

HUMAN SERVICES DEPARTMENT



GME EXPANSION REVIEW BOARD & EVALUATION COMMITTEE

DR. DAVID SCRASE, HSD SECRETARY; DR. DAVID RAKEL, BOARD CHAIR

March 5, 2021

INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

Time	Agenda Item	Facilitator(s)	Desired Outcome
10:30	Welcome & Introductions	Dr. Rakel	Frame meeting and objectives, provide opportunity for introductions, and establish quorum.
10:40	Approval: 1/8/21 meeting minutes	Alex	Board members vote to approve previous meeting minutes.
10:45	FY21 GME Expansion Applicants	Alex	Provide a brief overview of each applicant, including committee scoring. Answer questions from the group. Board votes whether to recommend appropriate applicant(s) for funding.
11:30	Federal GME update	German Solutions	Provide group update on federal GME legislative changes.
11:45	Public Comment		
	Summary & Next Steps	Alex	Outline GME Board & Advisory Group next steps, identifying tasks and owners as needed.
12:00	Adjourn *Next virtual meeting will be Friday, June 4 (10:00 – 12:00)*		

CHANGING MEMBERSHIP

A Fond Farewell:

Dr. Janis Gonzales has stepped down as a board member.



Joining the Team:

Dr. Alex Cvijanovich, NM Higher Education Dept. Academic Affairs and Policy Director, joining as board member.



FY21 APPLICATION REVIEW COMMITTEE MEMBERS

1. Dr. David Rakel
2. Eileen Goode, BSN
3. Dr. LaWanda Jim
4. Dr. Mauricio Tohen
5. Dr. Oliver Hayes
6. Dr. Sabrina Gill

FY20 SELECTED PROGRAMS

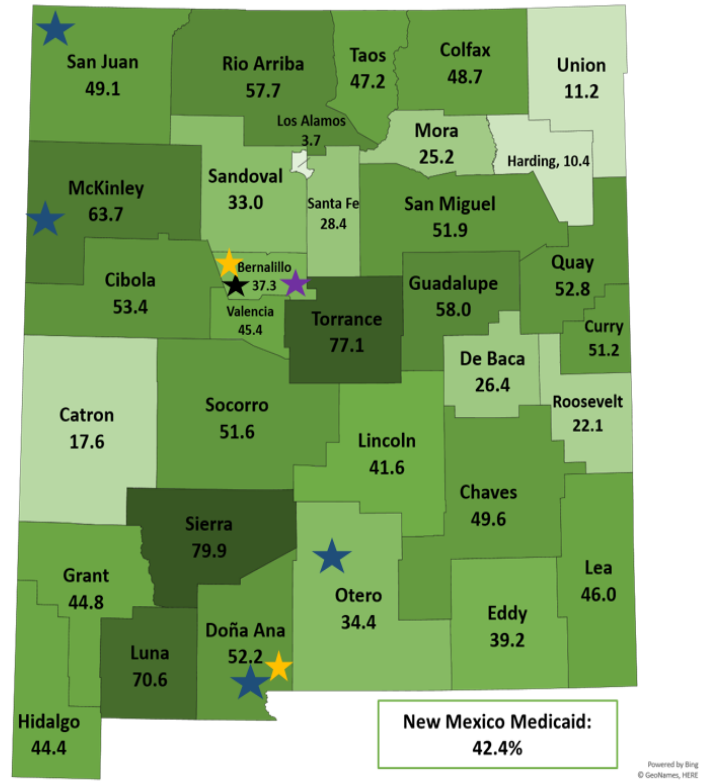
Applicant	Primary Care Specialty	Location	Funding Requested
Burrell College of Osteopathic Medicine	Family Medicine	Las Cruces	$236,640
Memorial Medical Center	Gen. Psychiatry	Las Cruces	$373,230
Rehoboth McKinley Christian Health Care Services	Gen. Psychiatry	Gallup	$390,165
Total Funds Requested			**$1,000,035**
Total Funds Available			**$1,500,000**

