

CMS-2279-P-31 Medicaid Graduate Medical Education

Submitter : Ms. Barbara Marone

Date & Time: 06/19/2007

Organization : American College of Emergency Physicians

Category : Health Care Professional or Association

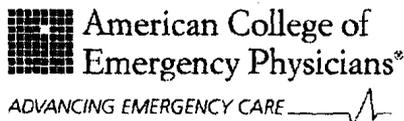
Issue Areas/Comments

GENERAL

GENERAL

(See Attachment)

CMS-2279-P-31-Attach-1.DOC



June 21, 2007

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Attention: CMS-2279-P

Re: Medicaid Program; Graduate Medical Education

Dear Ms. Norwalk:

On behalf of the American College of Emergency Physicians' (ACEP) 25,000 members, I ask CMS to rescind the Medicaid proposal that calls for the elimination of federal funds for graduate medical education.

This draft regulation was published May 23, 2007 in the *Federal Register*. On May 25, 2007, the President signed P.L. 110-28 which contained a one-year moratorium blocking action by CMS on this regulation until after May 25, 2008. As the legislative language of the moratorium did not address the comment period process, I am taking this opportunity to be on the public record that our members strongly oppose arbitrary erosion of long time federal policy to support residency training at a time when physician shortages are emerging and Medicaid recipients continue to fare poorly in study after study of access to medical care.

After years of interpreting Title XIX of the statute to permit federal funding to states to support direct GME costs, it appears that CMS has reinterpreted the statute to preclude GME expenditures claiming that federal payment under the statute must be limited to "medical services" only. Despite the absence of supporting legal authority, CMS now claims that the law bars the very same actions that it undertook for decades. The proposed rule references the language of Title XIX Sec. 1903, but omits the following clause - Sec. 1903 (a) (1) and (2) - that clearly states "the Secretary shall pay to each state...an amount equal to the federal medical assistance percentage... plus an amount equal to 75% of such sums... as are *attributable to compensation or training of skilled professional medical personnel*..."

CMS and HCFA before it have approved and paid GME costs through the Medicaid program for years. As recently as 2005, a study commissioned by the Association of American Medical Colleges (AAMC) found that 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. Now, with the majority of large public hospitals struggling financially, it appears that proposed reductions in GME funding without any Congressional direction is designed to further weaken these facilities and threaten their teaching missions. As you know, many large public safety net hospitals are affiliated with medical schools and train significant numbers of residents and these residents provide the bulk of the inpatient and outpatient care to large numbers of vulnerable Medicaid recipients. The fragile financial

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Dean Wilkerson, JD, MBA, CAE

Medicaid GME Comment letter

2

6/21/2007

health and effects on services in some of these hospitals has been well-publicized - King-Drew in Los Angeles, Grady Memorial in Atlanta, and the total loss of Charity Hospital in New Orleans provide potent reminders of the need and responsibility of the federal government to continue providing financial support to train new generations of physicians. This proposal appears to be an arbitrary reversal of long-standing Medicaid policy that is supported by the statute and Agency regulations.

If the concern by CMS is inadequate documentation to trace and account for GME dollars, it is curious that the Agency rejects an obvious solution: improved tracking. In the recently finalized (May 29, 2007) Medicaid rule "Cost Limit for Providers Operated by Units of Government..." (also subject to a Congressional 1-year moratorium), CMS requires government-operated providers to begin to submit Medicaid cost reports. A similar requirement to track GME funds could be proposed as well.

While I strongly support the Congressional moratorium, I am concerned about what policy will be promulgated next year and what rationale will be used to justify it. Therefore, I not only ask you to rescind this proposed regulation, but to actively engage in discussions with health care providers, states, and Congress to continue Medicaid support for physician training and strengthen the safety net.

Please do not hesitate to contact Barbara Marone, ACEP's Federal Affairs Director at (202) 728-0610 ext. 3017 if you have any questions about our comments and recommendations.

