

Graduate Medical Education (GME)

Medicaid GME Supplemental Program

- Medicaid pays a supplemental GME payment to non-state governmentally owned hospitals participating in the GME program, currently only UMC. It's calculated annually and paid out quarterly.
- Costs considered in the calculation of the base year Resident amounts were:
 1. Stipends and fringe benefits of residents
 2. Salaries and fringe benefits of faculty that supervise the residents
 3. Allocated institutional overhead costs such as maintenance and electricity
 4. Medicaid penetration rate based on Medicaid bed days
- The total GME payments made to UMC in SFY 2013 were approximately \$12 million to supplement direct and indirect costs for 141.97 FTEs (includes residents and supervisors). In SFY 14 the GME payments made to UMC were approximately \$11 million to supplement direct and indirect costs for 137.61 FTEs. GME payments are deducted from the inpatient public UPL gap calculation.
- Clark County funds the non-federal share of these expenditures through Inter-governmental Transfer (IGT) Funds. A State Net Benefit is realized through this program.
- Factors used in the annual GME calculation:
 1. The adjusted base year amount (2008 Base Year per Resident Amount increased annually by an inflation factor (CMS IPPS market basket)).
 2. Medicaid Patient Utilization percentage (calculated using the total UMC hospital days/UMC Medicaid Days).
 3. The number of FTE Interns & Residents (taken annually from the UMC/Hospital Medicare Cost Report).
- The Supplemental GME payment is calculated by multiplying:
 - the Adjusted base year, per Resident amount, by
 - the Medicaid Patient Utilization percentage (#2 above);
 - then multiplying by the number of FTE Interns & Residents (# 3 above)

Public Teaching Hospital Graduate
Medical Education (GME) Program
SFY 2013

GME FMAP
Federal Match
Q1 56.20%, Q2-4 59.74%
\$7,172,626

IGT Clark Co 56% of
GME Amount
\$6,824,689

Budget Account
#3157
\$13,997,315

GME Payment to UMC
Amount \$12,186,944

State net benefit
\$1,810,371

Public Teaching Hospital Graduate
Medical Education (GME) Program
SFY 2014

GME FMAP
Federal Match
Q1 59.74%, Q2-4 63.10%
\$7,054,981

IGT Clark Co 50% of
GME Amount
\$5,665,741

Budget Account
#3157
\$12,720,722

GME Payment to
UMC
Amount \$11,331,482

State net benefit
\$1,389,240

**University Medical Center of Southern Nevada
GME Program SFY 2014**

GME Calculation

1 Amounts per Filed CMS Form 2552 Medicare/ Medicaid Hospital Cost Report for period as Base Year ending 6/30/2008

Calculate Adjusted Base Year Per Resident Amount			Value	Adjusted value
Item	Source			
1	Total Allowable costs of Interns&Residents ¹	MCR Wkst B Part 1 lines 22 & 23, col 22 & 23	\$ 27,065,822	\$ 27,065,822
2	FTE Interns & Residents ¹	MCR Wkst S-3 Part 1, line 12, col. 7	134.81	134.81
3	Base Year Per Resident Amount	Line 1 / Line 2	\$ 200,770	\$ 200,770
4	2008 Inflation Update Factor*	CMS Mkt Bskt FFY 2008	1.033	
5	2009 Inflation Update Factor *	CMS Mkt Bskt FFY 2009	1.036	Mkt Bskt SFY 2009 1.035
6	2010 Inflation Update Factor *	CMS Mkt Bskt FFY 2010	1.021	Mkt Bskt SFY 2010 1.025
7	2011 Inflation Update Factor*	CMS Mkt Bskt FFY 2011	1.026	Mkt Bskt SFY 2011 1.025
8	2012 Inflation Update Factor*	CMS Mkt Bskt FFY 2012	1.030	Mkt Bskt SFY 2012 1.029
9	2013 Inflation Update Factor	CMS Mkt Bskt FFY 2013	1.026	Mkt Bskt SFY 2013 1.027
10	Adjusted Base Year Per Resident Amount		\$ 230,657	\$ 230,657
Medicaid Patient Utilization				
11	Total Title XIX Hospitals Days SFY 2012	MCR Wkst S-3 Part 1; Col. 7, lines 2, 2.01, 14, & 18	47,990	47,990
12	Total Hospitals Days SFY 2012	MCR Wkst S-3 Part 1; Col. 8, lines 14 & 18	134,425	134,425
13	Medicaid Utilization %	Line 9 / Line 10	35.70%	35.70%
Medicaid Direct GME Cost				
14	FTE Interns & Residents for SFY 2012	MCR Wkst S-3 Part 1, update Line 14, col 9	137.61	137.61
15	Medicaid GME Cost using Adj. PRA	Line 8 x Line 11 x Line 12	\$ -	\$ -
16	Nevada SFY 2014 FMAP% Estimated **	Medicaid FMAP	62.26%	Total GME Payment \$ 11,331,482
17	Nevada SFY SMAP% Estimated**		37.74%	Total Federal Match \$ 7,054,981
				Total State Match \$ 4,276,501
				Quarterly \$ 2,832,871

* CMS IPPS market basket payment updates
http://www.cms.hhs.gov/MedicareProgramRatesStats/downloads/mktbskt-actual.pdf

