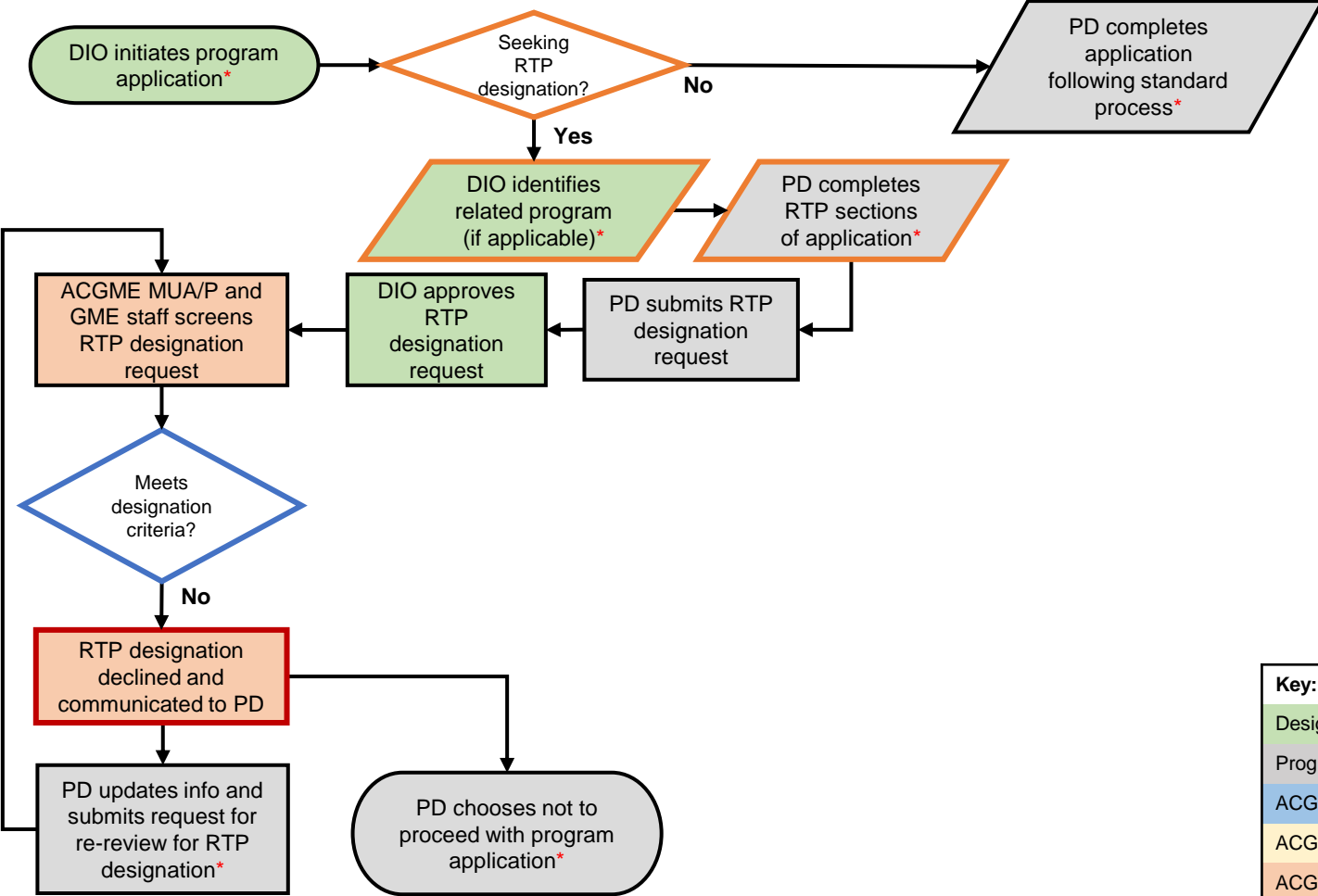
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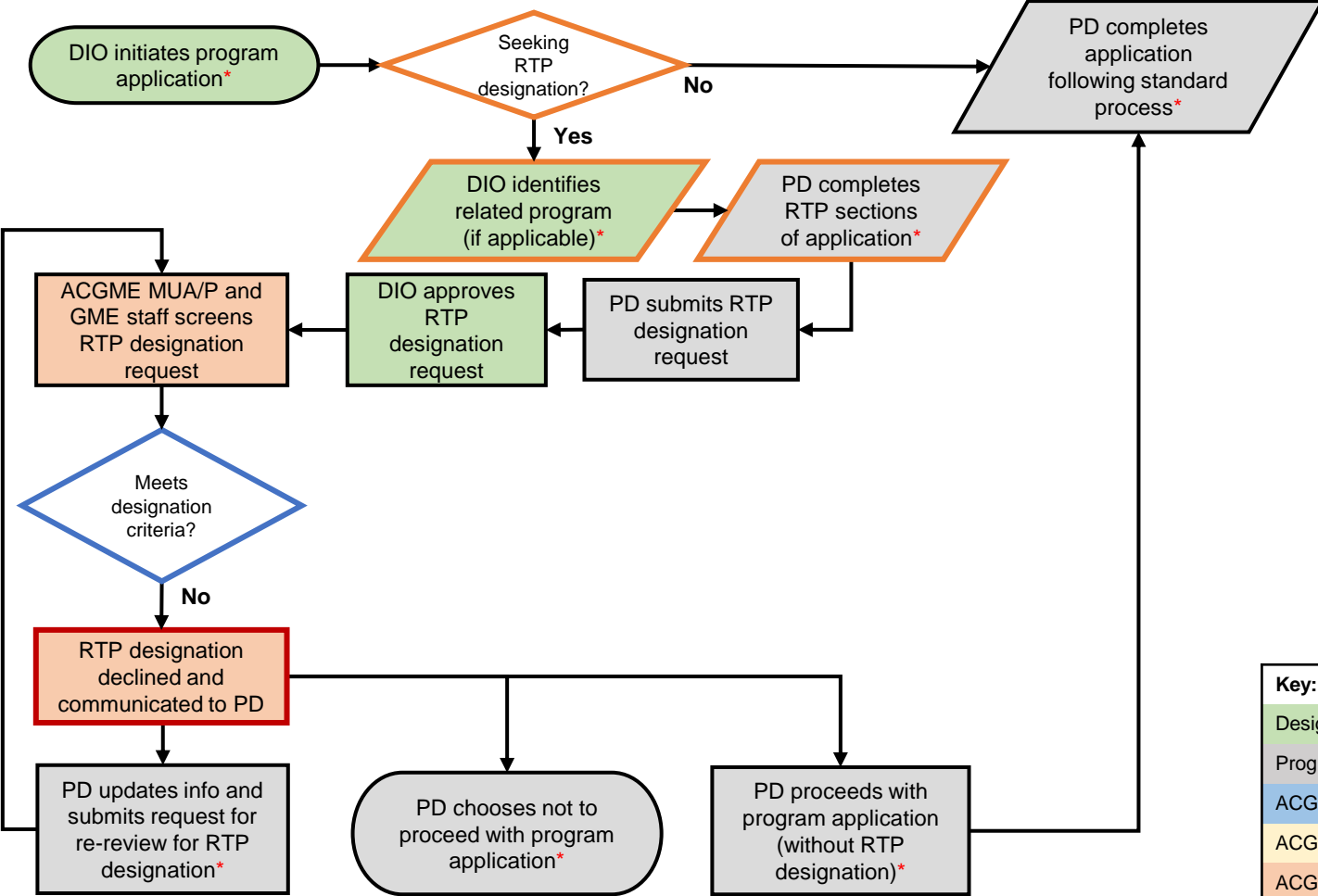
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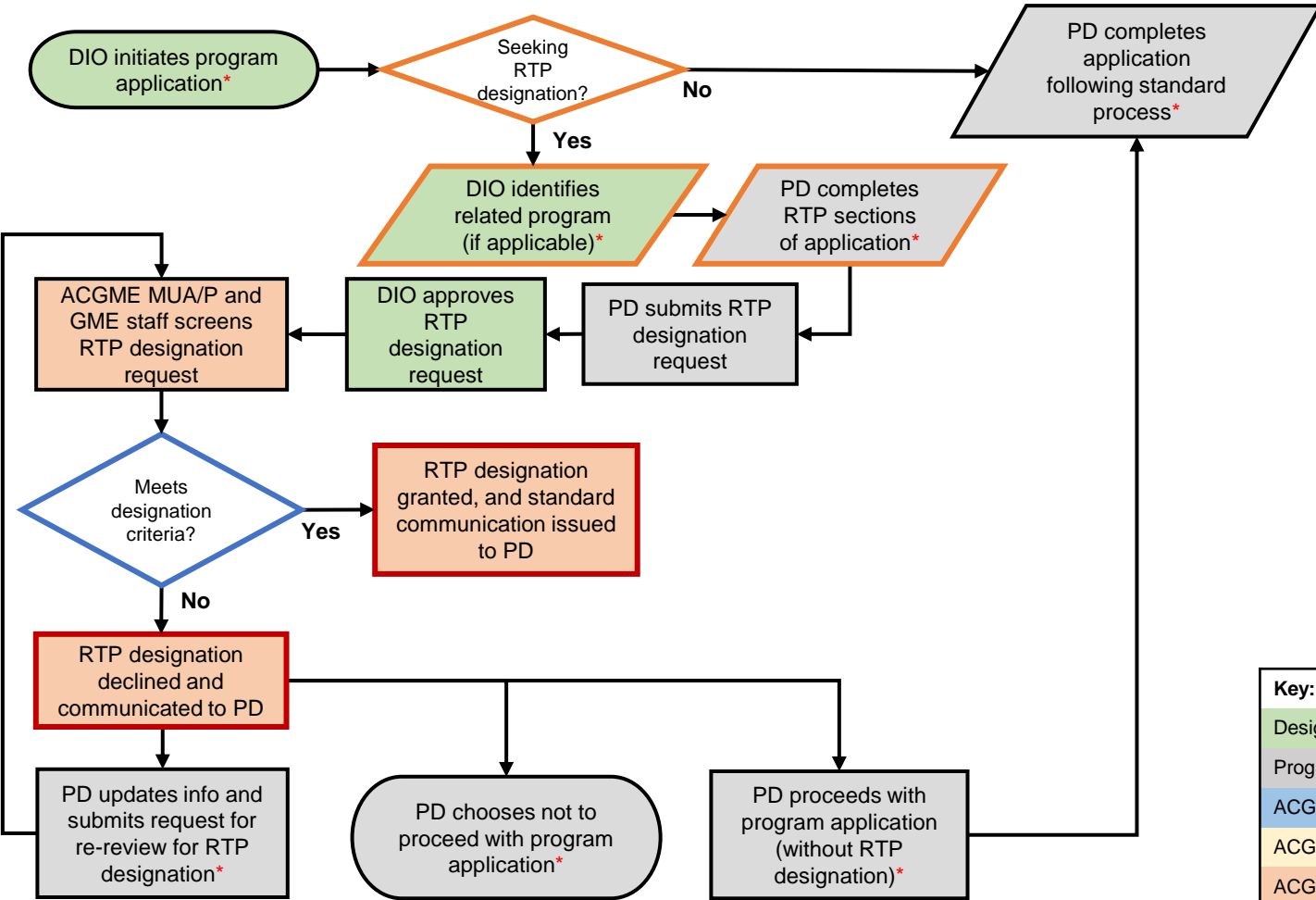
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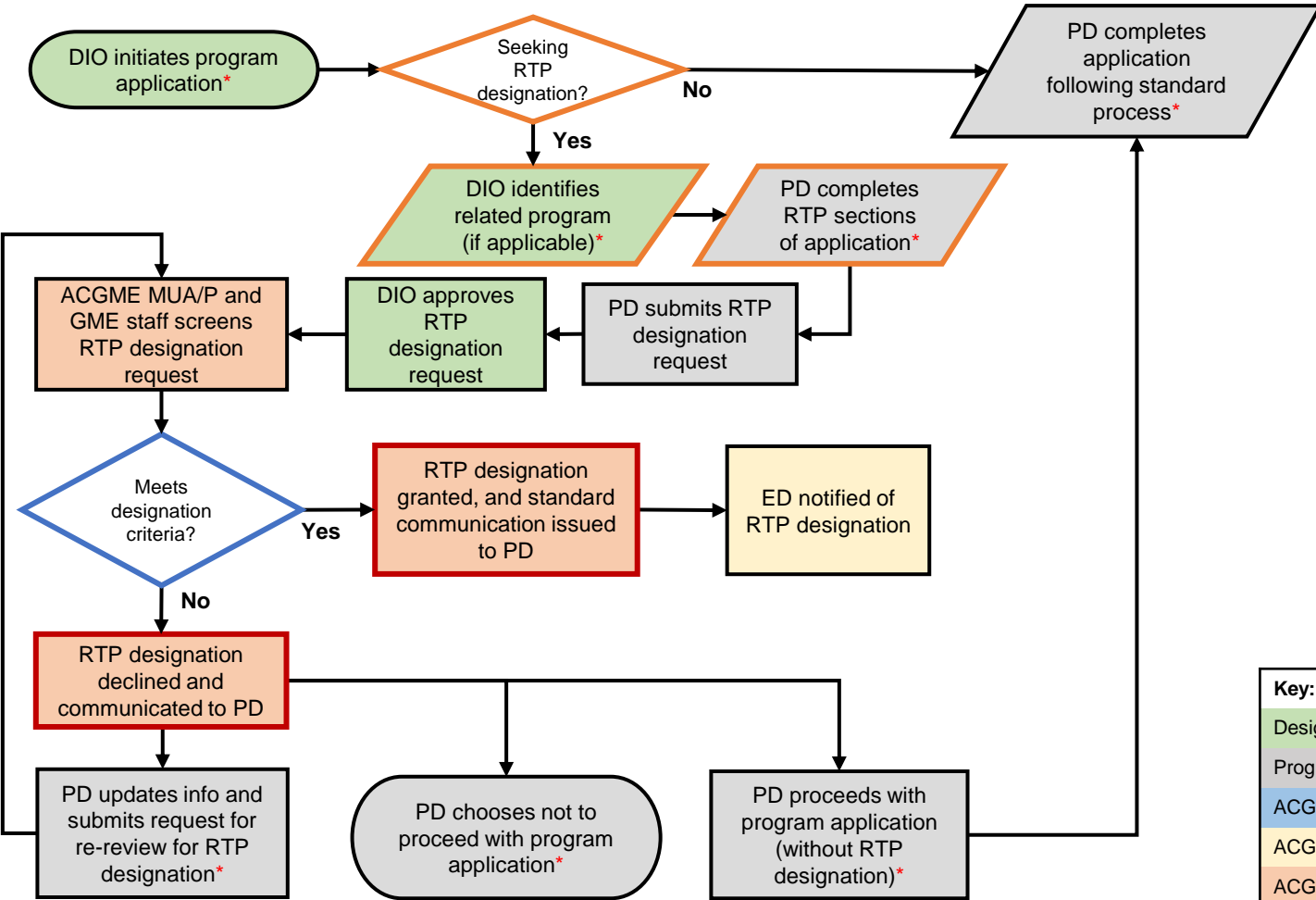