Best wishes,

A handwritten signature in black ink that reads "Brian F. Keaton" followed by a small flourish.

Brian F. Keaton, MD, FACEP
President

CMS-2279-P-32 Medicaid Graduate Medical Education

Submitter : Dr. Jodi Gerdes

Date & Time: 06/19/2007

Organization : Phoenix Integrated Surgical Residency

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-2279-P-32-Attach-1.TXT

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: **CMS-2279--P**

Dear Administrator Norwalk:

I am a resident in training in general surgery and I am writing on behalf of Phoenix Integrated Surgical Residency in Phoenix, Arizona to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a "clarification," the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. Teaching hospitals rely on these and other Medicaid payments to support their critical functions.

Medicaid GME payments help teaching hospitals sustain one of their core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, these medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. Eliminating FFP for state Medicaid agency payments for GME could cripple graduate medical education programs at a time when more physicians are needed throughout the country.

Because half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's hospital charity care occurs in these institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources.

Teaching hospitals provide an environment in which clinical research can flourish and where highly specialized tertiary patient care such as burn care, trauma and cardiac care, and transplant services take place. Because of their education and research missions, teaching hospitals offer the most advanced, state-of-the-art services and equipment; and with residents and supervising physicians available around-the-clock, teaching hospitals care for the nation's sickest patients. Most recently, teaching hospitals are looked to as front-line responders in the event of a biological, chemical, or nuclear attack and are implementing plans to fulfill that role.

Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,

Jodi Gerdes, MD

CMS-2279-P-33 Medicaid Graduate Medical Education

Submitter : Ms. Barbara Marone

Date & Time: 06/19/2007

Organization : American College of Emergency Physicians

Category : Health Care Professional or Association

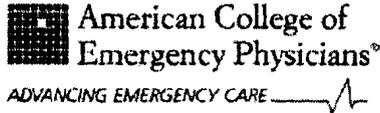
Issue Areas/Comments

GENERAL

GENERAL

(See Attachment)

CMS-2279-P-33-Attach-1.PDF



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June 19, 2007

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Attention: CMS-2279-P

Re: Medicaid Program; Graduate Medical Education

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Medicaid GME Comment letter

2

6/19/2007

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While I strongly support the Congressional moratorium, I am concerned about what policy will be promulgated next year and what rationale will be used to justify it. Therefore, I not only ask you to rescind this proposed regulation, but to actively engage in discussions with health care providers, states, and Congress to continue Medicaid support for physician training and strengthen the safety net.

Please do not hesitate to contact Barbara Marone, ACEP's Federal Affairs Director at (202) 728-0610 ext. 3017 if you have any questions about our comments and recommendations.

Best wishes,

A handwritten signature in black ink that reads "Brian F. Keaton" followed by a stylized flourish.

Brian F. Keaton, MD, FACEP
President

CMS-2279-P-34 Medicaid Graduate Medical Education

Submitter : Mrs. Lisa Austin

Date & Time: 06/19/2007

Organization : Mountain States Health Alliance

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-2279-P-34-Attach-1.DOC

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: CMS-2279--P

Dear Administrator Norwalk:

I am writing on behalf of Mountain States Health Alliance to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). The rule will jeopardize the ability for facilities to afford continued services for education of residents in patient care and meeting the needs of a growing aging population.

Although characterized by CMS as a "clarification," the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS has approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. Teaching hospitals rely on these and other Medicaid payments to help support our critical functions. Our facilities have treated approximately 5,475 Medicaid patients this year alone and patients qualifying for Charity amounted to \$20,000,000 in Charity Write Offs.

Medicaid GME payments help teaching hospitals sustain one of our core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. Currently, our resident program is over the cap and is increasing each year. Many students come from other areas of the country to train at our Level I trauma center, areas which have shortages of physicians. Eliminating FFP for state Medicaid agency payments for GME could cripple our graduate medical education programs at a time when more physicians are needed throughout the country.