ADDITIONAL RESIDENCY DEVELOPMENT STATEWIDE

1. Gerald Champion – Alamogordo 7/20 – FM – 3 FTE
   - HRSA grant development – Psychiatry / Other
2. RMCHCS – Gallup 7/21 – FM – 4 FTE
   - HRSA grant additional development – Psychiatry
3. MMC / La Clínica 7/21 – FM – 4 FTE
4. UNM Psychiatry – Pending Further Discussion
5. UNM – IM – Approved expansion – unknown start date
6. UNM – Peds – Approved expansion – unknown start date
7. UNM RTT Shiprock – FM – 2 FTE – (Tentative Start Date 7/22)
   - HRSA grant development funding

8. UNM LGBTQ – Fellowship – in FM – Developmental Discussions

New and Expanding GME Programs, November 2020; Medicaid and Children's Health Insurance Program Enrollment as a Percentage of Population by County, October 2020



Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2020. U.S. Census Bureau, Population Estimates Program (PEP), Vintage 2019, QuickFacts. Retrieved from https://www.census.gov/quickfacts, December 10, 2020.

ABOUT THE APPLICATIONS

All applications:

- Demonstrate a history and commitment to serve Medicaid beneficiaries
- Describe efforts to recruit New Mexicans into residency positions, and reference importance of diversity
- State purpose or goals of residency development, the organization(s) involved, the specialty program of focus and describes the population of the area.
- Discuss community need for primary care
- Includes letters of support
- Define the stage(s) of program development
- Provide information on organizational leadership and other key relationships
- Have a detailed workplan and budget

Other notes

- CHRISTUS, El Centro, and MMC outline plan for addressing ACGME Program Requirements
- CHRISTUS and El Centro describe efforts to retain residents

ABOUT THE PROGRAM STAGES OF DEVELOPMENT

Stage 1: Planning for a Residency Program – Needs & Assets Assessment

- Partnerships vs Independent Programs
- Collaborators / Stakeholders Involved
- Developing new Sponsoring Institution or working with existing Sponsoring Institution
- Degree to which community, organization or consortium has assessed its capacity to develop an ACGME accredited physician training program
- Completing initial financial assessment
- Applicant has organizational (CEO/Board/GME Committee, if applicable) approval to proceed with residency development
- Budgeting and Preparing a Proforma

Stage 2: ACGME Application Development

- Staff and financial resources allocated to program development
- Development and submitting Sponsoring Institution Application, if applicable
- Developing and submitting ACGME Program Application
- Documentation and Site Visit Preparation
- Program Letters of Agreement

Stage 3: Pre-Operations (time between program approval and beginning of residency training)

- ACGME Initial Accreditation Letter
- Pre-Operation Support
- Resident Recruitment Costs
- Faculty and Administrative Costs
- Addressing Citations

FY21 GME EXPANSION APPLICATION SUMMARY

Applicant	Primary Care Specialty	Location	Funding Requested	Meets Program Eligibility Criteria	New or Expanding Program	# of First Year Resident	Anticipated Residency Start Date
First Choice Healthcare, Inc.	Family Medicine	Albuquerque	$70,620	Yes	New	4-6	2023 (if pursued)
El Centro Family Health	Family Medicine	Española	$190,823	Yes	New	4	2023 (if pursued)
Memorial Medical Center*	Gen. Psychiatry	Las Cruces	$229,475	Yes	New	3	July 2022
Christus St. Vincent RMC	Family Medicine	Santa Fe	$190,875	Yes	New	3-4	2023 (if pursued)
Total Funds Requested: $681,793							
Total Funds Available: $500,000 (Federal Match Possible)							
*Currently receiving Stage 1 GME HSD Funds							

APPLICATION REVIEW COMMITTEE SUMMARY

Organization	Funding Recommendation	Total Score	Average Score	Range of Scores	Notes
First Choice*	Y	159	31.8	18-39	Recommend TA
El Centro	Y	189	31.5	18-38	Recommend TA
MMC**	Y	145	36.5	33-39	
Christus	Y	191	31.8	17-39	Recommend TA

Voting Exceptions: * = 1 Abstention (Rakel) ** = 2 Abstentions (Hayes, Tohen)

APPLICANT 1
FIRST CHOICE COMMUNITY HEALTHCARE, INC.