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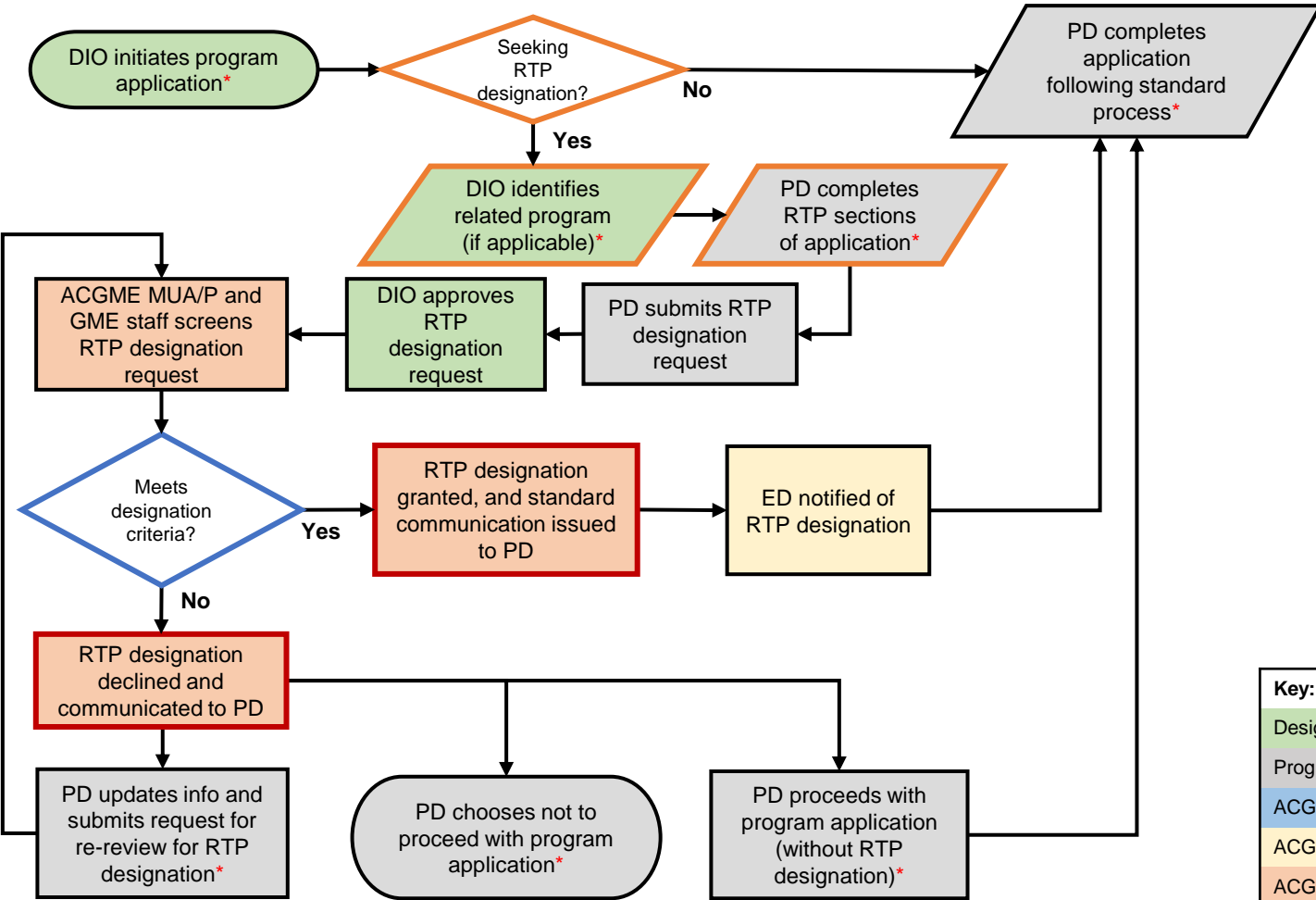
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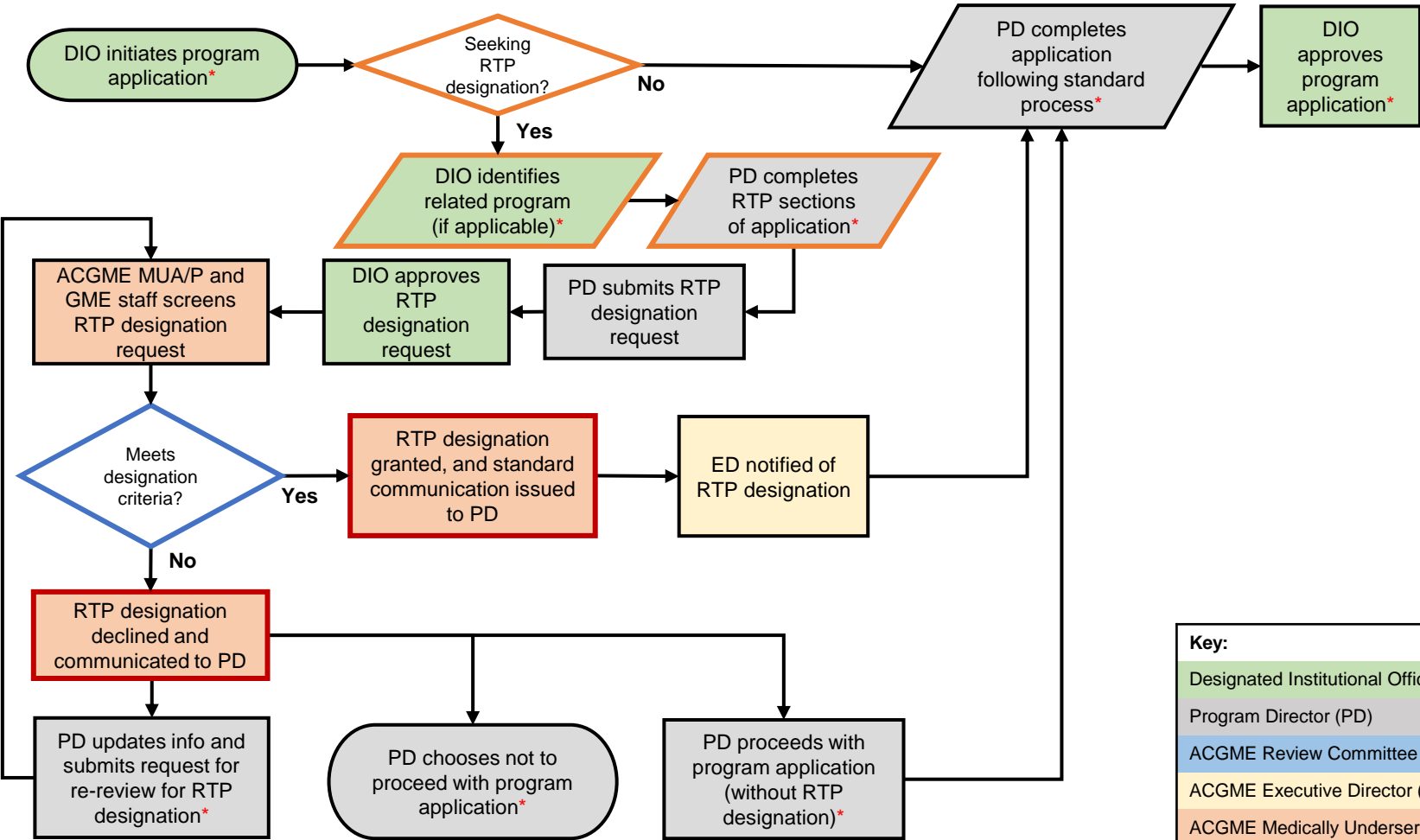
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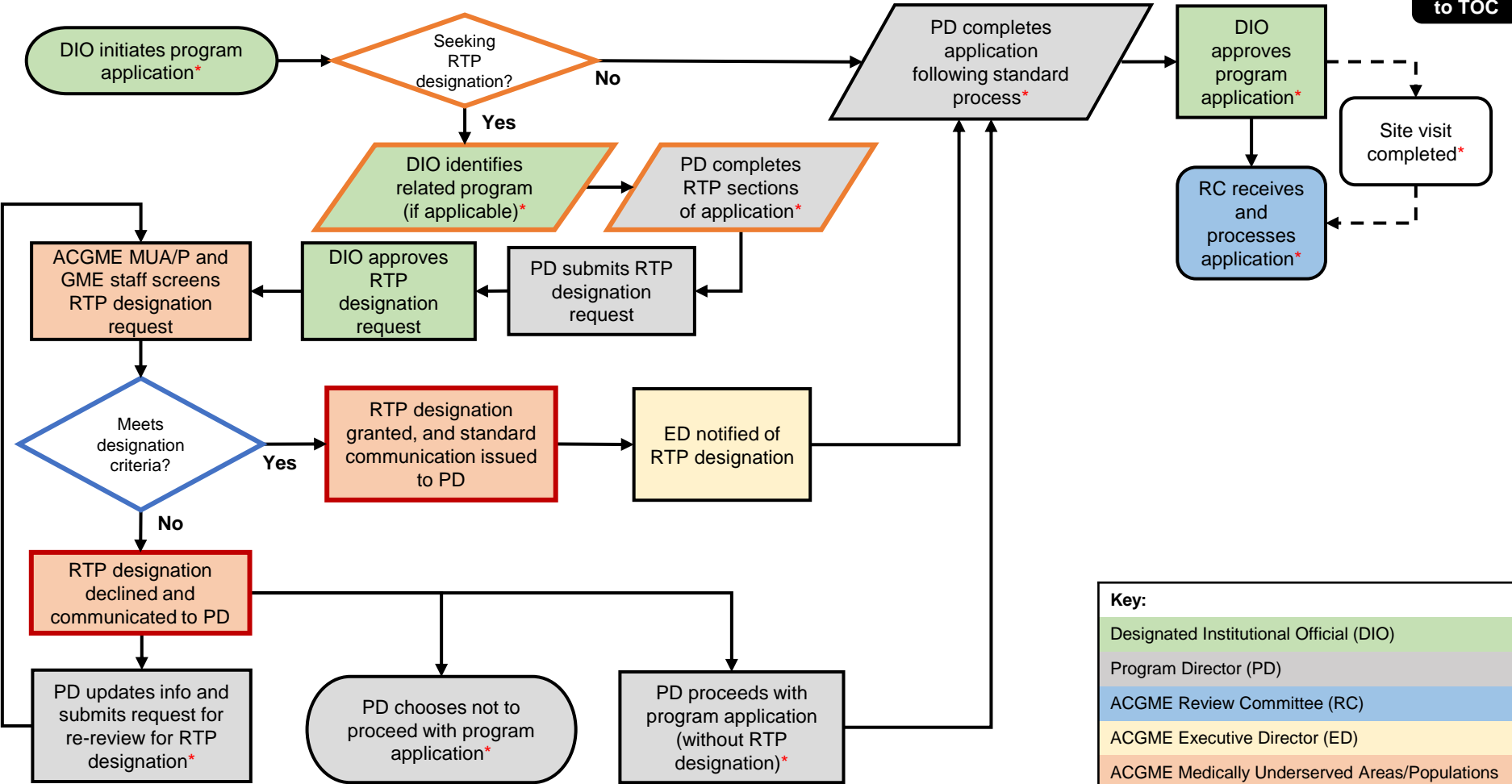
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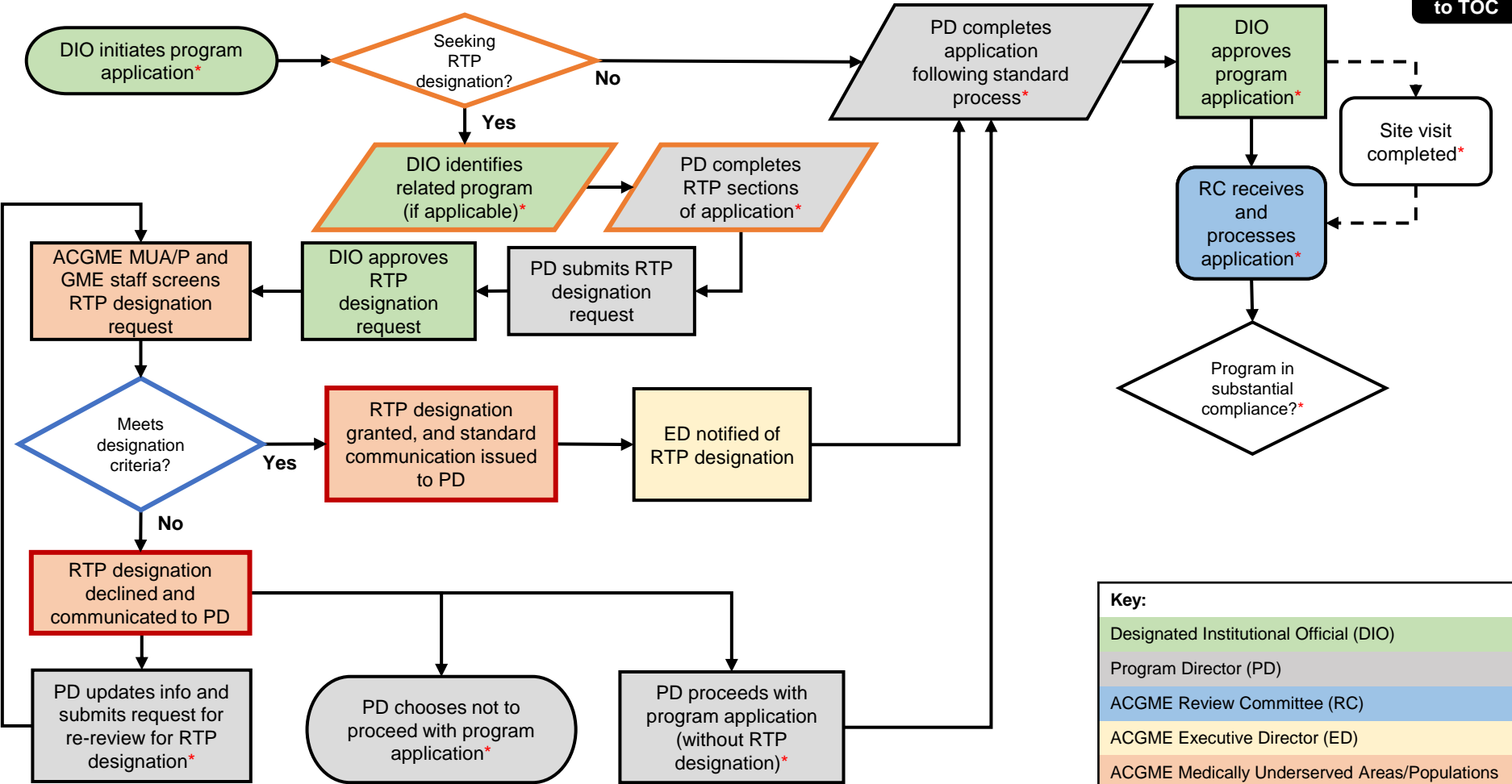
