

Section	Comment	HSD Response
<p>ATTACHMENT 4.19-A. page 21 8.a.1),2) and 3) Indirect Medical Education (IME) Adjustment. In order to qualify as a teaching hospital and be deemed eligible for an IME adjustment, the hospital must: 1) Be licensed by the State of New Mexico; and 2) Be reimbursed on a DRG basis under the plan; and 3) Have 125 or more full time equivalent (FTE) residents enrolled in approved teaching programs.</p>	<p>It is our opinion that item “3) Have 125 or more full time equivalent (FTE) residents enrolled in approved teaching programs.” Be deleted. All teaching hospitals in New Mexico with approved residency programs should receive an indirect medical education (IME) payment adjustment which covers the increase operating or patient care costs that are associated with approved intern and resident programs. Teaching hospitals regardless of size of residency programs incur increased costs associated with residents. Moreover, because payments for residents is justified by services provided to Medicaid beneficiaries, there is no logical reason to limit such payments by the size of the program. Obviously, larger programs will receive more payment, however, any approved program should be allowed to collect Indirect Medical Education (IME) Adjustment.</p>	<p>The department revised the language as follows: Operate one or more nationally-accredited residency programs</p>
<p>ATTACHMENT 4.19-A Page 21A 9. Payment for Direct Graduate Medical Education (GME) c. Payments 3) ii. The annual Medicaid payment amount per resident FTE beginning with state fiscal year 2021 is as follows: • Primary Care and General Psychiatry resident \$100,000 • Other resident \$50,000</p>	<p>The annual amount payment per FTE resident (expanded new resident) at an increased rate of \$100,000 for primary care and psychiatry residents should be term limited. Because the duration of the increased payment is not specified, it could be assumed that the higher payment would continue in perpetuity. Although it would be beneficial to have the increased rate, it is our recommendation that the duration of the increased payment be defined.</p>	<p>The department thanks you for your comment, however your comment will be deferred to future considerations.</p>
<p>ATTACHMENT 4.19-A Page 21A 9. Payment for Direct Graduate Medical Education (GME) Sections d). State Academic Medical Center: 1) The State Academic Medical Center shall provide the state share of the general fund needed to support the number of GME FTEs through an intergovernmental transfer (IGT). FTEs shall only be limited by IGT.</p>	<p>Sponsoring Institution (definition of Sponsoring Institution - The entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education). If such arrangements can be made by governmental agencies who desire to participate with a Sponsoring Institution other than the State Academic Medical Center, and all legal requirements are met for IGT, this should be allowed. Expanding the use of IGT beyond the State Academic Medical Center could allow for more residency program development. Sponsoring Institution (definition of Sponsoring Institution - The entity that assumes the ultimate financial and academic responsibility for a program of graduate medical education). If such arrangements can be made by governmental agencies who desire to participate with a Sponsoring Institution other than the State Academic Medical Center, and all legal requirements are met for IGT, this should be allowed.</p>	<p>The department thanks you for your comment, however your comment will be deferred to future considerations.</p>

	Expanding the use of IGT beyond the State Academic Medical Center could allow for more residency program development.	
Section 8 of the proposed regulation change, we believe that all hospitals in New Mexico that have a Medicaid inpatient utilization rate greater than 20 percent should be eligible for the Indirect Medical Education (IME) adjustment	Section 8 of the proposed regulation change, we believe that all hospitals in New Mexico that have a Medicaid inpatient utilization rate greater than 20 percent should be eligible for the Indirect Medical Education (IME) adjustment	The department thanks you for your comment, however your comment will be deferred to future considerations
Section 9. A. 1) would appear low if the goal is to promote the development and sustainability of graduate medical education programs in communities and hospitals in which its residents are underserved. Payments for Direct Graduate Medical Education (GME) will be essential to support the approved resident program at RMCHCS.	For GME payments, we believe the hospital should have a Medicaid utilization rate of greater than 20 percent to assure that the financing available for the program is focused on those hospitals in communities that are more significantly underserved given the limit on the number of slots defined in the regulation.	The department thanks you for your comment, however your comment will be deferred to future considerations
The cap defined in section 9. c. 3) iv. is concerning.	We are worried that the hospital will make the commitment to the resident program, but that there could be additional programs approved in New Mexico and that the cap would limit the funding available to the hospital to sustain the program. We believe that the program should be approved by the MAD and once approved that the funding will be sustained at the approved level as long as the program continues its accreditation by the ACGME.	The department thanks you for your comment, however your comment will be deferred to future considerations
Section 9.a.2 ... must have achieved a Medicaid utilization rate of 35 percent or greater of total payor mix during its most recently completed state fiscal year...	We recommend that all four categories of eligible organization (Academic Medical Center, Hospital, Federally Qualified Health Center (FQHC) and Rural Health Clinics (RHCs)) be added to section 9.a.1) in order to establish an equitable eligibility criterion for all GME providers. This would eliminate the need for section 9.a.2).	The department thanks you for your comment, however your comment will be deferred to future considerations
Section 9.c.3).ii. and 9.c.3).iii. II. The annual Medicaid payment amount per resident FTE beginning with state fiscal year 2021 is as follows: <ul style="list-style-type: none"> • Primary Care and General Psychiatry resident \$100,000 • Other resident \$50,000 	ii. The annual Medicaid payment amount per resident FTE beginning with state fiscal year 2021 is as follows for the state Academic Medical Center and Hospitals: <ul style="list-style-type: none"> • Primary Care and General Psychiatry resident \$100,000 • Other resident \$50,000 iii. The annual Medicaid payment amount per resident FTE beginning with state fiscal year 2021 is as follows in FQHCs and RHCs: <ul style="list-style-type: none"> • Primary Care and General Psychiatry resident \$160,000 • Other resident \$50,000 	The department thanks you for your comment, however your comment will be deferred to future considerations
Support section 9.c.3).iv. The total number of expansion residents of hospitals, FQHCs and RHCs will be limited to the number of Primary Care and Psychiatric resident FTEs approved in the annually updated state GME Expansion Strategic plan and shall not exceed 101. SFY 2021 - 2 FTE SFY 2022 - 21 FTE SFY 2023 - 31 FTE SFY 2024 - 32 FTE SFY 2025 - 15 FTE Each year after shall be limited by 10 FTE per year	The total number of expansion residents of hospitals, FQHCs and RHCs will be limited to the number of Primary Care and Psychiatric resident FTEs approved in the annually updated state GME Expansion Strategic plan and shall not exceed 101. • SFY 2021 - 2 FTE • SFY 2022 - 21 FTE • SFY 2023 - 31 FTE • SFY 2024 - 32 FTE • SFY 2025 - 15 FTE Each year after shall be limited to ten FTE per year or as determined by the Secretary of HSD	The department revised the language as follows: Each year after shall be limited to ten FTE per year or as determined by the Secretary of HSD

