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State/Territory Name: Rhode Island

State Plan Amendment (SPA) 21-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group

May 24, 2022

Womazetta Jones, Secretary
Executive Office of Health and Human Services
State of Rhode Island
3 West Road, Virks Building
Cranston, RI 02920

RE: Rhode Island 21-0005

Dear Secretary Jones:

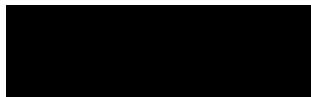
We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0005. Effective June 1, 2021, this amendment increases the allowable amount of expenditures to support Graduate Medical Education (GME) from \$1,000,000 to \$2,518,257.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1923 and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C.

This is to inform you that Medicaid State plan amendment TN 21-0005 is approved effective June 1, 2021. The CMS-179 and the amended plan page(s) are attached.

If you have any additional questions or need further assistance, please contact Novena James-Hailey at (617) 565-1291 or Novena.JamesHailey@cms.hhs.gov.

Sincerely,



Rory Howe
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
21-0005

2. STATE
RI

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
June 1, 2021

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.271, 447.272

7. FEDERAL BUDGET IMPACT:

a. FFY 2021 \$ 926,757
b. FFY 2022 \$ 624,812

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 2 to Attachment 4.19-A page 1-2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Supplement 2 to Attachment 4.19-A page 1-2

10. SUBJECT OF AMENDMENT:

Graduate Medical Education

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

13. TYPED NAME: Womazetta Jones

14. TITLE: Secretary

15. DATE SUBMITTED: May 17, 2021

16. RETURN TO:

EOHHS
3 West Rd, Virks Building
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: May 17, 2021

18. DATE APPROVED:
May 24, 2022

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
June 1, 2021

REGIONAL OFFICIAL:

[Redacted Name]

21. TYPED NAME: Rory Howe

22. TITLE: Director, Financial Management Group

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

GRADUATE MEDICAL EDUCATION SUPPLEMENTAL PAYMENTS

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:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Rhode Island

- 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 \$2,518,257, 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.