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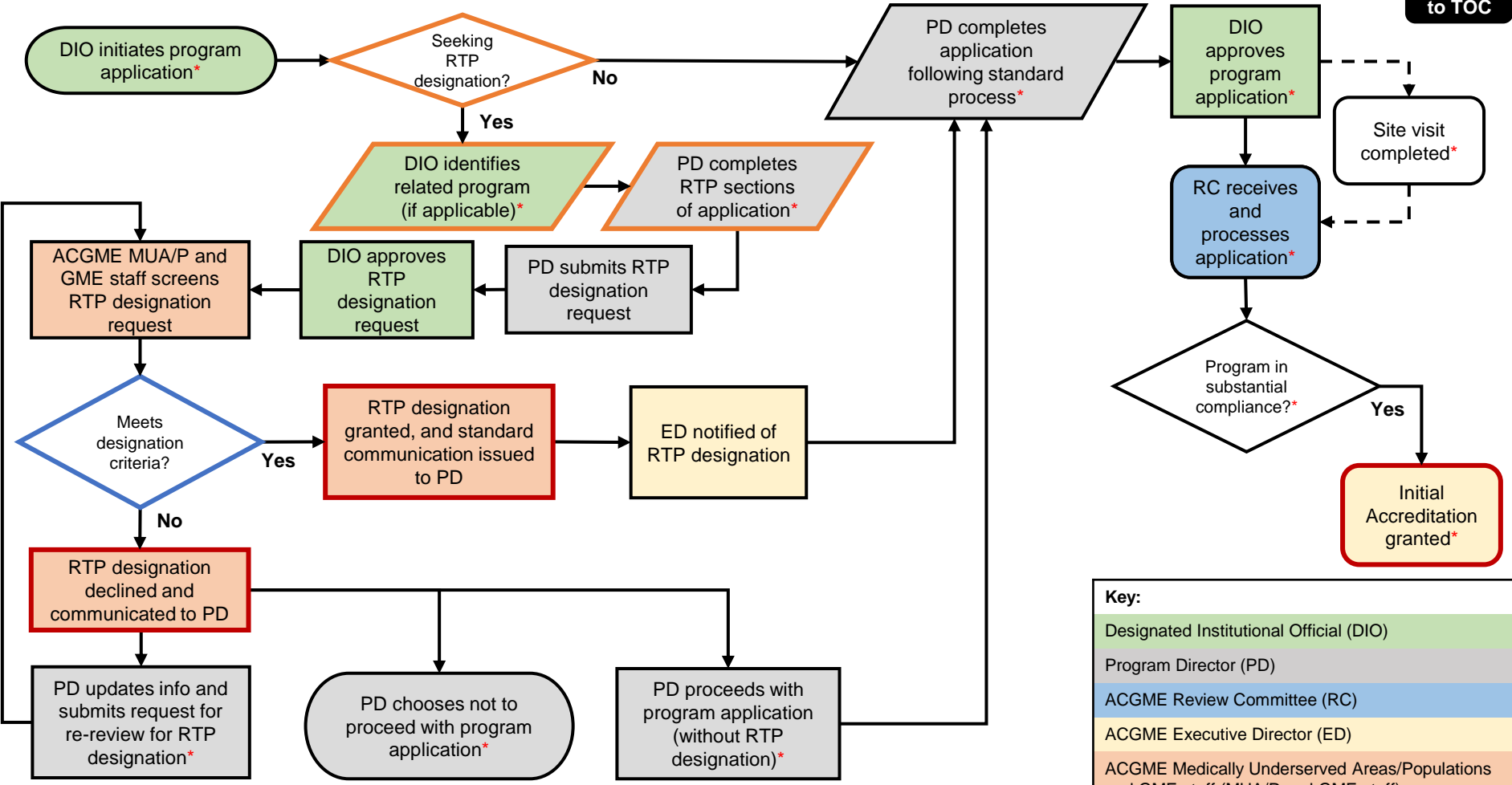
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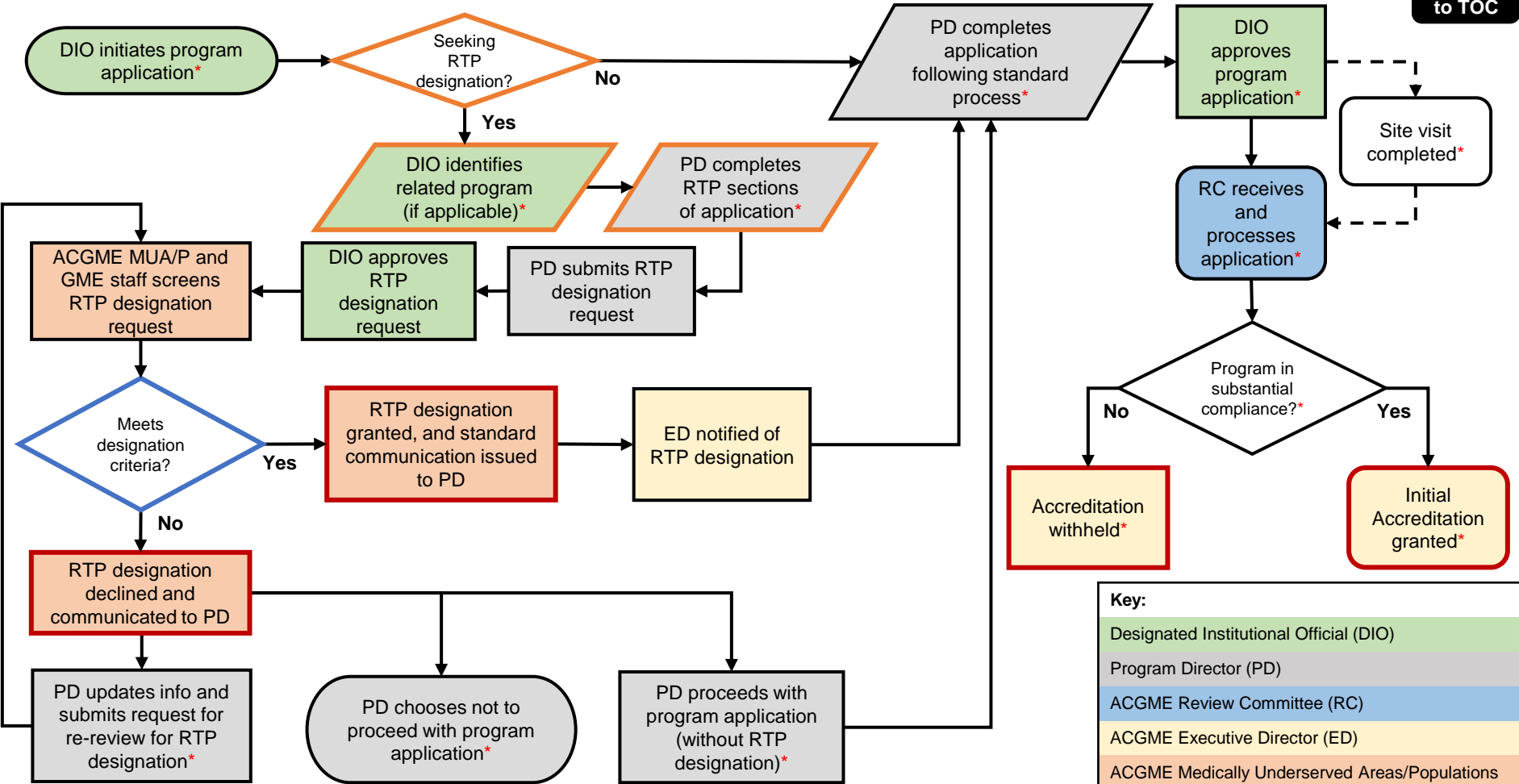
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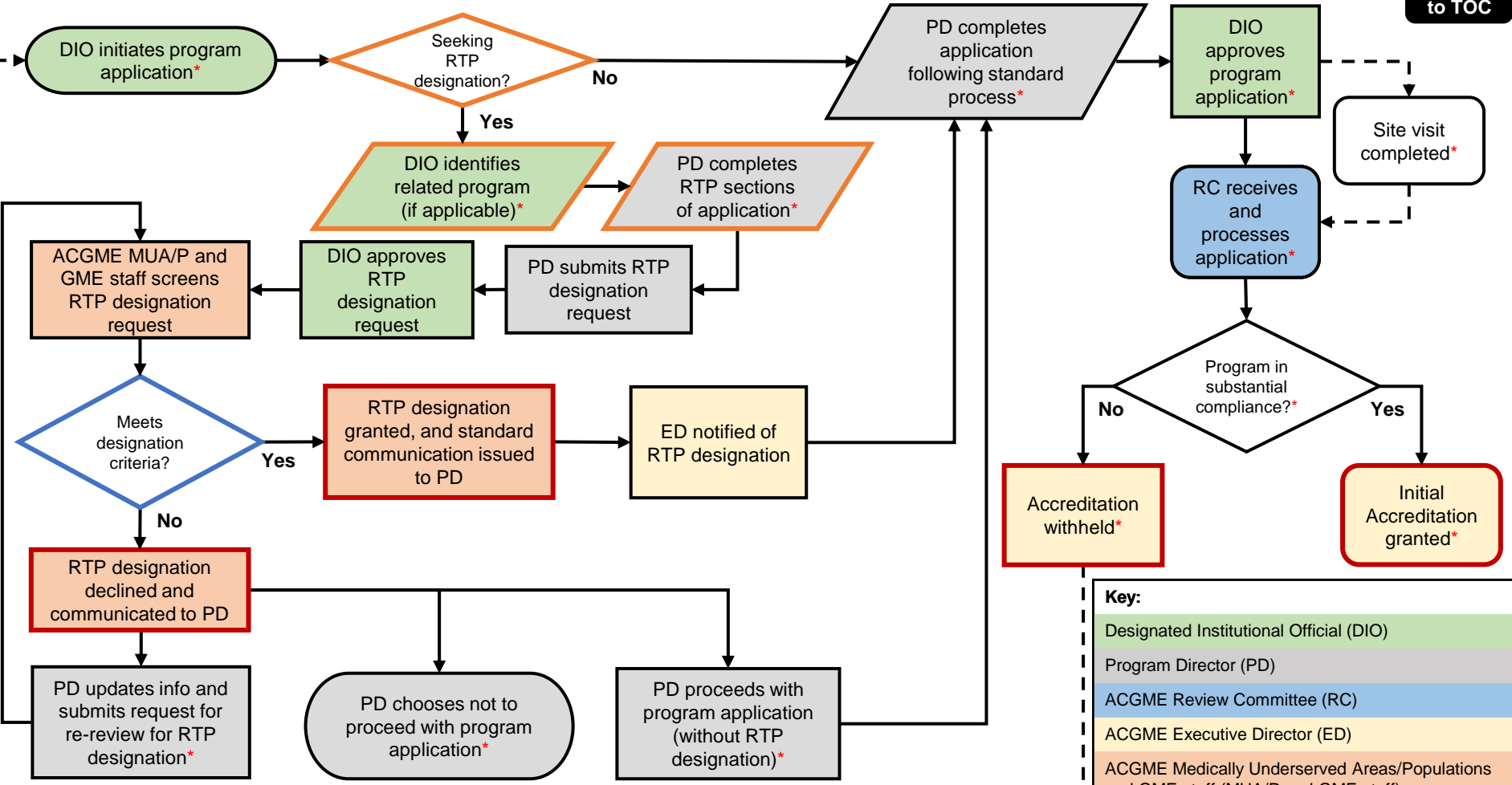
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### **Type 1 RTP Designation Inputs**

