

**STATE OF RHODE ISLAND  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**6/29/21 PUBLIC NOTICE OF PROPOSED AMENDMENT TO RHODE ISLAND  
MEDICAID STATE PLAN**

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act:

**Elimination of Graduate Medical Education Payments**

EOHHS will submit to the federal Centers for Medicare and Medicaid Services (CMS) an amendment to the Rhode Island Medicaid State Plan to eliminate the Graduate Medical Education (GME) payments. Due to the anticipated addition of Inpatient Supplemental Payments to hospitals, EOHHS will no longer be able to receive federal matching funds for the GME payments, and therefore this SPA is necessary. However, it is anticipated that the SFY 2022 State Budget will include \$2 million in General Revenue to continue these payments on a state-only basis.

This change is projected to decrease annual expenditures by \$518,257 All Funds. The proposed effective date of this change is July 1, 2021.

This proposed amendment is accessible on the EOHHS website ([www.eohhs.ri.gov](http://www.eohhs.ri.gov)) or available in hard copy upon request (401-462-6348 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by July 29, 2021 to Bryan Law, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or [Bryan.Law@ohhs.ri.gov](mailto:Bryan.Law@ohhs.ri.gov) or via phone at (401) 462-1501.

In accordance with the Rhode Island General Laws 42-35-3, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within fourteen (14) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

## Proposed State Plan Page Revisions

### GRADUATE MEDICAL EDUCATION SUPPLEMENTAL PAYMENTS

~~Effective July 1, 2021, Graduate Medical Education Supplemental Payments are eliminated. This section of the State plan contains the provisions for making supplemental Medicaid payments to recognize a portion of the direct graduate medical education costs incurred by privately owned hospitals with approved programs.~~

#### ~~A. Eligible Hospitals:~~

~~Privately owned hospitals that participate in the Medicaid program are eligible for additional reimbursement related to the provision of Graduate Medical Education (GME) activities. To qualify for these additional Medicaid payments, the hospital must meet the following criteria:~~

- ~~(i) Be eligible to receive GME payments from the Medicare program under provision of 42 C.F.R. 413.75;~~
- ~~(ii) Provide graduate medical education training for at least 250 interns and residents per year;~~
- ~~(iii) Have a minimum total of 25,000 inpatient discharges per year (all patients); and~~
- ~~(iv) Be designated as a Level I Trauma Center by the American College of Surgeons.~~

#### ~~B. Graduate Medical Education Definitions:~~

- ~~(i) Total Allowable Direct GME Cost is the amount reported on CMS form 2552-10, Hospital Cost Report; worksheet E-4, line 25~~
- ~~(ii) Medicaid Utilization Percentage is the ratio of Medicaid inpatient days to total hospital inpatient days. This ratio is determined as follows:~~
  - ~~a) Medicaid inpatient days as reported on CMS form 2552-10, Worksheet S-3; Part I; Column 7 lines 14, and 16 through 18; divided by~~
  - ~~b) Total inpatient days, as reported on Worksheet S-3; Part I; Column 8 lines 14, and 16 through 18.~~

#### ~~C. Methodology for Determining GME Supplemental Payments:~~

- ~~(i) Each hospital eligible for a Medicaid GME supplemental payment will have its maximum allowable Medicaid GME supplemental payment amount determined as follows:~~
  - ~~a) Total Allowable Direct GME Cost multiplied by;~~
  - ~~b) the hospital's Medicaid Utilization Percentage;~~
- ~~(ii) The aggregate GME supplemental amount payable by the State will be the lesser of the total pool of \$1,000,000, or the sum of each eligible hospital's maximum payment calculated above.~~

**~~D. GME Supplemental Payments:~~**

- ~~(i) The Total Allowable Direct GME Cost and the Medicaid Utilization Percentage will be updated annually using data from the most recently available Medicare Hospital Cost Report (CMS form 2552-10) submitted to Medicare by each eligible hospital;~~
- ~~(ii) The State will calculate the total GME reimbursement for eligible hospitals using the methodology in section C. above.~~