FAMILY MEDICINE

FIRST CHOICE COMMUNITY HEALTHCARE

APPLICATION OVERVIEW

- Specialty: Family Medicine
- # of Residents: 4-6
- Length of Funding: 1 year
- Project Phase: Late stage 1-Early stage 2
- UNM's Dr. Waldman responsible for following outcomes (under contract):
  - Complete community assessment & capacity inventory
  - Develop internal and external stakeholder team
  - Develop program goals
  - Determine whether to pursue program
  - Program & curriculum development for ACGME application
  - Pro Forma development
  - Determine Sponsoring Institution

ABOUT THE APPLICANT

- FCCH UNM Family Practice Residency Program continuity clinic in S. Valley of ABQ since 2008.
- 30 of 45 FCCH-trained graduates chose an initial job in NM (67%), and 26 still work in NM (58%). FCCH hired 15 of those graduates for initial jobs.
- Integrated behavioral health services part of service delivery
- Potential GME Expansion Partners:
  - UNM Hospital & Dept. of Family and Community Medicine
  - ABQ Area Hospitals

FIRST CHOICE COMMUNITY HEALTHCARE BUDGET = $70,620

Personnel			
Position	**FTE**	**Funding Amount**	**Rationale**
Faculty	0.10	$20,000.00	First Choice Faculty Time ($100/hour)
Total Personnel	0.10	**$20,000.00**	
Operating			
Expense		**Funding Amount**	**Rationale**
Technical Assistance Contractor	0.20	$48,620.00	Project Leadership: Dr. Dan Waldman
Total Operating	0.20	**$48,620.00**	
FCCH Indirect (Administrative Overhead)	-	**$2,000.00**	10% total to support administrative time/activity/expense
Total Budget Requested	**-**	**$70,620.00**	

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APPLICANT 2
EL CENTRO FAMILY HEALTH (ECFH)

FAMILY MEDICINE

EL CENTRO FAMILY HEALTH

APPLICATION OVERVIEW

- Specialty: Family Medicine
- # of Residents: 4
- Length of Funding: 1 year
- Project Phase: 1
- Outcomes for ECFH:
  - Conduct Needs & Asset Assessment
  - Engage with collaborative partners
  - Determine ACGME Program Design (3-year program at El Centro or a Rural Training Track 1+2 model)
  - Identify Sponsoring Institution
  - Assess Financial Models

ABOUT THE APPLICANT

- ECFH FQHC in N. NM since 1972 and currently serves 7 rural and frontier counties.
- Physician training part of ECFH's *Semillas de Salud,* which identifies NM youth interested in sciences, mentoring them from middle school through healthcare job placement.
- Potential GME Expansion Partners:
  - Presbyterian Española Hospital
  - Christus St. Vincent Regional Medical Center
  - University of NM
  - Local providers
  - NMPCTC and UNM program (development contractor)

EL CENTRO FAMILY HEALTH BUDGET $190,823

ECFH Budget		
Supports the Salaries and Fringe		
Developmental Program Director	.2 FTE	$40,000
Associate Program Director	.2 FTE	$36,000
Program Coordinator	.5 FTE	$19,000
ECFH CFO	-	$13,000
Total Salary + Fringe	**$131,933**	
Travel		
In-State Travel	-	$2,000
Out-of-State Travel	-	$4,000
Total Travel		**$6,000**
Program License and Fees		
Memberships and Conference Fees	-	$5,000
Consulting, Financial/Legal	-	$10,000