- Seeking ACGME RTP designation
- Program director information
- ACGME Rural Track Related Program (if applicable)
- Participating sites data: site address (including county), Medicare Provider ID for Prospective Payment System (PPS) hospital providing financial support for GME at each site, months at each site, block diagram, RTP Rotation Information Form (available on [web page](#))

### **Type 1 RTP Designation Criteria**

- ✓ More than 50 percent of aggregated rotation months occur at rural PPS hospitals or non-provider site(s)
- ✓ Rural participating site(s) are in a rural county (outside of any CBSA) based on the CBSA crosswalk file on most recent IPPS Final Rule Home Page
- ✓ Includes required rotations at a non-rural PPS hospital or non-provider site

### **Type 1 RTP Designation Outputs**

- Designation process updates: designation declined/approved
- Letter of Notification: ACGME Rural Track Program designation
- Publicly available report of ACGME Rural Track Program designations

# ACGME Rural Track Program Designation: Type 2 (expansion of existing program with new rural site) – (2.24.22)

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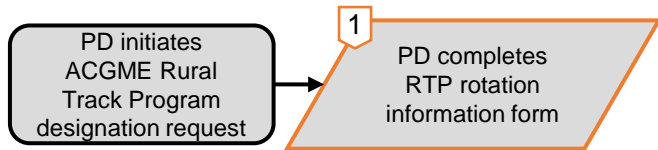
PD initiates  
ACGME Rural  
Track Program  
designation request

**Designation**  
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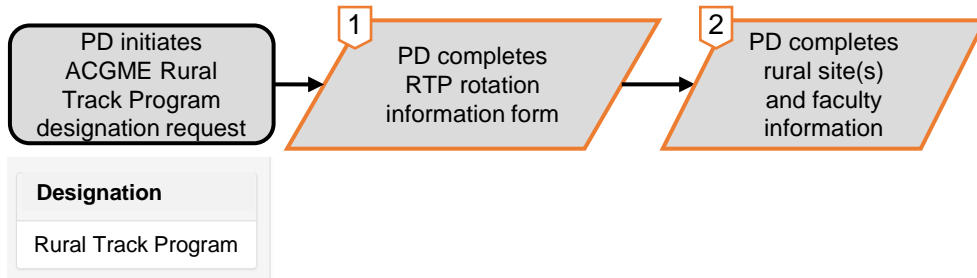


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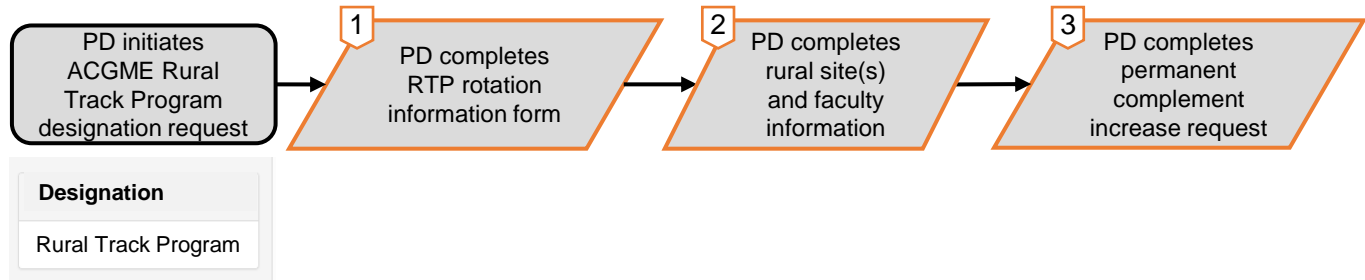


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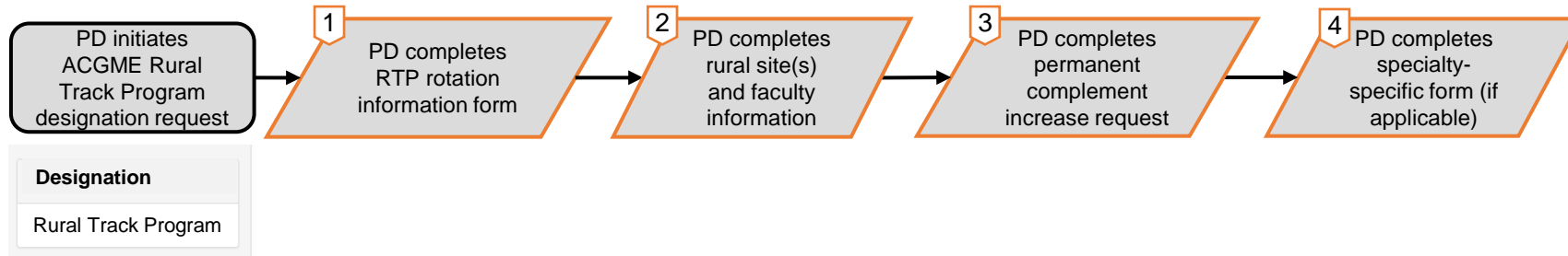
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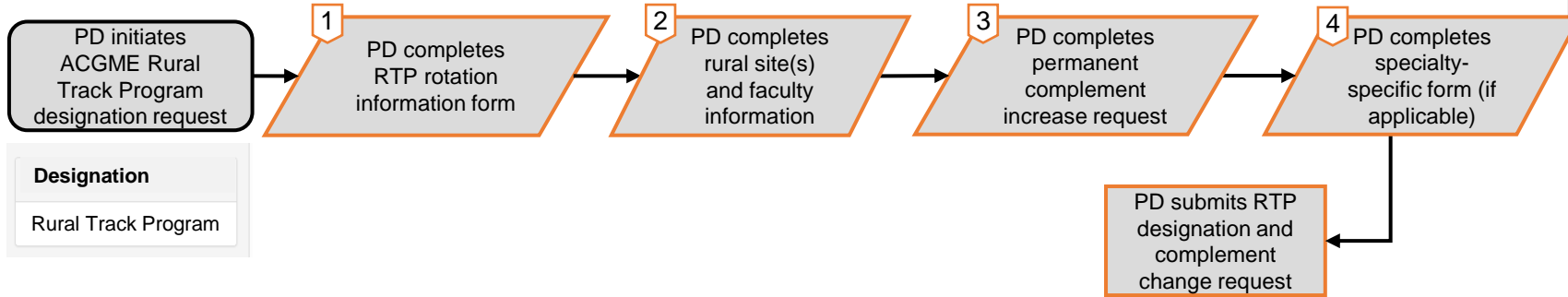
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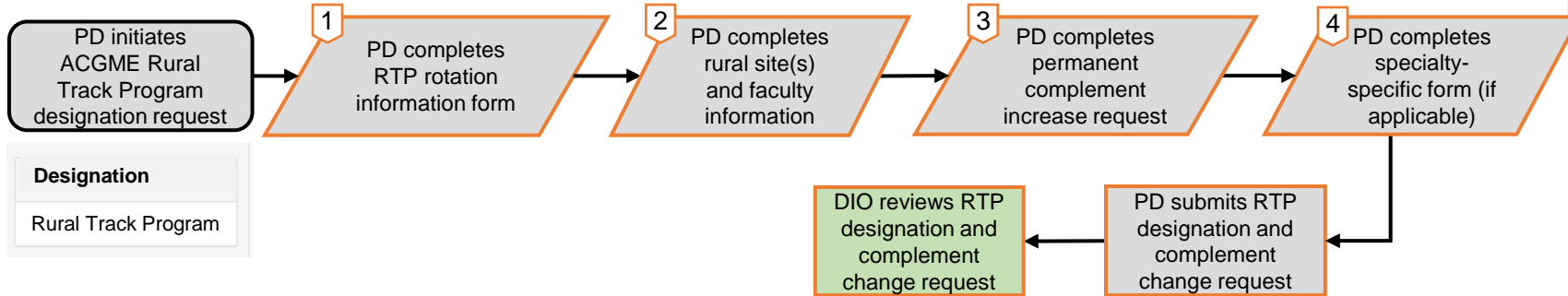


