

HUMAN SERVICES DEPARTMENT



GME EXPANSION REVIEW BOARD & ADVISORY MEETING

DR. DAVE RAKEL, BOARD CHAIR; HSD SECRETARY DAVID SCRASE, M.D.

June 5, 2020 - Via GoToMeeting

INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

Time	Agenda Item	Leader(s)	Desired Outcome
10:30	Welcome & Introductions	Sec. Scrase & Chair Rakel	Frame meeting and objectives, provide opportunity for introductions, and establish quorum.
10:40	Approval: 3/6 and 5/11 meeting minutes	Alex	Board members vote to approve previous meeting minutes.
10:45	FY21 GME Expansion & Special Legislative Session	David	Outline HSD's position for GME expansion for FY21, and identify ways the public may support these efforts.
10:55	Strategic Plan Updates: Academic and Financial Sustainability	Charlie & Holley	Update the group on PCTC efforts, resolve any outstanding questions.
11:05	Strategic Plan Updates: Medicaid	Erica & Alex	Outline HSD's progress in addressing key Medicaid financing issues related to GME, resolve any outstanding questions.
11:35	Open Group Discussion	All	An opportunity for the public and members to provide updates, ask questions.
11:50	Summary & Next Steps	David & Alex	Outline GME Board & Advisory Group next steps, identifying tasks and owners as needed.
12:00	Adjourn *Next meeting will be Friday, September 4 (time and location TBA)*		

Strategic Plan Update: Academic & Financial Sustainability

NMPCTC Sustainability Activities:

1. Technical assistance provision with HSD/MAD (e.g. financing, payment systems hospitals and FQHCs)
2. Contract Development with UNM for Clinical Services Support, Faculty Development, Program Applications, Curriculum - 7/20
   - Statewide Network Development: Program Director, Chief Resident, and Program Coordinator support.
3. Future planning:
   - PCTC Planning (enhance/expand programs/membership);
   - On-going assessment of program support needs
4. Technical Assistance – Dona Ana County and Santa Fe



SUSTAINABILITY UPDATE: MEDICAID FINANCING

- Update on State Plan Amendment and Other Approaches to Improve PC Residency Financing
- HSD is addressing key issues related to state Medicaid GME financing, for both hospital and non-hospital-based programs.

Key GME Medicaid Financing Topics
Topic
1. Raise DGME state annual payment limit to reflect full amount needed for existing and anticipated expansion.
2. Address DGME FTE limit to reflect full amount needed for existing and anticipated expansion.
3. Revise DGME payment structure to incentivize PC.
4. Make DGME payments for existing resident positions equitable.
5. Change payment structure so residents are counted at provider employer location rather than rotating partner locations.
6. Amend provider types eligible for Medicaid DGME.

SUSTAINABILITY UPDATE: MEDICAID FINANCING

Key GME Medicaid Financing Topics				
Topic	**Current State**	**Relevance**	**Solution**	**Update**
1. Raise DGME state annual payment limit to reflect full amount needed for existing and anticipated expansion.	Current state Medicaid rules place an annual DGME limit of $19.5M.	Each resident position receives less than its allocated amount (~$34,000) which serves as a disincentive for expansion.	Raise the amount so PC resident positions are funded at full Medicaid portion.	Submit a State Plan Amendment (SPA) by 9/20; SPA language will be submitted for public comment in July

SUSTAINABILITY UPDATE: MEDICAID FINANCING

Key GME Medicaid Financing Topics				
Topic	**Current State**	**Relevance**	**Potential Solution**	**Update**
2. Address DGME FTE limit to reflect full amount needed for existing and anticipated expansion; and, do so in a way that incentivizes PC growth.	Current state Medicaid rules place a FTE cap of 450 for DGME funding.	449 positions are currently filled. Strategic Plan adds 46 new PC graduating residents (and does not include other programs that may develop).	Raise FTE cap, perhaps incrementally, while ensuring expansion prioritizes PC.	Submit a State Plan Amendment (SPA) by 9/20; SPA language will be submitted for public comment in July

SUSTAINABILITY UPDATE: MEDICAID FINANCING

Key GME Medicaid Financing Topics				
Topic	**Current State**	**Relevance**	**Potential Solution**	**Update**
3. Increase DGME payment structure to incentivize new PC position growth.	Current state Medicaid rules support funding a PC resident position at $41,000, while subspecialists are funded at $50,000.	New programs cite financial concerns and sustainability as primary barriers to expanding or starting new programs.	Fund new PC resident positions at $100,000, possibly limiting this higher rate for a certain number of years.	Submit a State Plan Amendment (SPA) by 9/20; SPA language will be submitted for public comment in July

SUSTAINABILITY UPDATE: MEDICAID FINANCING

Key GME Medicaid Financing Topics				
Topic	**Current State**	**Relevance**	**Potential Solution**	Update
4. Make DGME payments for existing resident positions equitable.	Current state Medicaid rules fund positions at different rates: • PC: $41,000 • Other: $50,000 • Rural: $52,000	New programs cite financial concerns and sustainability as primary barriers to expanding or starting new programs.	Fund existing positions (regardless of specialty) the same amount ($46,000).	Submit a State Plan Amendment (SPA) by 9/20; SPA language will be submitted for public comment in July

SUSTAINABILITY UPDATE: MEDICAID FINANCING

Key GME Medicaid Financing Topics				
Topic	**Current State**	**Relevance**	**Potential Solution**	Update
5. Payment to residency host institutions during resident rotations to partner training sites.	Currently, GME payments to host institutions are reduced by the amount of time residents spend in partner locations.	Host institutions should not have disincentives for sending residents to partnering institutions nor be required to have multiple financial contracts with partnering hospitals.	Change payment structure so residents are counted at the host institution rather than rotating partner locations. This change would require host institutions to pay resident salary and expenses.	Possible solution is for HSD to develop a voluntary form partner institutions can complete who want to enter into this arrangement; HSD will conduct program outreach this summer to develop a form prototype by September.

Source: https://www.hsd.state.nm.us/uploads/files/GME%20Expansion/HSDGMEStrategicPlanFinal2020_01_07.pdf

SUSTAINABILITY UPDATE: MEDICAID FINANCING

Key GME Medicaid Financing Topics				
Topic	**Current State**	**Relevance**	**Potential Solution**	**Update**
6. Amend provider types eligible for Medicaid DGME.	Current state Medicaid rules permit only NM licensed hospitals with accredited residency programs 5%+ Medicaid load eligible for DGME.	Non-hospital programs (account for significant portion of expansion) are ineligible for DGME, limiting potential for training programs in rural communities.	Add Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) as eligible provider types to receive DGME.	Submit a State Plan Amendment (SPA) by 9/20; SPA language will be submitted for public comment in July



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QUESTIONS OR COMMENTS



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NEXT MEETING

September 4, 2020 (Time / Location TBD)

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