ECFH Budget (Continued)		
Communications Equipment and Software	-	$13,000
Total Program License and Fees	**-**	**$28,000**
Total Direct Expenses	-	$165,993
Indirect 15%	-	**$24,890**
Grand Total	**-**	**$190,823**

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APPLICANT 3
MEMORIAL MEDICAL ENTER (MMC)

GENERAL PSYCHIATRY

MEMORIAL MEDICAL CENTER

APPLICATION OVERVIEW

- Specialty: General Psychiatry
- # of Residents: 3
- Length of Funding: 1 year
- Project Phase: Stage 2, transition to Stage 3 by late 2021
- Projected Resident Start Date: July 2022
- Outcomes:
  - Contracting with UNM for didactics and rotation support
  - Complete a faculty capacity assessment
  - Facilitate faculty development workshops
  - Provide Program director and staff developmental opportunities and resources
  - Create resident recruitment strategy
  - Recruit residents

ABOUT THE APPLICANT

- Currently receiving HSD expansion funds for Stage 1 development
- Also has existing Family Medicine program
- GME Expansion Clinical Partners
  - La Clínica de Familia – FQHC Las Cruces
  - PEAK – MH Hospital
  - Doña Ana County Detention Center
  - Hidalgo Medical Services – Rural rotations
  - Gerald Champion – Rural Rotations
  - UNM – Faculty Development and Subspecialty rotations
- Other Support and Potential Clinical Partners
  - Texas Tech
  - Mountain View Hospital
  - Burrell COM
  - Doña Ana County & City of Las Cruces
  - Center for Health Innovation – Area Health Education Center
  - NM Primary Care Training Consortium

MEMORIAL MEDICAL CENTER BUDGET $229,475

Physician Teaching Salaries	
Program Director - MMC 20% FTE	$72,000
Assoc. Program Director - 10% FTE	$25,600
Program Coordinator - .5 FTE	$37,500
Total	**$135,100**
All Staff Fringe @ .25 - estimated MMC rate - Option to Contract	$33,775
Program License / Fees	
Conference Fees	$5,000
Resident Recruitment Fees	$5,000
Total Fees	**$10,000**
Other	
Faculty Development, Tele-Didactics, Faculty Capacity Assessment	$25,000
Grand Total	**$229,475**

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APPLICANT 4
CHRISTUS ST. VINCENT

FAMILY MEDICINE

CHRISTUS ST. VINCENT

APPLICATION OVERVIEW

- Specialty: Family Medicine
- # of Residents: 6-7 (2-3 new)
- Length of Funding: 1 year
- Project Phase: 2
- Outcomes:
  - Increase partner capacity to provide additional continuity clinics, rural experiences and rotations
  - Obtain faculty development for new faculty
  - Create independent 3-year FM program at CSV with new or existing Sponsoring Institution
  - Submit ACGME application to create a 3-year family Medicine at CSV with local partners by June 2022.

ABOUT THE APPLICANT

- UNM has had RTT with CHRISTUS since 1997, training 71 residents. They have 70% NM retention rate.
- Geriatrician revamping curriculum and rotations to include palliative care/hospice
- Potential GME Expansion Partners Include:
  - La Familia Medical Center – Continuity Clinic
  - Presbyterian Healthcare Services
  - El Centro Family Health
  - Indian Health Service
  - UNM Hospital and Dept. of Family and Community Medicine

CHRISTUS ST. VINCENT BUDGET $190,875

Personnel		
Salaries	FTE	Budget Amount
Program Director	0.2	$50,000
Associate Program Director	0.1	$22,500
Program Coordinator	0.2	$20,000
Program Admin Assistant	0.25	$15,000
Total Salaries	-	$107,500
All Staff Fringe	0.25	$26,875
Total	1.0	**$134,375**
Travel		
In-State / Local (UNM Coordination)	-	$3,000
Program License / Fees		
ACGME Annual Program and Application Fee		$12,500
Conference Fees		$5,000
Software Licenses and Computers		$6,000
Total		**$23,500**
OTHER		
ACGME SI Support - DIO / GMEC Support Contract		$30,000
Grand Total		**$190,875**