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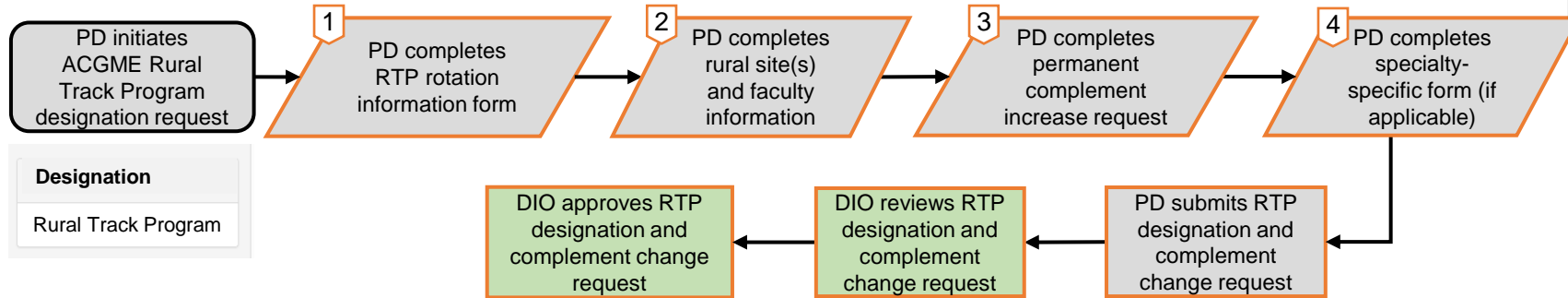


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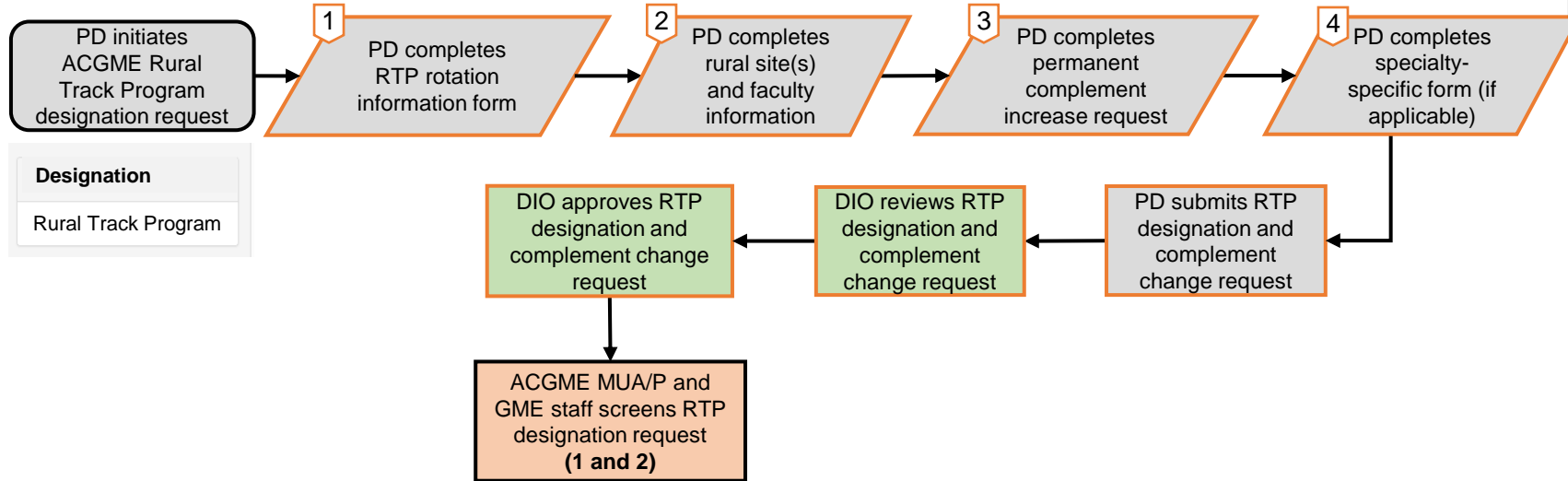
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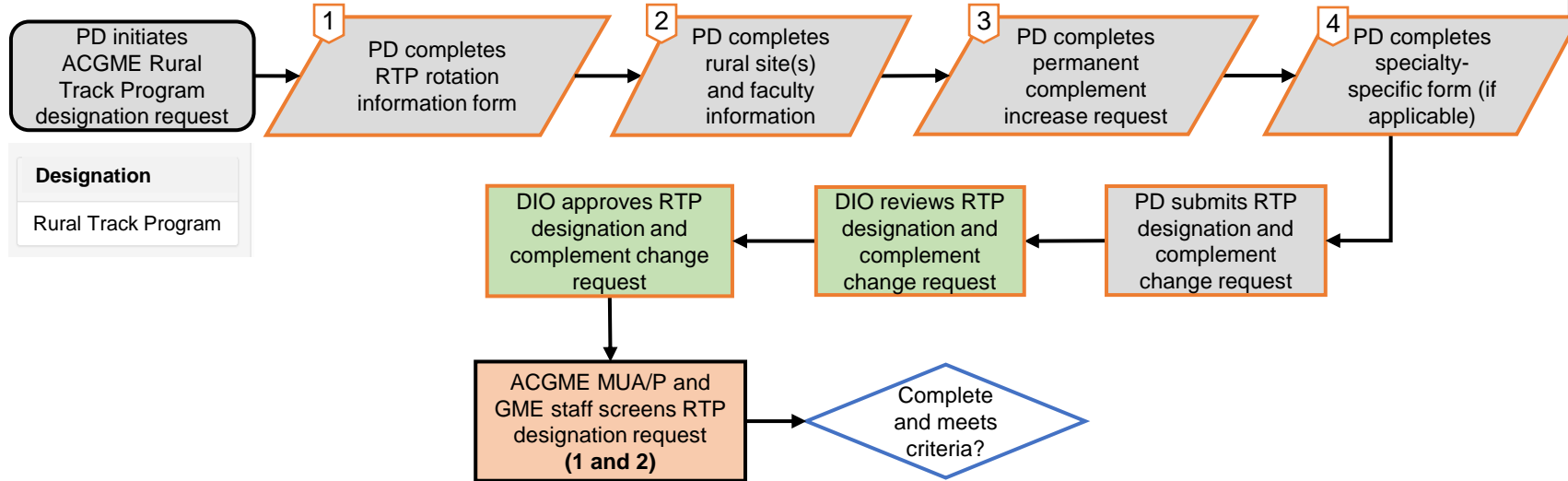


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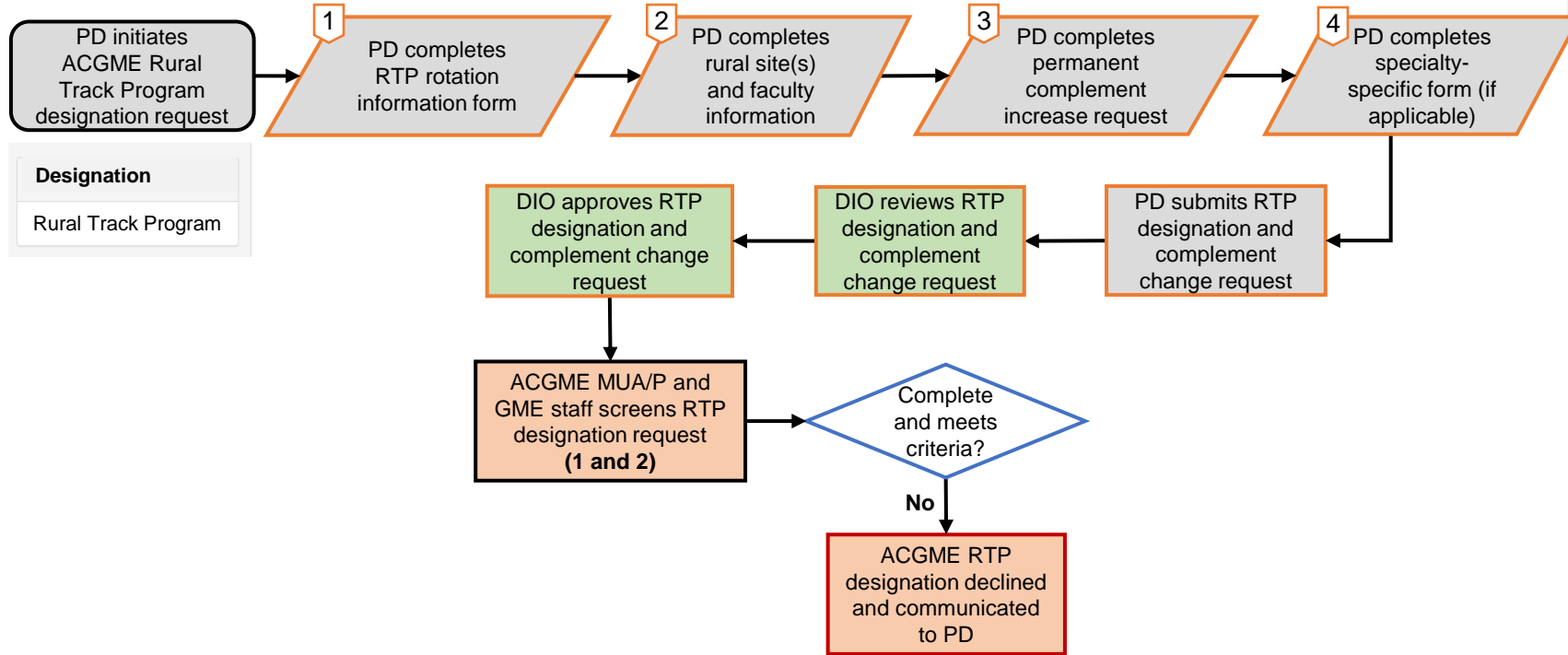


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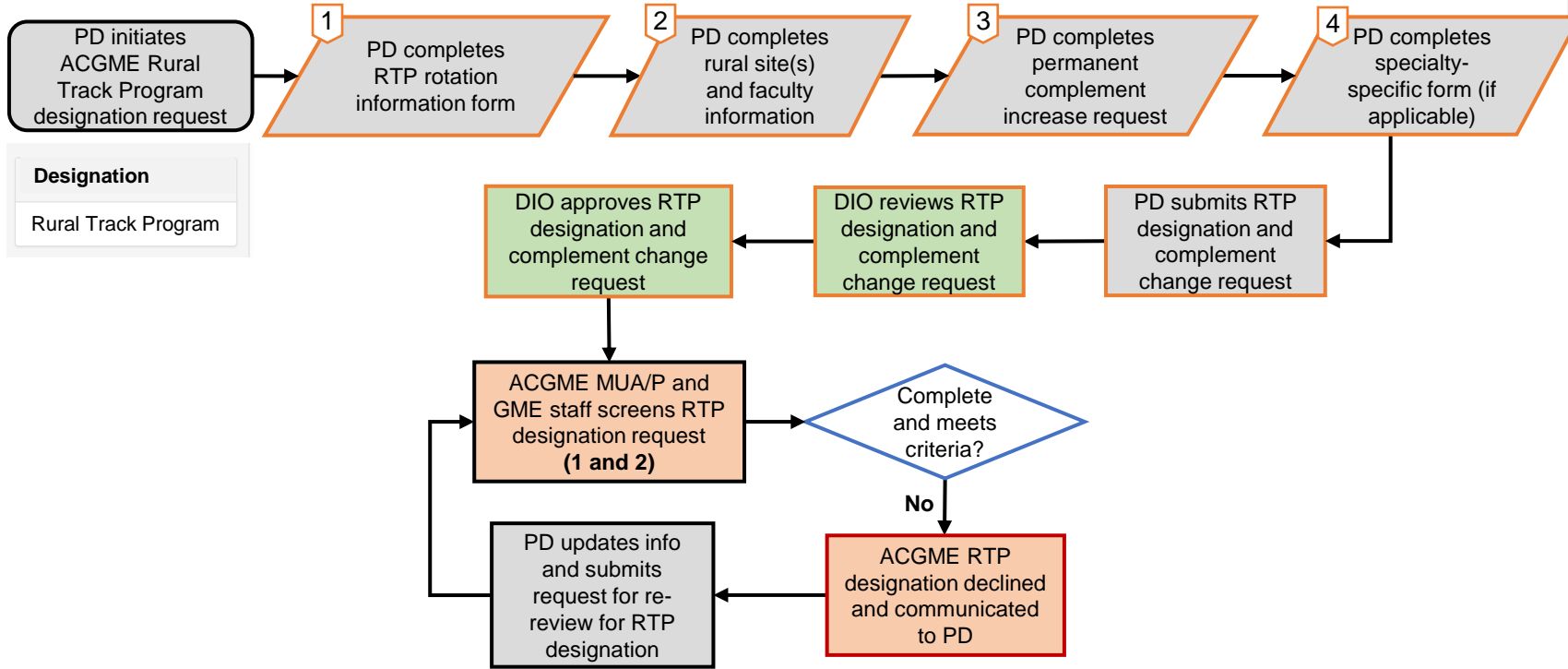
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PD initiates ACGME Rural Track Program designation request

1

PD completes RTP rotation information form

2

PD completes rural site(s) and faculty information

3

PD completes permanent complement increase request

4

PD completes specialty-specific form (if applicable)

**Designation**  
Rural Track Program

DIO approves RTP designation and complement change request

DIO reviews RTP designation and complement change request

PD submits RTP designation and complement change request

ACGME MUA/P and GME staff screens RTP designation request (1 and 2)

Complete and meets criteria?