Teaching hospitals provide an environment in which clinical research can flourish and where highly specialized tertiary patient care such as burn care, trauma and cardiac care, and transplant services take place. Because of their education and research missions, teaching hospitals offer the most advanced, state-of-the-art services and equipment; and with residents and supervising physicians available around-the-clock, teaching hospitals care for the nation's sickest patients. Most recently, teaching hospitals are looked to as front-line responders in the event of a biological, chemical, or nuclear attack and are implementing plans to fulfill that role.

We ask that CMS rescind their Proposed Rule on Medicaid GME elimination.

Sincerely,

Lisa Austin
Director of Reimbursement
Mountain States Health Alliance

CMS-2279-P-35 Medicaid Graduate Medical Education

Submitter : Dr. Jyoti Bollmann

Date & Time: 06/19/2007..

Organization : Phoenix Integrated Surgical Residency

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-2279-P-35-Attach-1.DOC

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: **CMS-2279--P**

Dear Administrator Norwalk:

I am a resident in training in general surgery and I am writing on behalf of The Phoenix Integrated Surgical Residency, in Phoenix, Arizona, to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a “clarification,” the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. Teaching hospitals rely on these and other Medicaid payments to support their critical functions.

Medicaid GME payments help teaching hospitals sustain one of their core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, these medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. Eliminating FFP for state Medicaid agency payments for GME could cripple graduate medical education programs at a time when more physicians are needed throughout the country.

Because half of all Medicaid discharges are from the nation’s nearly 1100 teaching hospitals and more than half of the nation’s hospital charity care occurs in these

institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources.

Teaching hospitals provide an environment in which clinical research can flourish and where highly specialized tertiary patient care such as burn care, trauma and cardiac care, and transplant services take place. Because of their education and research missions, teaching hospitals offer the most advanced, state-of-the-art services and equipment; and with residents and supervising physicians available around-the-clock, teaching hospitals care for the nation's sickest patients. Most recently, teaching hospitals are looked to as front-line responders in the event of a biological, chemical, or nuclear attack and are implementing plans to fulfill that role.

Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,

Jyoti Michelle Bollmann, M.D.

CMS-2279-P-36 Medicaid Graduate Medical Education

Submitter : Thomas Priselac

Date & Time: 06/19/2007

Organization : Cedars-Sinai Health System

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-2279-P-36-Attach-1.DOC

June 19, 2007

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: **CMS-2279--P**

Dear Administrator Norwalk:

I am writing on behalf of Cedars-Sinai Health System to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a “clarification,” the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. Teaching hospitals rely on these and other Medicaid payments to support their critical functions.

Medicaid GME payments help teaching hospitals sustain one of their core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, these medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. Eliminating FFP for state Medicaid agency payments for GME could cripple graduate medical education programs at a time when more physicians are needed throughout the country.

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GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources.

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Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,

Thomas M. Priselac
President and CEO

CMS-2279-P-37 Medicaid Graduate Medical Education

Submitter : Dr. Robert Golden

Date & Time: 06/19/2007

Organization : U. Wisconsin School of Medicine and Public Health

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: CMS-2279--P

Dear Administrator Norwalk:

I am writing on behalf of the University of Wisconsin School of Medicine and Public Health to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a "clarification," the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. Teaching hospitals rely on these and other Medicaid payments to support their critical functions.

Medicaid GME payments help teaching hospitals sustain one of their core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, these medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. Eliminating FFP for state Medicaid agency payments for GME could cripple graduate medical education programs at a time when more physicians are needed throughout the country.

Because half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's hospital charity care occurs in these institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching

hospitals' total financial resources.

Teaching hospitals provide an environment in which clinical research can flourish and where highly specialized tertiary patient care such as burn care, trauma and cardiac care, and transplant services take place. Because of their education and research missions, teaching hospitals offer the most advanced, state-of-the-art services and equipment; and with residents and supervising physicians available around-the-clock, teaching hospitals care for the nation's sickest patients. Most recently, teaching hospitals are looked to as front-line responders in the event of a biological, chemical, or nuclear attack and are implementing plans to fulfill that role.

Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. We urge the Agency to rescind the proposed rule.

Sincerely,

Robert N. Golden, M.D.
Dean, University of Wisconsin School of Medicine and Public Health
4127 HSLC
750 Highland Ave.
Madison, WI 53705-2221

CMS-2279-P-38 Medicaid Graduate Medical Education

Submitter : Mr. David Knowlan

Date & Time: 06/19/2007

Organization : HealthEast Care System

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

"See Attachment"

CMS-2279-P-38-Attach-1.DOC

June 19, 2007

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: **CMS-2279--P**

Dear Administrator Norwalk:

I am writing on behalf of HealthEast Care System to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a “clarification,” the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. Teaching hospitals rely on these and other Medicaid payments to support our critical functions.

Medicaid GME payments help teaching hospitals sustain one of our core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. We have two family practice programs that we run that produce 14 much needed practitioners each year. Eliminating FFP for state Medicaid agency payments for GME could cripple our graduate medical education programs at a time when more physicians are needed throughout the country.

Because half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's hospital charity care occurs in these institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources.

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Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,

David Knowlan
Analyst – Revenue Analysis

CMS-2279-P-39 Medicaid Graduate Medical Education

Submitter : Dr. John Anderson

Date & Time: 06/19/2007

Organization : Pheonix Integrated Surgical Residency

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

I am a resident in general surgery at the phoenix integrated surgical residency in Phoenix, Arizona. I am writing to urge you to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments. Medical training in Arizona does not even meet the current needs of the community for new physicans and specialists. Any measure which cuts funding will restrict current programs and limit the expansion of futute training. Investment in health care in our communities is essential as aging populations and increasing medical complexitiy continue to drive health care utilization. Residency training programs ensure propper training for the future needs of our communities and are one of the largest health care resources for the under-served and impoverished. I strongly urge you to rescind this measure.

CMS-2279-P-40 Medicaid Graduate Medical Education

Submitter : Mr. Leonard Marquez

Date & Time: 06/19/2007

Organization : The MetroHealth System

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

Please see attached letter

CMS-2279-P-40-Attach-1.DOC

#4

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: CMS-2279-P

Dear Administrator Norwalk:

I am writing on behalf of The MetroHealth System to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a "clarification," the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. If GME payments are cut, MetroHealth stands to lose \$55 million in Medicaid reimbursement payments over the first five years. MetroHealth and other teaching hospitals rely on these and other Medicaid payments to support our critical functions.

Medicaid GME payments help teaching hospitals sustain one of our core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, medical residents provide needed care to Medicaid and other patients as part of their training programs. As a teaching affiliate for Case Western Reserve University's School of Medicine, MetroHealth trains nearly 400 residents and medical students annually. Eliminating FFP for state Medicaid agency payments for GME could cripple our graduate medical education programs.

Because half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's hospital charity care provided occurs in these

institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources. As Ohio's largest Medicaid provider, we care for a substantial number of Medicaid patients and the uninsured. We are the only provider of essential health care services, including trauma, burn and critical care services, which are accessed by all in the community who require such high-quality, specialized care. Medicaid is the primary mechanism supporting MetroHealth as the program provides approximately 39 percent of our net patient care revenues.

We support efforts to examine how Medicaid can be modernized to improve the program and protect Medicaid patients and the providers who serve them. However, we strongly believe that Medicaid reform should not be accomplished through devastating cuts that would shift costs to state or local taxpayers and ultimately to providers. Responsible reform will utilize technology and innovation to strengthen the program and control costs through improved and more efficient care.

