

## **Table of Contents**

**State/Territory Name: Mississippi**

**State Plan Amendment (SPA) #: 19-0019**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages



---

**Financial Management Group**

November 4, 2019

Drew L. Snyder  
Executive Director  
Office of the Governor, Division of Medicaid  
Walter Sillers Building  
550 High Street, Suite 1000  
Jackson, Mississippi 39201

Re: Mississippi State Plan Amendment 19-0020

Dear Mr. Snyder:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number 19-0019. This amendment proposes to revise the calculation of direct graduate medical education costs for Mississippi hospitals with an accredited and Medicare approved teaching program. The payments will be calculated annually as a per resident amount based on the total Medicaid hospital IP stays and payments will be quarterly.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR Part 447. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of October 1, 2019. We are enclosing the CMS-179 and the amended approved plan pages.

If you have any questions, please call Anna Dubois at (850) 878-0916.

Sincerely,

/s/

Kristin Fan  
Director

cc:  
Anna Dubois  
Dan Yablochnikov

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**1. TRANSMITTAL NUMBER  
**MS-19-0019**2. STATE  
**MS**3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
**10/01/2019**

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 C.F.R. § 413.75 – et seq.**7. FEDERAL BUDGET IMPACT  
a FFY 2019 \$ 978,603  
b FFY 2020 \$ 2,366,788

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-A, Pages 58 and 59**9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)**Attachment 4.19-A, Pages 58 and 59**

10. SUBJECT OF AMENDMENT

**State Plan Amendment (SPA) 19-0019 Graduate Medical Education (GME) is being submitted to revise the calculation of direct graduate medical education (GME) costs for Mississippi hospitals with an accredited and Medicare approved teaching program, as determined by the Division of Medicaid, effective October 1, 2019.**

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL12. SIGNATURE OF STATE AGENCY OFFICIAL  
/s/13. TYPED NAME **Drew L. Snyder**14. TITLE **Executive Director**15. DATE SUBMITTED **08/20/2019**

16. RETURN TO

**Drew L. Snyder  
Miss. Division of Medicaid  
Attn: Margaret Wilson  
550 High Street, Suite 1000  
Jackson, MS 39201-1399****FOR REGIONAL OFFICE USE ONLY**17. DATE RECEIVED **8/20/19**18. DATE APPROVED  
**11/04/19****PLAN APPROVED - ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL  
**10/01/19**

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME: **Kristin Fan**22. TITLE **Director, FMG**

23. REMARKS

**State of Mississippi**  
**Title XIX Inpatient Hospital Reimbursement Plan**

---

Q. Medical Education Payments

The Mississippi Division of Medicaid (DOM) reimburses Mississippi hospitals which meet the following criteria: (1) accreditation from the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA), (2) has a Medicare approved teaching program for direct graduate medical education (GME) costs, and (3) is eligible for Medicare reimbursement. The hospital must be accredited at the beginning of the state fiscal year in order to qualify for the quarterly payments during the payment year. To be eligible for payment, services must be performed on the campus of the teaching hospital or at a participating hospital site. Only the teaching hospital or the participating hospital site is eligible for reimbursement. DOM does not reimburse for indirect GME costs.

Medical education payments are calculated annually on July 1, as a per resident amount based on the total Medicaid hospital inpatient stays as calculated by DOM. During the year of implementation, effective October 1, 2019, the payments will be made to eligible hospitals in three (3) equal installments in December, March and June. Thereafter, the payments will be made to eligible hospitals on a quarterly basis in September, December, March and June. The number of residents per hospital will be the sum of the number of Medicare approved resident full time equivalents (FTEs) reported on the applicable lines on the most recent Medicare cost report filed with DOM for the calendar year immediately prior to the beginning of the fiscal year for established programs or new programs. Any hospital which establishes a new accredited teaching program must submit documentation of accreditation, Medicare approval, number of filled resident positions, and start date of the GME program prior to the July 1 calculation of the payments, and the program must be in operation as of July 1 of the payment year.

**State of Mississippi**  
**Title XIX Inpatient Hospital Reimbursement Plan**

---

The per resident rate will be as follows:

A. For residencies of Mississippi academic health science centers with a Level 1 trauma center:

1. \$65,000 per FTE for hospitals with 7,500 or more Medicaid hospital inpatient stays, or
2. \$55,000 per FTE for hospitals with fewer than 7,500 Medicaid hospital inpatient stays.

B. For residencies of all other accredited hospitals:

1. \$35,000 per FTE for hospitals with greater than 7,500 Medicaid hospital inpatient stays,
2. \$27,500 per FTE for hospitals with 2,000 to 7,500 Medicaid hospital inpatient stays, or
3. \$25,000 per FTE for hospitals with fewer than 2,000 Medicaid hospital inpatient stays.

Medical education costs will not be reimbursed to out-of-state hospitals.