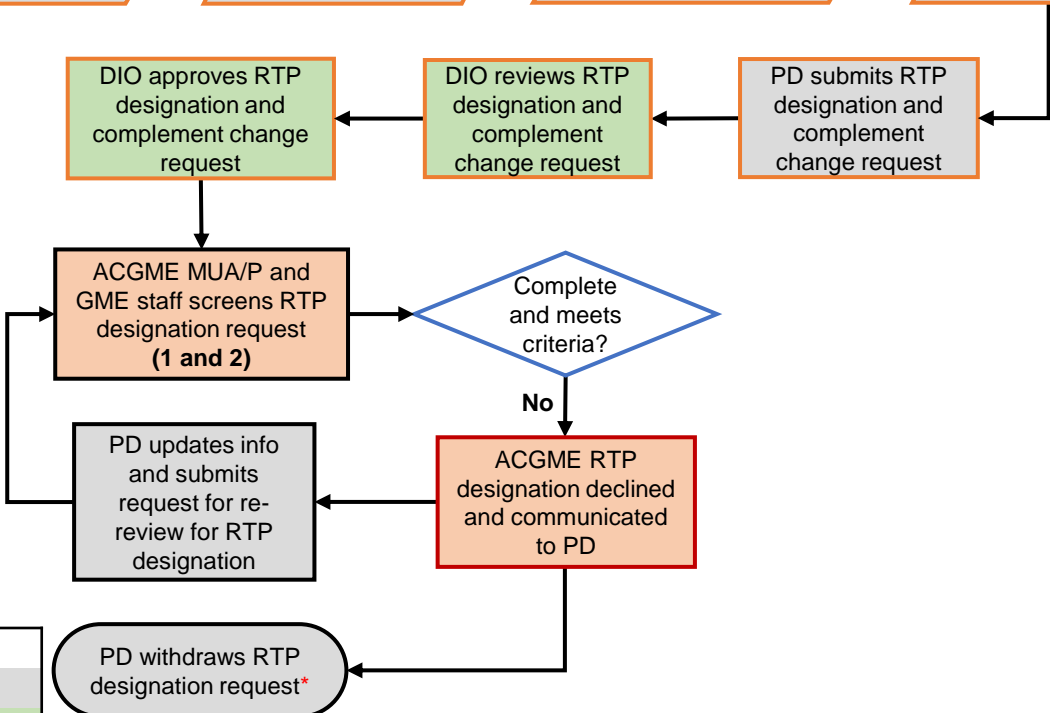
PD updates info and submits request for re-review for RTP designation

ACGME RTP designation declined and communicated to PD

PD withdraws RTP designation request\*

**Key:**

- Program Director (PD)
- Designated Institutional Official (DIO)
- ACGME Review Committee (RC)
- ACGME Medically Underserved Areas/Populations and GME staff (MUA/P and GME staff)

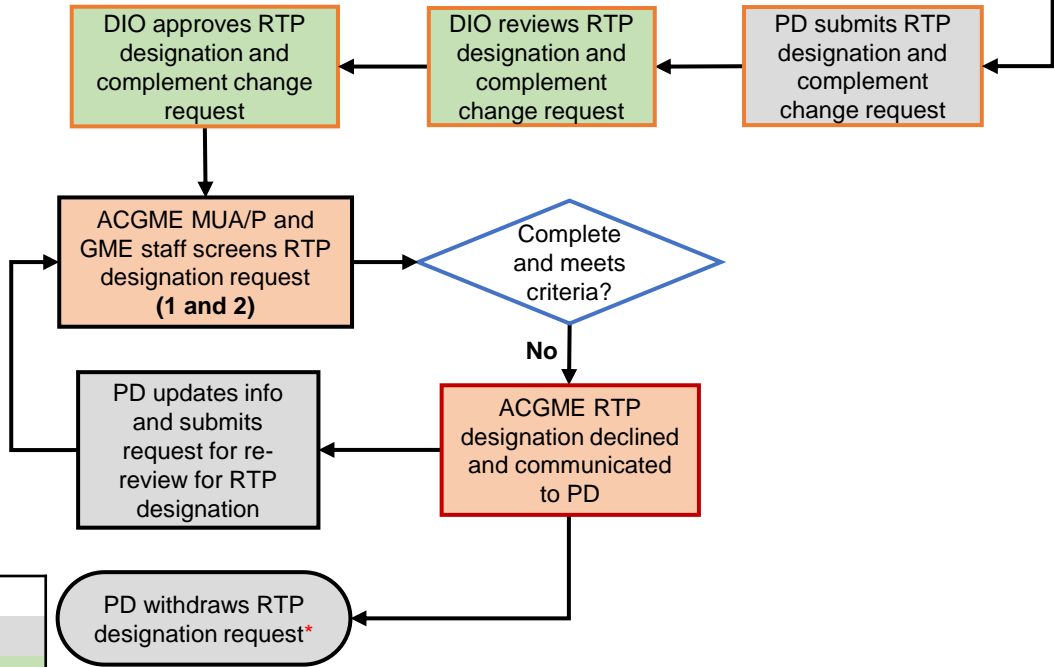


# ACGME Rural Track Program Designation: Type 2 (expansion of existing program with new rural site) – (2.24.22)

[Return to TOC](#)



<b>Designation</b>
Rural Track Program



<b>Key:</b>
Program Director (PD)
Designated Institutional Official (DIO)
ACGME Review Committee (RC)
ACGME Medically Underserved Areas/Populations and GME staff (MUA/P and GME staff)

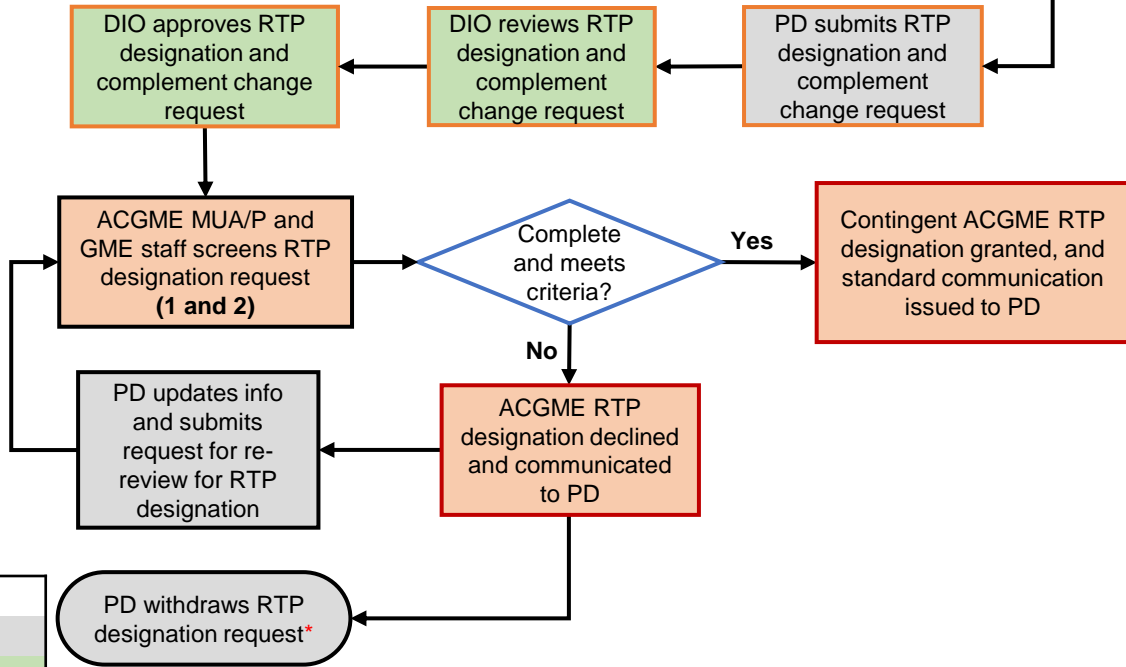
\*PD could exit the designation section and follow standard processes to submit a permanent complement increase request

# ACGME Rural Track Program Designation: Type 2 (expansion of existing program with new rural site) – (2.24.22)

[Return to TOC](#)



<b>Designation</b>
Rural Track Program



<b>Key:</b>
Program Director (PD)
Designated Institutional Official (DIO)
ACGME Review Committee (RC)
ACGME Medically Underserved Areas/Populations and GME staff (MUA/P and GME staff)

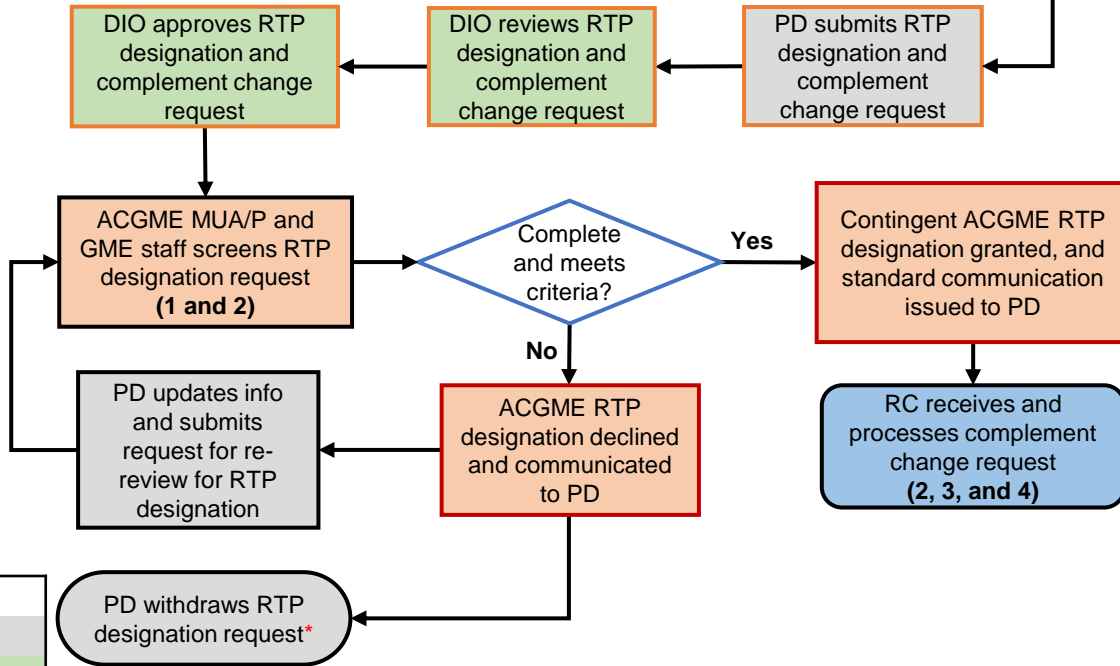
\*PD could exit the designation section and follow standard processes to submit a permanent complement increase request

# ACGME Rural Track Program Designation: Type 2 (expansion of existing program with new rural site) – (2.24.22)

[Return to TOC](#)



<b>Designation</b>
Rural Track Program



<b>Key:</b>
Program Director (PD)
Designated Institutional Official (DIO)
ACGME Review Committee (RC)
ACGME Medically Underserved Areas/Populations and GME staff (MUA/P and GME staff)

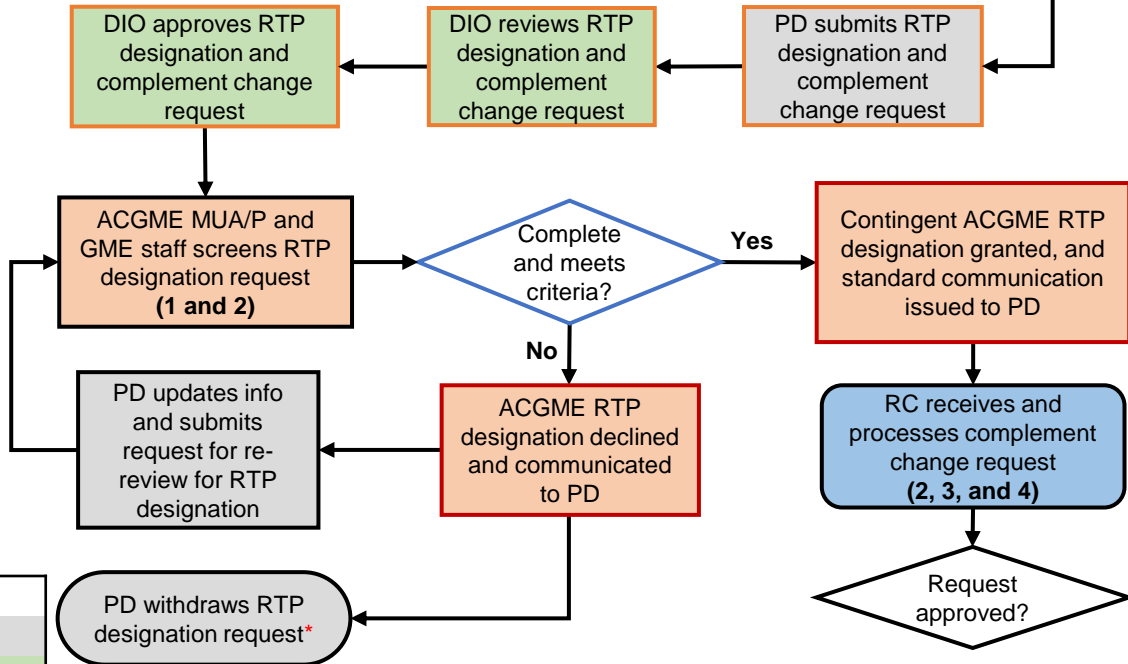
\*PD could exit the designation section and follow standard processes to submit a permanent complement increase request

