

# Application for Medicaid Graduate Medical Education Supplemental Payment for New Primary Care and High Need Specialty Residency Slots

## 1. Program Description

The Virginia Department of Medical Assistance Services (DMAS) has been authorized to make supplemental payments to Medicaid-enrolled hospitals for new Graduate Medical Education (GME) residency slots effective July 1, 2020. Supplemental payments shall be made for up to 25 new medical residency slots in state fiscal year (FY) 2021. The supplemental payment for each new qualifying residency slot will be \$100,000 annually and shall be made for up to four (4) years subject to approval by the Centers for Medicare and Medicaid Services. Payments to hospitals will be made quarterly. For any residency program at a facility whose Medicaid payments are capped by the Centers for Medicare and Medicaid Services (CMS), the supplemental payments for each qualifying residency shall be \$50,000 from the general fund annually minus any Medicare residency payments for which the residency program is eligible. A majority of the slots funded shall be in primary care specialties. The remainder of the slots funded may be for primary care, high need specialties, or a combination of the two. Preference will be given for residency slots located in underserved areas that serve Medicaid beneficiaries. Funding will be available for up to four years as long as the sponsoring institution maintains the total number of residencies, including the new residency. Additional funding may be appropriated for additional cohorts, but additional funding cannot be guaranteed at this time.

**Supplemental GME payments for new primary care and high need specialty residency slots are contingent on funding. Programs should be aware that the state budget is approved annually. While funding is included in the current budget for FY21, funding could be reduced or eliminated. The Governor's budget for FY21 will be introduced in December 2019 for consideration by the General Assembly, which meets beginning in January 2020 thru March.**

## 2. Eligibility to Apply

Applications may be submitted by sponsoring institutions that wish to expand their current GME program. If the sponsoring institution is not a hospital, such as a Federally Qualified Health Center (FQHC), the application must be submitted jointly by the sponsoring institution and the primary clinical site, which must be a hospital. Sponsoring institution and primary clinical site are defined in Appendix A. DMAS does not have authority to make these residency payments to institutions other than hospitals.

Resident positions applied for under this new funding must be in primary care or high need specialty areas. Refer to definitions in Appendix A.

Either the sponsoring institution or the primary clinical site (if it is not the sponsoring institution) must be an enrolled hospital provider in Virginia Medicaid and continue as a Medicaid-enrolled provider for the duration of the funding.

Residency Programs must have a favorable accreditation status from either the American Osteopathic Association (AOA) or the American Council for Graduate Medical Education (ACGME).

The primary clinical site for the residency slot must be physically located in Virginia.

Hospitals in their Medicare “cap building period” are not eligible to apply.

### 3. Application and Submission Information

Applicants may request more than one residency slot; however, **applicants must submit a separate full application for each requested residency slot. Applications with information pertaining to more than one residency slot will not be evaluated. This requirement includes institutions that apply for 2 or more of the same primary care or high need specialty slots (e.g., 2 general pediatricians).** A comprehensive, well-written application provides all the information necessary for a complete evaluation. The Virginia Health Workforce Development Authority (VHWDA) will use the rubric located in Appendix B to evaluate applications. A complete application will include all of the five (5) components listed below. Each section inside the application should include headings and subheadings.

- Cover Sheet
- Project Abstract
- Project Information
- Project Narrative
- Budget Plan

Non-conforming applications may be disqualified from consideration. Institutions must apply by **August 30, 2019** for residency slots beginning in FY 2021.

#### 3.1. Cover Sheet

*Format:* The cover sheet must not exceed one (1) page, is not included in the 10-page narrative limitation and must contain the following information:

##### 3.1.1. Applicant Information

Organization name, full mailing and physical address, phone number, fax number, federal tax ID number and website

##### 3.1.2. Project Information

Title, location, program specialty, length of residency and original accreditation date

##### 3.1.3. Program Director Information

Full name, title, mailing address, physical address, phone number and email address

##### 3.1.4. Project Contact (daily project contact if different than director)

Full name, title, mailing address, physical address, phone number and email address

##### 3.1.5. Attestation

The cover sheet must include the following certification and be signed by the Designated Institutional Official at the sponsoring institution and the hospital CEO (or other legally authorized individual) of the primary clinical site if it is not the sponsoring institution:

“I (we) certify that the information provided in this application regarding the residency specialty, work locations, and evidence of need is correct. On behalf of the sponsoring institution and the primary clinical site (if different than the sponsoring institution), we agree to fully fund the new medical residency slot over the life of the residency if we are awarded this funding. I (we) will immediately notify the Virginia Department of Medical Assistance Services (DMAS) of any substantive changes in the plans for this residency position or the Medicaid enrollment status of the primary clinical site. The sponsoring institution and the primary clinical site also commits to providing information requested by DMAS about the residency program.”