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CONSOLIDATED APPROPRIATIONS ACT

Confidential DRAFT - For Discussion Only

Consolidated Appropriations Act

On December 27, 2020, Congress passed the Consolidated Appropriations Act, 2021 (HR 133) which provides legislation pertinent to academic medicine. In Germane Solutions' core commitment to our clients and healthcare community, we are pleased to provide our guidance and understanding into these provisions as they currently stand.

Section 126	Section 127	Section 131
Distribution of Additional Residency Positions	Promoting Rural Hospital GME Funding Opportunity	Medicare GME Treatment of Hospitals Establishing New Residency Training Programs After Hosting Medical Resident Rotators for Short Duration

Confidential DRAFT - For Discussion Only

Consolidated Appropriations Act: *Section 126*

IN GENERAL

This provision distributes ***1,000 Medicare-supported GME positions*** towards a provider's FTE cap, with a ***maximum of 200 positions*** to be distributed in each of the next 5 years.

PROCESS AND TIMELINE

The first application cycle, anticipated in the fiscal year 2023, will determine disbursement. CMS will announce the opening of each distribution round by January 31st. The approved positions will be effective July 1st. We believe this means that the first application period to be effective July 1, 2023, which is the academic year 2024.

The application process will be under the direction of the Department of Health & Human Services (DHHS).

ELIGIBILITY AND LIMITATIONS

Applicable to **both urban and rural hospitals**, hospitals must apply for these positions. It is important to note that **no hospital can receive more than 25 additional positions**.

CONSIDERATIONS IN DISTRIBUTION

One key consideration in approval of a hospital's application for additional residency positions will be in the "*demonstrated likelihood of the hospital filling the positions*" within the 5 years. Furthermore, the hospital must increase the number of residents trained by the number of approved positions.

Of the available positions, no less than 10% of the positions will be distributed to each group of hospitals that fit into the following 4 categories. Therefore, **of the 200 positions each year, 40% of those positions must be distributed to hospitals in the categories below** with priority:

1) Rural hospitals – this includes hospitals located in a rural area or hospitals that are "treated as being located in a rural area" meaning that the hospital has elected Rural Designation.
2) Hospitals currently training over their FTE cap.
3) Hospitals in states with new Medical Schools accredited or received Pre-Accreditation on or after 1/1/2000.
4) Hospitals that serve areas designated as health professional shortage areas.

Confidential DRAFT - For Discussion Only

Consolidated Appropriations Act: *Section 127*

IN GENERAL

Rural and urban hospital opportunities for collaboration have been strengthened by the removal of the separate accreditation requirement for Rural Training Track (RTT) programs; ultimately allowing both rural and urban hospitals to receive federal funding for training programs aimed at increasing the number of physicians in rural areas.

ELIGIBILITY AND LIMITATIONS

To be considered, the program must maintain separate accreditation through September 30, 2022, and must maintain 50% or more of the program in a rural area after October 1, 2022.



Urban

vs



Rural

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Consolidated Appropriations Act: *Section 131*

IN GENERAL

This section is to provide relief for hospitals that have ***very low FTE caps***, generally no more than a 3.0 FTE cap.

ELIGIBILITY

- To qualify for this re-set, the **hospital must plan to expand its GME training program**. This is by beginning a "new approved medical residency training program or programs". The re-set limitation shall be done consistent with the new program rules in section 413.79(e).
- It is required that the **hospital has not participated in a Medicare GME Affiliation Agreement** on or after the date of enactment, otherwise known as the date the 45th U.S. President, Donald Trump signed the Consolidated Appropriations Act (HR-133). CMS will not establish a PRA until the hospital trains at least 1.00 FTE resident.
- Hospitals meeting certain conditions (as listed below) are **eligible to re-establish either their GME Cap, PRA, or both**. The PRA will reset under existing calculations applicable to new teaching hospitals.
- There are two types of situations a hospital may be in to qualify for this re-set:
  - The hospital set their FTE cap at **less than 1.0 FTE in their 1996 FTE base year cost report**.
  - The hospital has trained **no more than 3.0 FTEs in any cost report after 10/1/1997**.