# ACGME Rural Track Program Designation: Type 2 (expansion of existing program with new rural site) – (2.24.22)

[Return to TOC](#)



<b>Designation</b>
Rural Track Program

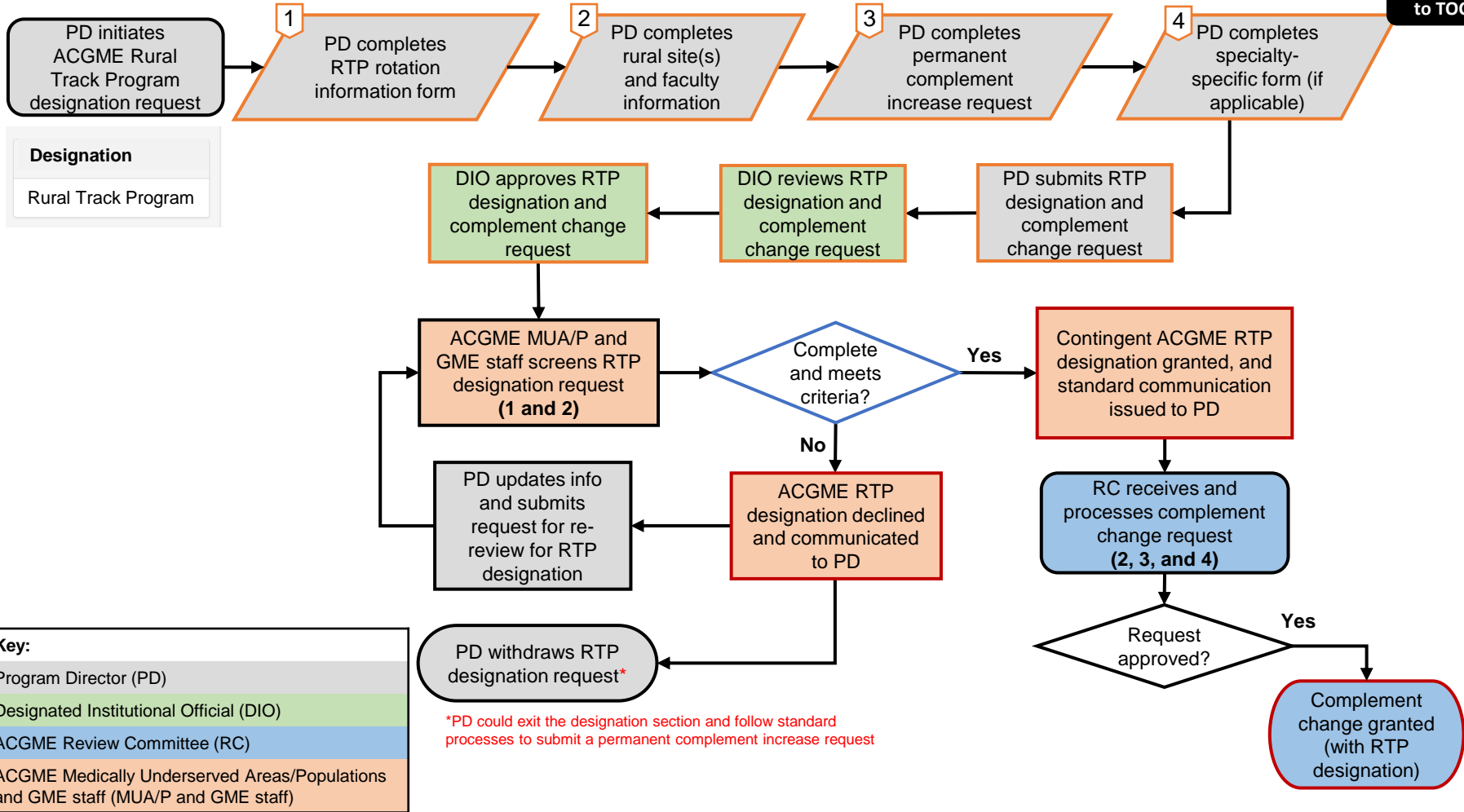


<b>Key:</b>
Program Director (PD)
Designated Institutional Official (DIO)
ACGME Review Committee (RC)
ACGME Medically Underserved Areas/Populations and GME staff (MUA/P and GME staff)

\*PD could exit the designation section and follow standard processes to submit a permanent complement increase request

# ACGME Rural Track Program Designation: Type 2 (expansion of existing program with new rural site) – (2.24.22)

**Return to TOC**



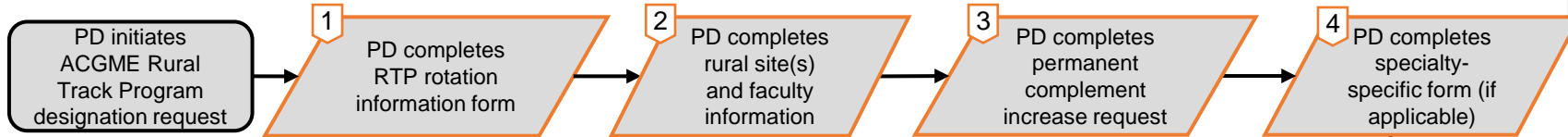
**Key:**

- Program Director (PD)
- Designated Institutional Official (DIO)
- ACGME Review Committee (RC)
- ACGME Medically Underserved Areas/Populations and GME staff (MUA/P and GME staff)

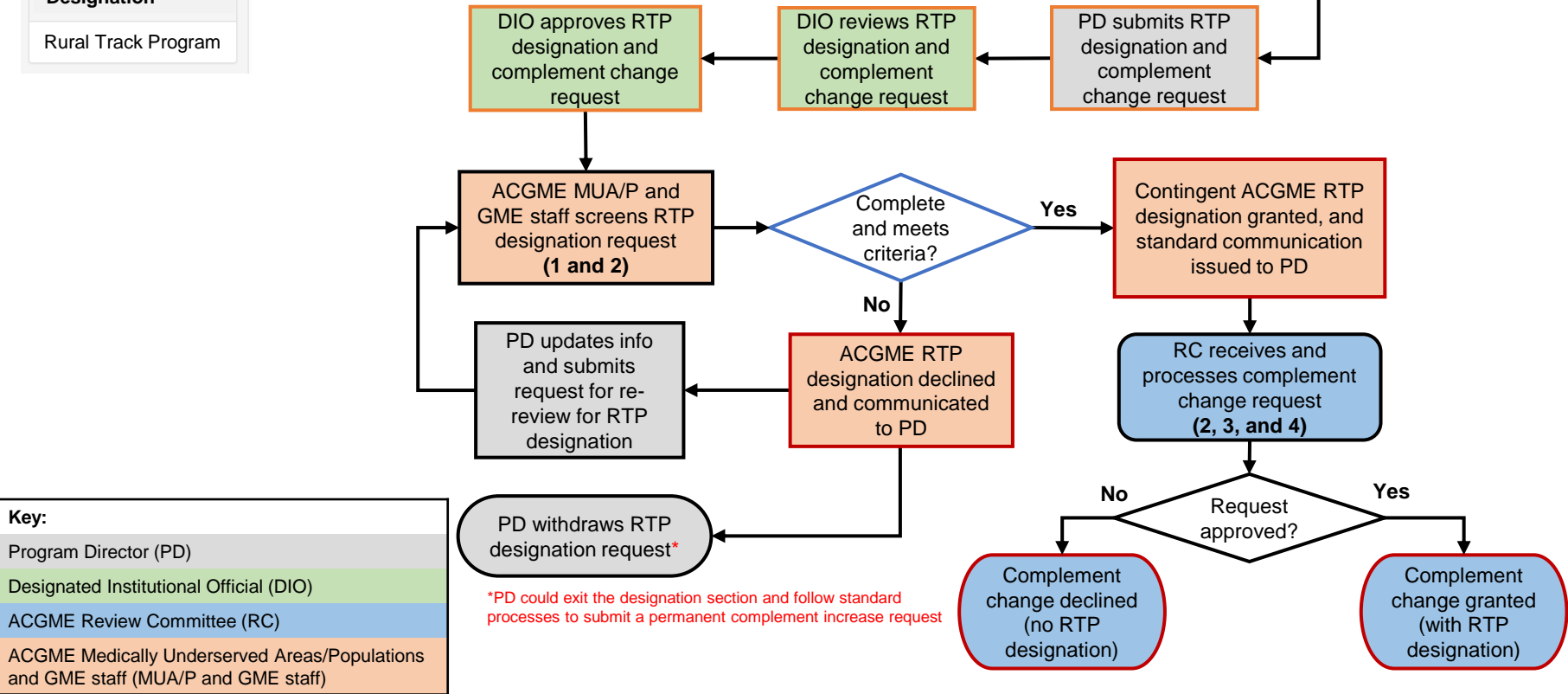
\*PD could exit the designation section and follow standard processes to submit a permanent complement increase request

# ACGME Rural Track Program Designation: Type 2 (expansion of existing program with new rural site) – (2.24.22)

**Return to TOC**



<b>Designation</b>
Rural Track Program



<b>Key:</b>
Program Director (PD)
Designated Institutional Official (DIO)
ACGME Review Committee (RC)
ACGME Medically Underserved Areas/Populations and GME staff (MUA/P and GME staff)

\*PD could exit the designation section and follow standard processes to submit a permanent complement increase request



# ACGME Rural Track Program Designation: Type 2 (expansion of existing program with new rural site) – (2.24.22)

**Return to TOC**

PD initiates ACGME Rural Track Program designation request

1

PD completes RTP rotation information form

2

PD completes rural site(s) and faculty information

3

PD completes permanent complement increase request

4

PD completes specialty-specific form (if applicable)

**Designation**  
Rural Track Program

DIO approves RTP designation and complement change request

DIO reviews RTP designation and complement change request

PD submits RTP designation and complement change request

ACGME MUA/P and GME staff screens RTP designation request (1 and 2)

Complete and meets criteria?