In addition to the signatures, the application must include the printed name(s) and title(s) of the signatories and the date of execution.

3.2. Project Abstract (GME Program-Specific Information)

*Format:* The Project Abstract must not exceed one (1) page and must be double-spaced. The project abstract must succinctly summarize the proposed project and should include:

- 3.2.1. The specialty of the Residency slot for which funding is requested.  
Specialty information is required for each slot (both primary care and specialty).
- 3.2.2. A brief summary of the program
- 3.2.3. Specific, measurable objectives and/or goals
- 3.2.4. Collaboration and partnerships
- 3.2.5. Expected results or outcomes

3.3. Project Information

*Format:* Complete this table for the requested residency slot. Please use “Not Applicable” in fields that are not relevant. If the institution will have more than two affiliated sites, please provide information on the additional sites.

<b>Project Information</b>	
Residency Specialty	
Sponsoring Institution Name	
Sponsoring Institution Address	
Sponsoring Institution City	
Sponsoring Institution State	
Sponsoring Institution Zip Code	
Residency Director Name	
Affiliated Medical School	
Telephone Number	
Email Address	
Primary Clinical Participating Site Name	
Primary Clinical Site Legal Name	
National Provider Identifier (NPI)	
Primary Clinical Site Street Address (physical location)	
Primary Clinical Site City	
Primary Clinical Site State	
Primary Clinical Site Zip Code	
Is the Primary Clinical Site located in a medically underserved area or does the institution’s service area contain one or more underserved areas(s) or medically underserved populations?	No <input type="checkbox"/> Yes <input type="checkbox"/> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">             Explain briefly:           </div>
Percent of Time Resident Will Spend at Primary Clinical Site	_____ % over 3 year period
Medicaid percent of total days and visits for primary clinical site	_____ % days ; _____ % visits
<i>If the resident will be working in other locations besides the primary clinical site, provide information on these location(s):</i>	
Affiliated Site Name (1)	
Affiliated Site Legal Name (1)	
National Provider Identifier (NPI) (1)	
Affiliated Site Street Address (physical location) (1)	
Affiliated Site City (1)	
Affiliated Site State (1)	

Project Information	
Affiliated Site Zip Code (1)	
Is the Affiliated Site located in a medically underserved area or does the institution's service area contain one or more underserved areas(s) or medically underserved populations?	No <input type="checkbox"/> Yes <input type="checkbox"/> Explain briefly:
Percent of Time Resident Will Spend at Affiliated Site	_____ % over 3 year period
Medicaid percent of total days and visits for affiliated treatment site	_____ % days ; _____ % visits
Affiliated Site Name (2)	
Affiliated Site Legal Name (2)	
National Provider Identifier (NPI) (2)	
Affiliated Site Street Address (physical location) (2)	
Affiliated Site City (2)	
Affiliated Site State (2)	
Affiliated Site Zip Code (2)	
Is the Affiliated Site located in a medically underserved area or does the institution's service area contain one or more underserved areas(s) or medically underserved populations?	No <input type="checkbox"/> Yes <input type="checkbox"/> Explain briefly:
Percent of Time Resident Will Spend at Affiliated Site	_____ % over 3 year period
Medicaid percent of total days and visits for affiliated treatment site	_____ % days ; _____ % visits

3.4. Project Narrative

*Format:* The Project Narrative must not exceed ten (10) pages and must be double-spaced. Tables, graphs, charts, and other visuals may be used. The following information must be contained within the Project Narrative:

3.4.1. Needs Assessment (40 points possible)

- 3.4.1.1. Provide a clear and concise overview of the need for the proposed new residency slot, including gaps in the current workforce, illustrated with local labor data (this could include documented patient wait times, recruitment challenges, etc.).
- 3.4.1.2. Describe the community where the resident training will take place including health disparities and unmet needs of Medicaid patients and the uninsured and how those challenges will be addressed through this program. Community health needs assessments may be submitted as quantitative evidence of community need and do not count towards the project narrative page limit; however, the results of the assessment must be summarized in the project narrative and not simply referenced as an attachment.
- 3.4.1.3. Outline other efforts or resources, if any, currently being undertaken to remedy this need.