CONSIDERATIONS

GME Cap re-establishment calculations are not yet released.

Hospitals only have 5 years from December 27, 2020 to build new programs.

Confidential DRAFT - For Discussion Only



HUMAN SERVICES DEPARTMENT



APPENDIX

LET'S REMEMBER…

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the first peoples of what today is known as the State of New Mexico, including its Pueblos, Tribes, and Nations past and present. With gratitude we pay our respects to these communities and their homeland.



PHOTO COURTESY: HSD Employee

FINANCIAL SUSTAINABILITY: MEDICAID FINANCING

- GME **State Plan Amendment (SPA)** submitted to CMS on 9/30/20.
  - HSD had call with CMS to address CMS' questions regarding GME SPA and request guidance on paying GME in IHS facilities.
  - HSD is awaiting follow-up from CMS and technical assistance on IHS.
- **1115 Waiver** submitted to CMS on March 1, 2021.

Key GME Medicaid Financing Topics			
Topic	**Current State**	**Relevance**	**Solution**
1. Raise state annual payment limit to reflect full amount needed for expansion.	Current state Medicaid rules place an annual limit of $19.5 million.	Each resident FTE receives less than its allocated amount (~$34,000).	State Plan Amendment (SPA) removes annual limit.
2. Address FTE limit to reflect full amount needed for existing and anticipated expansion.	Current state Medicaid rules place a FTE cap of 450 for funding.	449 positions filled as June 2020.	SPA removes FTE cap.
3. Increase payment structure to incentivize new Primary Care resident position growth.	State Medicaid rules support a Primary Care FTE at $41,000 while specialist FTEs are funded at $50,000.	New programs cite financial concerns and sustainability as primary barriers towards expansion.	SPA funds new Primary Care FTEs at $100,000. All other new FTE funded at $50,000.
4. Make payments for existing resident FTE positions equitable.	Current state Medicaid rules fund specialties at different rates: • Primary Care: $41,000 • Other: $50,000 • Rural: $52,000	New programs cite financial concerns and sustainability as primary barriers towards expansion.	SPA funds all existing resident FTE (regardless of specialty) equally at $50,000.
5. Amend provider types eligible for Medicaid payments.	State Medicaid rules permit only licensed hospitals with accredited programs.	Non-hospital programs are ineligible for payment.	SPA expands eligibility to FQHCs and RHCs.

FINANCIAL SUSTAINABILITY: MEDICAID 1115 WAIVER

- To make GME expansion possible, GME programs require funding support from the State.
- **HSD requests expenditure authority for federal match of $500,000 state general fund per year to establish a Primary Care GME expansion funding mechanism designed to develop new and/or expanded GME programs focusing on the primary care specialties of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine.**
- Remainder of waiver language describes expansion program, eligibility for funding, and application process.
- *Amendment Proposal #3 (pages 10-13): GME expansion funding mechanism designed to develop new and/or expanded GME programs focusing on the specialties of General Psychiatry, Family Medicine, General Pediatrics, and General Internal Medicine.*



HUMAN SERVICES DEPARTMENT

State of New Mexico
Human Services Department

Centennial Care 2.0 1115 Waiver
Amendment Request

to

The Centers for Medicare & Medicaid Services (CMS)
U.S. Department of Health and Human Services

Dr. David R. Scrase, M.D., Cabinet Secretary
New Mexico Human Services Department

Nicole Comeaux J.D., M.P.H., Director
Medical Assistance Division

JANUARY 1,2021 – DRAFT PROPOSAL