

## Rural Track Regulation References

Consistent with Section II of the ACGME Framework for Rural and Underserved GME, the ACGME has developed processes addressing ACGME-accredited programs that seek to create “rural tracks” as defined in rules and regulations of the Centers for Medicare and Medicaid Services (CMS). Relevant CMS regulations are referenced below.

### Rural Track and Relevant Policy Regulations

- [42 CFR §412.64\(b\)\(1\)\(ii\)\(C\)](#) - CMS classification of “rural area”
- [42 CFR §412.103](#) - CMS policy for *Hospitals located in urban areas and that apply for reclassification as rural*
- [42 CFR §413.75\(b\)](#) - CMS definitions of *Rural track FTE limitation, Rural track or integrated rural track, and Rural Track Program*
- [42 CFR §413.79\(k\)](#) - CMS policy for *Residents training in rural track programs*
- [42 CFR §413.79\(l\)](#) - CMS definition of *new medical residency training program*

The most current rural track policy can be found on the [electronic code of federal regulations](#) in 413.79(k).

### Policy Changes Related to Rural Tracks

[FY 2001 IPPS Final Rule](#), August 1, 2000, pages 47033-47036

- Implementation of Balanced Budget Refinement Act and Rural Track FTE Limitation

[FY 2002 IPPS Final Rule](#), August 1, 2001, pages 39902-39908

- Response to comments (including separate accreditation and integrated rural track discussion) and finalization of rural track policy

[FY 2004 IPPS Final Rule](#), August 1, 2003, pages 45454-45457

- Change in amount of rural training time required for urban hospital to qualify for an increase in Rural Track FTE Limitation from “at least two-thirds” to “more than one-half” of the duration of the program
- Rural Track FTE residents included in rolling average calculation for IME and DGME

[FY 2010 IPPS Final Rule](#), August 27, 2009, pages 43908-43917

- “Clarification of Definition of New Medical Residency Training Program”

[FY 2013 IPPS Final Rule](#), August 31, 2012, pages 53416-53424

- “Teaching Hospitals: Change in New Program Growth from 3 to 5 years”

[FY 2015 IPPS Final Rule](#), August 22, 2014, pages 50113-50117

- “Participation of Redesignated Hospital in Rural Training Track”

[FY 2017 IPPS Final Rule](#), August 22, 2016, pages 57027-57031

- “Policy Changes Relating to Rural Training Tracks at Urban Hospitals”
  - Rural Track FTE Limitation changed from 3-year to 5-year period
  - “Nonhospital” site references updated to “nonprovider” site

[FY 2020 IPPS Final Rule](#), August 16, 2019, pages 42411-42416

- “Policy Changes Related to Critical Access Hospitals (CAHs) as NonProviders for Direct GME and IME Payment Purposes”

[FY 2022 IPPS Final Rule \[CMS-1752-FC3\]](#), December 27, 2021, pages 73445-73458

- Implementation of Section 127 of the CAA, “Promoting Rural Hospital GME Funding Opportunity”
  - “Cap adjustment for urban and rural hospitals participating in rural training track programs”
  - “Cap adjustments when the urban hospital adds additional rural training tracks”
  - “Removal of requirement that rural track must be “separately accredited”
  - “Requirement that greater than 50 percent of the program occurs in a rural area”
  - “Exemption from the 3-year rolling average during the 5-year Rural Track FTE Limitation window”

- “Changes to the regulations text”
- “Documentation required for Medicare Administrative Contractor (MAC) to pay for RTTs”

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**Disclaimer:** *The ACGME Rural Track Program (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. 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).*