Clark County IGT
State Match
Voluntary Contribution/Net Benefit

SFY 2014
\$ 5,665,741 \$ 1,416,435
\$ 4,276,501 \$ 1,069,125
\$ 1,389,240 \$ 347,310

Q1, SFY 2014	Q2-Q4, SFY2014	Total Actual Calculation
Actual FMAP 59.74%	Actual FMAP 63.10%	
Actual SMAP 40.26%	Actual SMAP 36.90%	
\$ 1,416,435	\$ 1,416,435	\$ 5,665,741
\$ 1,140,514	\$ 1,045,329	\$ 4,276,501
\$ 275,922	\$ 371,106	\$ 1,389,240
		\$ 11,331,482

Total Allowable costs of Interns & Residents Basr Year 2008	Amount
I&R Salaries Col 22	\$ 6,922,937
I&R Other Col 23	\$ 20,142,885
To Line 1	\$ 27,065,822

Notes to calculation:

CALCULATION ASSUMPTIONS:

Calculation prepared at 50% Voluntary Contribution pending Clark Co to sign Vol Cont agmt./ds 6/5/13
Calculation above is prepared using the blended FMAP rate of 62.26% - see tab FMAP blind calc 2013 03./ds 6/24/13
Columns G, H & I are computed at Actual FMAP which ties to actual invoicing amounts. / ds 6/24/13

SFY 2014 PROJECTION ASSUMPTIONS:

Projection was computed at MKT Bskt Inflation Assumption for FFY 2013 same as 2012 (3.0%), corrected to actual is 2.6% /ds 6/5/13

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State Nevada

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XIV. DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS

This section of the state plan contains the provisions for making additional Medicaid payments to recognize the additional direct costs incurred by non-state government owned hospitals with approved graduate medical education programs.

A. Qualifying Hospitals:

Non-state government owned hospitals that participate in the Medicaid program are eligible for additional reimbursement related to the provision of Direct Graduate Medical Education (GME) activities. To qualify for these additional Medicaid payments, the hospital must also be eligible to receive GME payments from the Medicare program under provision of 42 C.F.R. 413.75.

B. Direct Graduate Medical Education Definitions:

- (i) Base-year per resident amount – is the Medicaid allowable inpatient direct graduate medical education cost as reported on CMS form 2552, Hospital Cost Report; worksheet B, Part I, line 22, column 22 and line 23, column 23, divided by the un-weighted FTE residents from worksheet S-3; Part I; line 12 and line 14, column 7 of the hospital cost report ending in 6/30/2008.
- (ii) Current Number of FTE Residents – means the number of full-time-equivalent interns, residents, or fellow who participate in an approved medical residency program, including programs in osteopathy, dentistry, and podiatry, as required in order to become certified by the appropriate specialty board reported on CMS form 2552, Hospital Cost Report ; worksheet S-3: Part I; line 12 and line 14, column 7.
- (iii) Medicaid Patient Load – is the ratio of Medicaid inpatient days to total hospital inpatient days. This ratio is determined by the following; Medicaid inpatient days as reported on CMS form 2552, Hospital Cost Report ; worksheet S-3; Part I; lines 2, 2.01, 12 and 14; column 5 is divided by the hospital's total inpatient days, as reported on worksheet S-3; Part I; lines 12 and 14; column 6. Medicaid inpatient days and total inpatient days included inpatient nursery days and managed care days.

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C. Methodology for Determining Direct GME Payments:

The hospitals that qualify for GME payments will have their hospital specific payment amount determined as follows:

- (i) The base-year per resident amount is multiplied by the actual regulation market basket change and Medicare payment updated used for Medicare Inpatient Prospective Payment Systems (IPPS) as published in the "Federal Register. The index updates reflect payment increases before budget neutrality;
- (ii) The results in (i) are multiplied by the current number of FTE residents;
- (iii) The results in (ii) are multiplied by the Medicaid patient load which results in the total direct GME payment for the hospitals.

D. Payments of Direct GME:

- (i) The current number of FTE residents and the Medicaid patient load will be updated annually using data from the most recent Medicare/Medicaid hospital cost report (CMS form 2552) submitted to Medicare by each qualifying hospital;
- (ii) Beginning January 2, 2010, the state will calculate the total direct GME reimbursement for qualifying hospitals using the methodology in section C. above. The state will determine the annual GME amount payable to qualifying hospitals prospectively for period that will begin each July 1. On a quarterly basis, qualifying hospital will receive a GME payment equal to twenty-five percent (25%) of the annually determined GME amount. A quarterly payment will be made in each calendar quarter during the state's fiscal year.

GME Calculation SFY 2008										
	Max FTE	Last Medicare Audited Cost Report FYE	Medicaid Bed Days from Medicare Cost Report S-3 (Line 12, col 5) *	Total Bed Days from Medicare Cost Report S-3 (Line 12, col 6) *	Medicaid Portion of Bed Days	Medicaid FTE	GME Due for SFY 08	Quarterly GME Due		
Renown 1116885	34.5064	6/30/2003	22,184	123,868	0.1791	6.1799	\$ 148,656.14	\$ 37,164.03		
UMC 1102877	108.0900	6/30/2003	39,379	162,436	0.2424	26.2040	\$ 630,333.49	\$ 157,583.37		
Sunrise 1102878	18.3300	1/31/2003	17,362	184,736	0.0940	1.7227	\$ 41,439.37	\$ 10,359.84		
Totals						34.11	\$ 820,429.00	\$ 205,107.25		
SFY	GME Appropriations	Reimbursement per FTE								
2008	\$ 820,429.00	\$ 24,054.84								
* Taken from the 2003 audited cost reports										
First quarter distribution was processed on Oct 8, 2007										

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