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"

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

FY 2027 IPPS Final Rule, August 4, 2026, pages 49852-49862

- “Modifications to the Criteria for New Residency Programs”

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).*

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