MetroHealth is one of the nation's oldest, largest and most successful public hospitals. As Cleveland's safety net and only level one trauma care provider, MetroHealth plays a vital and unique roll in Northeast Ohio. Our mission is providing access to the highest quality health care and clinical services regardless of one's ability to pay. Our commitment to the community is demonstrated by providing nearly \$800 million in uncompensated care since 2001, including \$192 million in 2006 alone. Additionally, we are on pace to provide up to \$224 million in charity care in 2007. MetroHealth relies on Medicaid and supplemental payments to help ease the financial hardship of providing these essential services.

Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,

Leonard J. Marquez
Director, Government Relations - Federal Affairs

CMS-2279-P-41 Medicaid Graduate Medical Education

Submitter : Dr. Alvaro Testa

Date & Time: 06/19/2007

Organization : Phoenix Integrated Surgical Residency

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-2279-P-41-Attach-1.DOC

SAMPLE **GENERIC** COMMENT LETTER ON MEDICAID GME PROPOSED RULE

(Comments due June 22-They may be submitted electronically at
<http://www.cms.hhs.gov/eRulemaking>)

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: **CMS-2279--P**

Dear Administrator Norwalk:

I am a resident in General Surgery and I am writing on behalf of *Phoenix Integrated Surgical Residency, Phoenix, AZ* to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a “clarification,” the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. Teaching hospitals rely on these and other Medicaid payments to support their critical functions.

Medicaid GME payments help teaching hospitals sustain one of their core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, these medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. Eliminating FFP for state Medicaid agency payments for GME could cripple graduate medical education programs at a time when more physicians are needed throughout the country.

Because half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's hospital charity care occurs in these institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources.

Teaching hospitals provide an environment in which clinical research can flourish and where highly specialized tertiary patient care such as burn care, trauma and cardiac care, and transplant services take place. Because of their education and research missions, teaching hospitals offer the most advanced, state-of-the-art services and equipment; and with residents and supervising physicians available around-the-clock, teaching hospitals care for the nation's sickest patients. Most recently, teaching hospitals are looked to as front-line responders in the event of a biological, chemical, or nuclear attack and are implementing plans to fulfill that role.

Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,

Dr. Alvaro J. Testa, Chief Resident

CMS-2279-P-42 Medicaid Graduate Medical Education

Submitter : Dr. Anne-Michelle Ruha

Date & Time: 06/19/2007

Organization : Banner Good Samaritan Medical Center

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

see attachment

CMS-2279-P-42-Attach-1.DOC

#42

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: CMS-2279--P

Dear Administrator Norwalk:

I am writing on behalf of The Medical Toxicology Fellowship at Banner Good Samaritan Medical Center to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a "clarification," the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. Teaching hospitals rely on these and other Medicaid payments to support their critical functions.

Medicaid GME payments help teaching hospitals sustain one of their core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, these medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. Eliminating FFP for state Medicaid agency payments for GME could cripple graduate medical education programs at a time when more physicians are needed throughout the country.

Because half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's hospital charity care occurs in these institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources.

Teaching hospitals provide an environment in which clinical research can flourish and where highly specialized tertiary patient care such as burn care, trauma and cardiac care, and transplant services take place. Because of their education and research missions, teaching hospitals offer the most advanced, state-of-the-art services and equipment; and with residents and supervising physicians available around-the-clock, teaching hospitals care for the nation's sickest patients. Most recently, teaching hospitals are looked to as front-line responders in the event of a biological, chemical, or nuclear attack and are implementing plans to fulfill that role.

Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,

Anne-Michelle Ruha, M.D.
Department of Medical Toxicology
Banner Good Samaritan Medical Center
925 E McDowell Rd, 2nd Floor
Phoenix, Arizona 85006

CMS-2279-P-43 Medicaid Graduate Medical Education

Submitter : Dr. H. Roger Hadley

Date & Time: 06/19/2007

Organization : Loma Linda University Medical Center

Category : Physician

Issue Areas/Comments

Background

Background

Physician Shortage in the Inland Southern California counties of San Bernardino and Riverside have a sever physician shortage.