	<p>My comments are in relation to the fact that the State of New Mexico is not able to directly fund health institutions that are not licensed to care for Medicaid/Medicare patients. This rule would prevent GME expansion that serve our Native American communities that are being served by the Indian Health Services. In order to improve the health of all of New Mexico, it is vital that we support primary care training in our Native American communities with the goal of retaining primary care physicians and psychiatrists in these high demand areas.</p> <p>To ensure that this bill is successful in achieving its aim, I would encourage the State to create a process that would allow these residency funds to be used for these vulnerable populations. This form or process would allow the sponsoring institutions to request that the financial support go through the sponsoring institution with a required percentage that has to then flow to the IHS in support of this training. This would allow the intention of the bill to succeed in overcoming this unforeseen barrier.</p>	<p>The department thanks you for your comment, however your comment will be deferred to future considerations. The department is committed to working on the issues associated with IHS reimbursement for GME.</p>
	<p>I would like to advocate specifically that language be included in the State Plan Amendment (SPA) 20-0019 that allows for state Medicaid funds be directed to "home hospitals" of GME programs, UNMH in our case, which can then be directed to IHS facilities that includes the time they are in the rural training sites. It would allow us to create the Shiprock/UNM Rural Training Track Program.</p>	<p>The department thanks you for your comment, however your comment will be deferred to future considerations. The department is committed to working on the issues associated with IHS reimbursement for GME.</p>
Section 8 of proposed SPA language August 1, 1992	Effective January 1, 2019	The department cannot change the effective dates of approved State Plan Amendments
Section 8.a.2) Be reimbursed on a DRG basis under the plan; and	Be reimbursed on a DRG basis or under a PPS-exempt psychiatric hospital or distinct part psychiatric unit basis under the plan; and	The department thanks you for your comment, however your comment will be deferred to future considerations.
Section 8.a.3) Have 125 or more full time equivalent (FTE) residents enrolled in approved teaching programs.	<p>Have 125 or more full time equivalent (FTE) residents enrolled in approved teaching programs or operate a nationally-accredited primary care residency program.</p> <p>Alternative Language Suggestion:</p> <p>Operate one or more nationally-accredited residency programs or participate in the costs of a nationally-accredited residency programs either directly or under contract with an ACGME-accredited program.</p>	<p>The department revised the language as follows:</p> <p>Operate one or more nationally-accredited residency programs</p>
Section 8.c. 450	The number of residents identified in section 9.c.2 .i or section 9.c.3 .iv.	The department removed the following language: and at no time shall exceed 450 residents.

Section 9 Accredited Council of Graduate Medical Education	Accreditation Council of Graduate Medical Education	The department revised the language as follows: Accreditation Council of Graduate Medical Education
To be eligible for Medicaid GME reimbursement, a resident must be participating in an approved medical residency	To be claimed in the calculation for Medicaid GME reimbursement, a resident must be participating in an ACGME approved medical residency	The department revised the language as follows: To be claimed in the calculation for Medicaid GME reimbursement, a resident must be participating in an ACGME approved medical residency,
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