3.4.2. Feasibility Assessment

Complete the following table by specialty for all residency programs in the primary clinical site:

<b>Current and Projected Resident Capacity – by postgraduate (PGY) as of July 1</b>			
	<b>2019</b>	<b>2020</b>	<b>2021 (future)</b>
Number of actual accreditor-approved residency positions			Not applicable
Expected number of accreditor-approved residency positions	Not applicable	Not applicable	
Number of filled residency positions			Not applicable
Total number of residents trained per year at the primary clinical site by specialty			Not applicable

3.4.3. Work Plan

Provide a detailed work plan including required parameter estimates along with a project timeline.

3.4.3.1. Provide a detailed work plan with specific data and information that addresses each of the following and ties back to the needs identified in application. Include the following table with estimates for the requested slot:

<b>Parameter</b>	<b>Estimate</b>		
	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Average number of hours per week resident will treat patients			
Average number of patients treated by resident per year			
Average number of patient visits per year			
The percentage of Medicaid patient visits by resident per year			
The percentage of time resident will spend at the primary clinical site per year			

- 3.4.3.2. Project Timeline – Include a detailed timeline of project phases from award of funds to completion and provide measurable goals for each project phase.
  - 3.4.3.2.1. Identify the staff responsible for achieving each step in the timeline, including support from the roles of any outside partners.
  - 3.4.3.2.2. Provide a description of how the applicant will recruit potential trainees to participate in the training program.
  - 3.4.3.2.3. Provide a description of proposed institutional participation in Medicaid delivery system reform, including partnerships with other organizations.

#### 3.4.4. Data Collection (5 points possible)

This section should include performance evaluation measures. At a minimum, the measures indicated in the impact analysis should be a part of the overall program evaluation. Please describe:

- 3.4.4.1. The goals of the program.
- 3.4.4.2. What data will be collected to measure the success of the program?
- 3.4.4.3. How the success of the training program will be evaluated.

#### 3.4.5. Sustainability Plan (7 points possible)

- 3.4.5.1. Projected annual funding need in addition to existing Medicaid funding for the applicable residency.
- 3.4.5.2. Detailed plan for obtaining replacement/sustainment funds.
- 3.4.5.3. Articulation of long-term institutional commitment to the program and ability to support ongoing program costs.
- 3.4.5.4. Description of any changes in the role of the partners.

#### 3.5. Budget Narrative and Plan

*Format:* The Budget Narrative must not exceed one (1) page and must be double-spaced. The budget narrative should be detailed, reasonable and adequate, cost efficient, and should align with the proposed work plan. From the budget narrative, the reviewer should be able to assess how the budget expenditures relate directly to goals of the program. The Budget Narrative and Plan does not count towards the page limit of the Project Narrative.

The budget plan should be completed in a table. Please be specific and include as much line-item detail as possible. Use this space to provide more specific justification for expenditures mentioned in the Budget Narrative. Break down cost categories such as “Faculty,” “Facilities,” “Salaries,” and “Insurance” to individual components so that it is clearly understood how funding will be spent. Identify any additional salary or other financial support for the program in the budget.

#### 3.6. Certificate of Accreditation (1 point possible)

Programs must provide a copy of the most recent accreditation letter from the Accreditation Council for Graduate Medication (ACGME) or by the American Osteopathic Association (AOA).

### 4. Terms and Conditions

Sponsoring Institutions approved for new GME positions shall be in good standing, have a suitable curriculum, and an appropriate educational infrastructure.

Sponsoring Institutions may apply for positions to expand training opportunities in primary care or high need specialty areas. Sites approved for new GME positions must begin their training programs in July 2019.

The awarded supplemental payment cannot be transferred to another resident. If the resident leaves the program for any reason, the funding for the residency slot will be immediately terminated.

The sponsoring institution and the primary clinical site (if different than the sponsoring institution) agree to maintain the total number of residencies, including the new residency, over the next three years.

The primary clinical site must be continuously enrolled as a Medicaid hospital provider for the duration of the funding. Changes in the primary clinical site's Medicaid enrollment status must be communicated directly to the Provider Reimbursement Division at DMAS and will result in termination of the funding for the residency slot.

Positions allocated under this new program will be monitored and local assessments of impact reported. Information about program implementation, recruitment of residents, and impact on Medicaid patient care will be reported according to instructions that will be issued with notification of award. These reports may be considered in evaluation of participating sites at the time of future allocation cycle decisions.

Project Impact – After program completion, awardees will be required to provide the following information to DMAS for each awarded residency. Applicants must consider how these data will be collected if they are not currently part of program surveys or post-graduate data collection.

