



**NORTH MISSISSIPPI  
MEDICAL CENTER**

July 23, 2019

Division of Medicaid  
Office of the Governor, Office of Policy  
550 High Street, Walter Sillers Building, Suite 1000  
Jackson, Ms 39201

Re: Medicaid State Plan Amendment (SPA) 19-0019  
Graduate Medical Education (GME)

Ms. Wilson:

I am writing today in comment on Medicaid State Plan Amendment 19-0019 Graduate Medical Education that was published on 7/10/19. Our facility applauds Division of Medicaid's efforts to provide for the sustainability of Mississippi GME programs. At North Mississippi Health Services, we believe strongly in creating a continued pipeline of well-trained physicians to meet the needs of our communities and our state, which is why we currently have a Family Medicine residency program and plans to add an Internal Medicine program in the near future. Financial support from both a state and federal level are vital to the sustainability of these programs.

With the intention to add at least one new program at North MS Medical Center, we would like to comment on an issue in the methodology for determining the number of residents per hospital to use in the calculations of the annual per resident rate. Worksheet E-4, Line 6, of the Medicare cost report only reports FTEs for residency programs that are beyond the cap-building period. Since we are a rural hospital, we have the ability to start new programs and add to our Medicare cap. Therefore, any new program that is started at our facility will not be reflected on line 6 for potentially 6 years. Instead those FTEs are reported on E-4, line 15 (and also line 15.01), since they are not subject to the Medicare cap and rolling average rules until beyond the initial residency period. We do not believe it is the intent of DOM to exclude these residents from the count since the draft regulations include a line related to hospitals establishing a new teaching program and the documentation that must be submitted prior to July 1 of the payment year. Therefore, we are requesting that DOM further update these regulations to explain how those residents will be included in the count each year until they show up on E-4, line 6. We believe the easiest solution would be for DOM to also include the FTEs from E-4, Line 15.01, columns 1 and 2, in addition to the count on Line 6. This would pick up the unweighted FTE count of residents in initial years of the program. Combined, these lines would give the full picture of residents rotating at our hospital during the fiscal year.

I appreciate your consideration of this matter. The establishment of new residency programs in the state and in our community is an important aspect of increasing access to care throughout our state, since many of the residents who train with us continue on to practice either in our system or within our community. I believe that DOM understands this importance as well, so my hope is that DOM will work to update the regulations in the SPA accordingly to address this issue.

Should you have any questions or need further clarifications, please do not hesitate to reach me at [SDNobles@nmhs.net](mailto:SDNobles@nmhs.net) or (662)377-3360.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sharon Nobles".

Sharon Nobles, CFO  
North Mississippi Health Services