Contingent ACGME RTP designation granted, and standard communication issued to PD

PD updates info and submits request for re-review for RTP designation

ACGME RTP designation declined and communicated to PD

RC receives and processes complement change request (2, 3, and 4)

PD withdraws RTP designation request\*

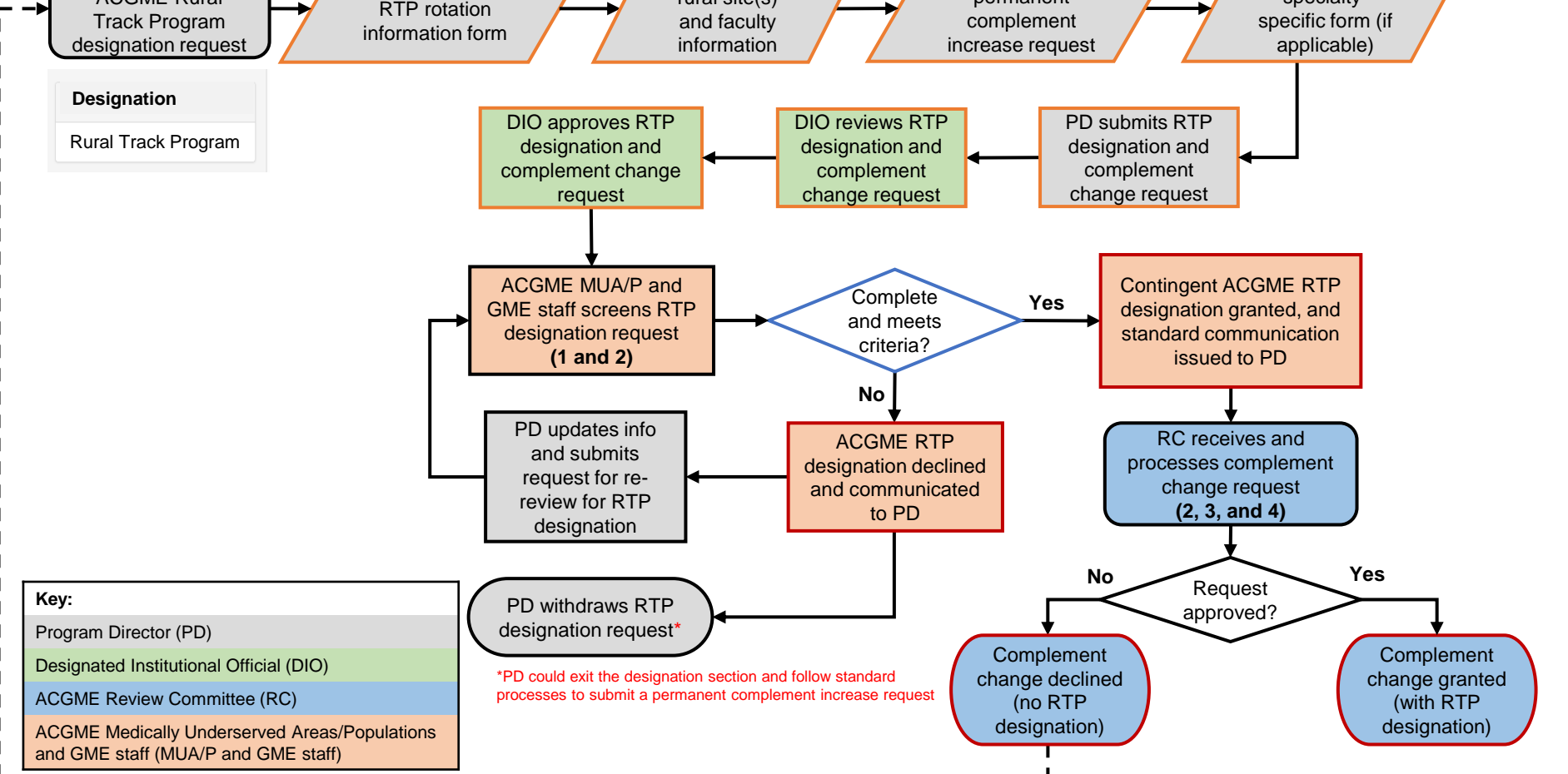
Complement change declined (no RTP designation)

Complement change granted (with RTP designation)

**Key:**

- Program Director (PD)
- Designated Institutional Official (DIO)
- ACGME Review Committee (RC)
- ACGME Medically Underserved Areas/Populations and GME staff (MUA/P and GME staff)

\*PD could exit the designation section and follow standard processes to submit a permanent complement increase request



## Type 2 RTP Designation Data Inputs

1. Rural Track Program Rotation Information Form (available on [web page](#))
2. At least one new rural participating site (and new faculty member(s), if applicable)
3. Permanent complement increase request
4. Specialty-Specific Rural Track Program Questionnaire (if applicable)

## Type 2 RTP Designation Criteria

- ✓ More than 50% of aggregated rotation months occur at participating site(s) that are rural PPS hospitals or non-provider site(s).
- ✓ At least one of the rural sites is new.
- ✓ Rural participating site(s) are located in a rural county (outside any urban CBSA).
- ✓ The program includes required rotations at a non-rural PPS hospital or non-provider site.

## Type 2 RTP Designation Outputs

- Designation process updates: designation declined/approved
- Letter of Notification: ACGME Rural Track Program designation
- Publicly available report of ACGME Rural Track Program designations



# “Rural” Criterion for ACGME RTP Designation

- Refer to the CBSA Crosswalk File on the most recent [IPPS Final Rule Home Page](#)
- County considered “rural” if Column E on the Crosswalk sheet is blank (not within an urban CBSA)

**FY 2022 Final Rule Data Files**

- [FY 2022 Final Rule Impact File \(ZIP\)](#)
- [AOR/BOR File \(ZIP\)](#)
- [Case Mix Index File \(ZIP\)](#)
- [FY 2022 Final Rule: HCRIS Data File \(ZIP\)](#)
- [Cost Center HCRIS Lines Supplemental Data File \(ZIP\)](#)
- [Standardizing File \(ZIP\)](#)
- [County to CBSA Crosswalk File and Urban CBSAs and Constituent Counties for Acute Care Hospitals File \(ZIP\)](#)
- [FY 2022 Final Rule and Correcting Amendment Wage Index Public Use Files \(ZIP\)](#)
- [FY 2022 IPPS Final Rule and Correcting Amendment: Medicare DSH Supplemental Data File \(ZIP\)](#)
- Lugar Hospitals in Counties that Qualify for an Outmigration Adjustment for FY 2022: *Note, this file will no longer be posted as all relevant information is available in Table 2.*
- [HRRP Supplemental File \(ZIP\)](#)
- [FY 2023 New Technology Thresholds Final Rule and Correcting Amendment \(ZIP\)](#)

A	B	C	D	E
FY 2022 Crosswalk				
County Name	State	FIPS County Code	FY 2022 CBSA (Revised Delineations)	FY 2022 CBSA Name (Revised Delineations)
AUTAUGA	AL	01001	33860	Montgomery, AL
BALDWIN	AL	01003	19300	Daphne-Fairhope-Foley, AL
BARBOUR	AL	01005		
BIBB	AL	01007	13820	Birmingham-Hoover, AL



# Duration Threshold

ACGME RTP Rotation Information Form\* and rotation months per year listed in the Accreditation Data System (ADS) must show:

- ✓ more than 50% in rural sites (PPS hospitals and/or non-provider sites)
- ✓ some required GME in non-rural sites (PPS hospitals and/or non-provider sites)

\*An ACGME RTP Rotation Information Form must be uploaded (separate from and in addition to the program's block diagram) for designation consideration. The template can be found on the [ACGME Rural Track Programs web page](#).

Total Rural	Total Non-Rural	ACGME RTP Designation Criteria?
49%	51%	X
50%	50%	X
51%	49%	✓
75%	25%	✓
100%	0%	X



# Contact

## ACGME MUA/P Staff

- Questions about the ACGME RTP designation and ACGME's efforts to address GME in MUA/P

Check MUA/P  
web page

## Specialty Review Committee Staff

- Questions pertaining to compliance with Program Requirements

Check ACGME  
specialty web pages

## Institutional Review Committee Staff

- Questions pertaining to compliance with Institutional Requirements

Check ACGME IRC  
web page

## ADS Team

- Technical questions with application or Annual Update

[ads@acgme.org](mailto:ads@acgme.org)  
312.755.7474

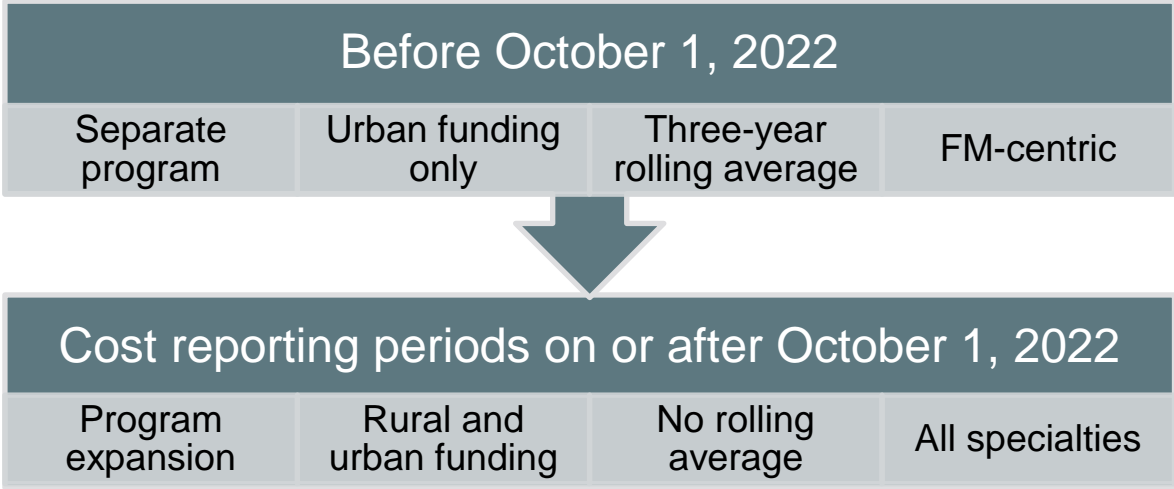


# Regulations

- If you have questions about the CMS rural track policy, contact your GME finance staff and/or the PPS hospital's Medicare Administrative Contractor (MAC).
- The most current rural track policy can be found on the [electronic code of federal regulations](#) in 413.79(k).
- A rural track regulation references document is available on the [ACGME Rural Track Programs web page](#).

# Federal Updates

- Section 127 of Consolidated Appropriations Act, 2021
- Changes to rural track policy in [FY 2022 IPPS Final Rule](#)





# ADS Program Search – Public Site

[Back To Public](#)

Accreditation Council for Graduate Medical Education (ACGME) - Public

### Advanced Program Search


Search by Code

or

Accreditation  Surgery  Search by State  Search By City

Rural Track Accred...

All entries

Code	Specialty	Name	Director Last Name(s)	City	
4405500002	Surgery	Marshall Community Health Consortium Program	Amiri	Huntington	

Showing 1 to 1 of 1 entries (filtered from 395 total entries)  1

Programs Legend

- Future Accredited
- Pre-Accreditation
- Withdrawn
- Rural Track Approved

**Programs that have received designation request approval and **achieved Initial Accreditation** are under the “Rural Track Approved” status.**





# Public Report of ACGME-Accredited Programs with RTP Designation

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## Accreditation Council for Graduate Medical Education (ACGME) - Public

### Rural Track Program Designation

This report shows programs that have received ACGME designation as a Rural Track Program. This designation is intended to be consistent with the CMS definition of a “rural track” in the Code of Federal Regulations [413.79(k)]. The ACGME Rural Track Program designation is independent of any rural track designation by the Centers for Medicare and Medicaid Services (CMS) and does not guarantee that a program will meet CMS eligibility requirements for GME or other financial support. If you have questions about the CMS rural track policy, contact your GME finance staff and/or the Prospective Payment System (PPS) hospital's Medicare Administrative Contractor (MAC).

**Specialty**

All Specialties



**State**

All States



[View Report](#)



# Instructions for Requesting ACGME Rural Track Program Designation and Other Resources Are Available on the [ACGME Rural Track Programs Web Page](#)

ACGME Home > What We Do > Accreditation > Medically Underserved Areas and Populations > Rural Tracks

## Rural Tracks

### ACGME Rural Track Program Designation

Consistent with Section II of the MUA/P framework, the ACGME is developing processes addressing ACGME-accredited programs that are also “rural tracks” as defined in rules and regulations of the Centers for Medicare and Medicaid Services (CMS) in 42 CFR §413.79(k).

Under current CMS regulations, urban teaching hospitals have an opportunity to obtain reimbursement for direct GME (DGME) and indirect medical education (IME) financing by partnering with rural hospitals and other rural sites to create separately accredited rural track programs (RTPs). In RTPs, residents are assigned to certain types of participating sites in rural areas for more than half of the length of their residency program. While CMS does not limit the creation of RTPs to specific specialties, RTPs have historically been created in the specialty of family medicine only (some RTPs in Family Medicine are often called “1-2 programs.”). Recognizing that alignment of ACGME processes with CMS regulations will facilitate the expansion of opportunities to address the health care needs of medically underserved areas through the development of rural track programs, the ACGME has developed a common, criterion-based process for designating ACGME-accredited RTPs across specialties.

RTPs may share resources with already existing ACGME-accredited programs, and residents/fellows in RTPs may have overlapping rotations with residents/fellows in those programs. Requests for RTP designation may identify the existing programs as Rural Track Related Programs (see definition below).

#### Quick Links

- Medically Underserved Areas and Populations >>
- Rural Tracks >>
- ACGME Newsroom and Blog Updates on Medically Underserved Areas >>

#### Relevant Presentations in Learn at ACGME

- ACGME Rural Track Program Designation: Phase I

#### Resources

- ACGME RTP Designation Request Instructions
- ACGME RTP Rotation Information Form
- ACGME RTP FAQ Guide
- Rural Track Regulation References
- MUA/P Framework and ACGME RTP Designation Summary