

Graduate Medical Education (GME) Program

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Topics

Overview of the
Medicaid GME
Program

How to Qualify for
GME
Reimbursement

GME Payment
Calculation and
Schedule

Mississippi Division of Medicaid

The Mississippi Division of Medicaid has over 1000 employees located throughout one central office, 30 regional offices and 90 outstations. We are charged with facilitating the Medicaid program for the state of Mississippi.

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Mission: *The Mississippi Division of Medicaid responsibly provides access to quality health coverage for vulnerable Mississippians.*

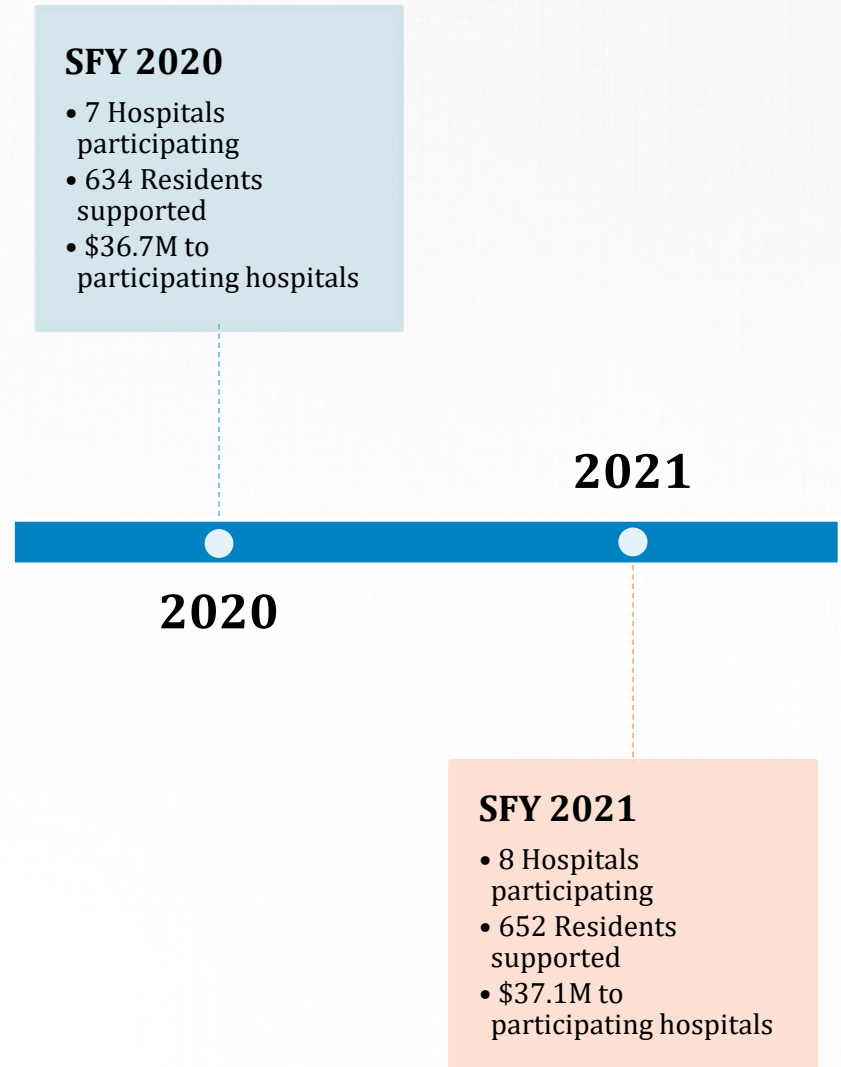
Values: *We are committed to accomplishing our mission by conducting operations with...*

Accountability** * **Consistency** * **Respect

Medicaid GME Program

- Since 2012, DOM has been supporting residency programs as authorized by the Legislature in HB 317 (Family Medicine)
 - HB 422 (2016) authorized additional programs that are considered valued and needed ACGME residencies approved by the OMPW advisory board
- October 1, 2019, DOM moved from paying an add-on payment per-case to paying per resident rate.
- The GME program is funded by the state and federal government
 - DOM funds the state portion through the Medicaid budget appropriated by the Legislature
 - No provider assessment required

Medicaid GME Program at a Glance



How to Qualify for GME Reimbursement

- Must be located within the state of Mississippi
- Have accreditation from the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA)
 - Must be accredited at the beginning of the state fiscal year in order to qualify for the quarterly payments during the payment year.
 - Programs accredited by other bodies are currently ineligible for reimbursement (i.e., pharmacy or allied health)
- Have a Medicare approved teaching program for direct GME costs
 - Indirect costs are ineligible for reimbursement

How to Qualify for GME Reimbursement (continued)

- Be eligible for Medicare GME reimbursement
 - Must be currently receiving Medicare reimbursement (interim rate letter)
 - Community support principle – “If the community has undertaken to bear the costs of medical education through community support, the costs are not considered GME costs to the hospital for purposes of Medicare payment.” (42 CFR 413.81)
- Render services on the campus of the teaching hospital or at a participating hospital site.
 - The participating site must be listed on the ACGME website
 - If the participating site uses the teaching hospital’s ACGME accreditation, there must be a current affiliation agreement in place with the teaching hospital as of July 1st of the payment year
 - Only the teaching hospital or the participating hospital site is eligible for GME reimbursement.

GME Eligibility Determinations

- GME eligibility is determined **annually** upon submission of the following:
 - Documentation of accreditation
 - Medicare's most recent interim rate letter
 - Number of filled resident positions
 - Start date of the GME program prior to the July 1 calculation of the payments
 - Documentation that the program was in operation as of July 1 of the payment year
- Decision Letters
 - Ineligible
 - Payment Letter

GME Payment Calculation and Schedule

- Per resident rate x Full Time Equivalents (FTEs) reported on cost report
 - Per Resident Rates
 - Tiered amounts based on number of inpatient stays
 - Found in the MS State Plan Amendment, Attachment 4.19-A, page 59
 - FTEs
 - Established Programs – Worksheet E-4, Line 6
 - New/Growing Programs
 - Worksheet E-4, Line 15 or 16, Columns 1 and 2
 - » Most recent Medicare interim rate letter, if no FTEs are reported on the cost report
 - Short period annualization
- Payments are made quarterly in 4 equal installments (September, December, March and June)



Questions?



Contact Information

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