<b>Evaluation Data</b>
Did trainee complete the program within the applicable timeframe (3 years primary care; 4 years specialty)?
Was the trainee an underrepresented minority, from a rural area, or disadvantaged background?
Is the graduate practicing in Virginia one year after program completion?
Is the graduate practicing in an underserved or rural area in Virginia one year after program completion?
Is the graduate serving Medicaid members after program completion?
Total cost of the resident training

## **5. Review Process**

The Virginia Health Workforce Development Authority (VHWDA) will convene an ad hoc, interdisciplinary review committee to assess the merits of the applications and award funding. The funding awards will be included in next year's budget and Medicaid regulations. Institutions selected to receive funding will be paid based on regulatory authority through their Virginia Medicaid Provider Agreement.



If applications exceed the number of available residency slots, applications will be reviewed according to the review matrix located in Appendix B. In the case of ties, preference will be given to: 1) the number of Medicaid beneficiaries to be served along with the health needs of the population service area; 2) lifesaving impact and acuity of requested specialty; 3) geographic diversity and/or hospital diversity in awards.

Notifications of award or denials will be sent to applicants within 30 days of the application due date.

Confirmation of funding will be sent to programs after the budget is signed.

## 6. Schedule

July 1, 2019	Department of Medical Assistance Services (DMAS) sends to the Application for Medicaid Graduate Medical Education Supplemental Payments to Programs and Sponsoring Institutions
September 15, 2019	Applications are due to DMAS (via email)
October 1, 2019	Sponsoring Institutions and Hospitals are notified about approval or disapproval of their applications
June 1, 2020	Hospitals certify to DMAS that they meet criteria for supplemental payment and have filled all new residency slots
July 1, 2020	DMAS awards new GME supplemental payments and residents begin. Payments to hospitals will be made quarterly.

### **Contact**

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DMAS Provider Reimbursement Manager

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**Applications must be received via email by 5:00 p.m. on September 15, 2019.**

**Late submissions will not be considered.**

## Appendix A

### Definitions

For the purposes of this application, the following definitions shall apply.

1. Accredited Program – an established GME program in one of the targeted specialties that is fully accredited by the Accreditation Council for Graduate Medical Education (ACGME), by the American Osteopathic Association (AOA) or by both; accredited programs have a unique accreditation number.
2. Graduate Medical Education Program (GME) – a nationally-accredited post-medical degree (M.D.) or post-doctor of osteopathic medicine (D.O.) program that prepares physicians for the independent practice of medicine in a specify area, also referred to as residency training.
3. High Need Specialty – the GME specialty – including but not limited to general obstetrics and gynecology (OB/GYN), general surgery, psychiatry, urology that is requested by applicant for funding.
4. Primary Care - the medical specialties including family medicine, general internal medicine, and general pediatrics.
5. Program – a structured educational experience in graduate medical education designed to conform to the program requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
6. Program Director – the one physician designated with authority and accountability for the operation of the residency program and who will serve as the primary contact for new GME funding.
7. Sponsoring Institution – the organization that assumes the financial and academic responsibility for a program of graduate medical education; the sponsoring institution has the primary purpose of providing educational programs and/or health care services.
8. Primary Clinical Site – If the sponsoring institution is a hospital, the principal or primary teaching hospital for the residency program. If the sponsoring institution is a medical school, university, or consortium of hospitals, the hospital that is used most commonly in the residency program is recognized as the primary clinical site.
9. Underserved Area – For the purpose of this funding, an underserved area is defined as “an area designed by the U.S. Department of Health and Human Services (DHHS) as a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or Medically Underserved Population (MUP). The following links may assist in identifying these areas:

Virginia Department of Health’s Health Opportunity Index (HOI)  
<https://www.vdh.virginia.gov/OMHHE/policyanalysis/virginiahoi.htm>

Health Resources and Services Administration's (HRSA) Health Professional Shortage Areas (HPSA) and Medically Underserved Area (MUA) Medically Underserved Populations (MUP)  
<http://www.hrsa.gov/shortage/>

**Appendix B**

**Review Matrix**

<b>REQUIRED SECTION</b>	<b>ASSESSMENT VALUE</b>	<b>STRENGTHS</b>	<b>WEAKNESSES</b>	<b>AWARDED</b>
Cover Sheet	1			
Project Abstract	5			
Project Information	10			
Needs Assessment	40			
Feasibility Assessment	10			
Work Plan	14			
Data Collection	5			
Sustainability	7			
Budget Narrative	7			
Certificate of Accreditation	1			
<b>TOTAL</b>	<b>100</b>			