GENERAL

GENERAL

The only viable solution is to increase the number of residency training positions in GME. Please do nothing to decrease the ability of hospitals to train residents that will practice in California and meet the needs of the people. Money for new medical schools and more medical students does not address the physician shortage unless there is a concomitant increase in FUNDED residency positions. Please support physician education

CMS-2279-P-44 Medicaid Graduate Medical Education

Submitter : Dr. Patricia Carey

Date & Time: 06/20/2007

Organization : University Hospital Cincinnati OH

Category : Physician

Issue Areas/Comments

Background

Background

See attachment

GENERAL

GENERAL

See attachment.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

See attachment.

CMS-2279-P-44-Attach-1.DOC

CMS-2279-P-44-Attach-1.DOC

CMS-2279-P-44-Attach-1.DOC

June 20, 2007

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: **CMS-2279--P**

Dear Administrator Norwalk:

I am writing on behalf of University Hospital and the University Of Cincinnati College Of Medicine to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a "clarification," the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. In 2006, University Hospital received \$17 million in support of its care of the Medicaid population. Teaching hospitals rely on these and other Medicaid payments to support our critical functions.

Medicaid GME payments help teaching hospitals sustain one of our core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. University Hospital and the University of Cincinnati College of Medicine sponsor more than 45 ACGME accredited residency and fellowship training programs and train more than 525 physicians each year. As noted by the Association of American Colleges, we are anticipating a looming physician shortage. We already have noted shortages locally in specialties ranging from Cardiology to Dermatology to Orthopedic Surgery. Eliminating FFP for state Medicaid agency payments for GME could cripple our graduate medical education programs at a time when more physicians are needed throughout the country.

Because half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's hospital charity care occurs in these institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources. In 2006, University Hospital admitted 10,000 Medicaid patients for inpatient services and provided care for an additional 77,000 Medicaid patients in outpatient settings. This is in addition to the 4,000 indigent care patients admitted for inpatient services and the 111,000 treated in outpatient settings. In 2006, as defined by the Catholic Healthcare Initiative, University Hospital provided over \$71 million in community benefit. This figure is by far the largest in our region and one of the top three among providers in the State of Ohio.

Teaching hospitals provide an environment in which clinical research can flourish and where highly specialized tertiary patient care such as burn care, trauma and cardiac care, and transplant services take place. Because of their education and research missions, teaching hospitals offer the most advanced, state-of-the-art services and equipment; and with residents and supervising physicians available around-the-clock, teaching hospitals care for the nation's sickest patients. Most recently, teaching hospitals are looked to as front-line responders in the event of a biological, chemical, or nuclear attack and are implementing plans to fulfill that role.

University Hospital and the University of Cincinnati College of Medicine work collaboratively in graduate medical education as well as medical student education. A high percentage of physicians practicing in the greater Cincinnati area received residency training at University Hospital. University Hospital is a major resource to the community. It houses the city's major trauma center with AirCare helicopter transport as a key component. University Hospital is the site of the regional adult burn unit. University Hospital and the faculty of the College of Medicine are major referral sites for tertiary and quaternary care in many areas such as Neurology and Neurosurgery. University Hospital maintains the area's only Psychiatric Emergency Services Unit. The Center for Emergency Care is one of the busiest in the region and serves as a major resource for the regional emergency response system. The University Hospital outpatient clinic system provides high quality primary care to the indigent population and the specialty clinics serve as a key referral source for the indigent population. University Hospital maintains a high risk obstetric service and a Newborn Intensive Care Unit. In summary, University Hospital is a significant community resource offering a wide range of primary care and specialty care services to patients of all demographics and payment status. University Hospital has been recognized for quality of care while fulfilling its mission as a safety net hospital.

Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,

Patricia M. Carey, MD
Associate Professor, Clinical Transfusion Medicine

CMS-2279-P-45 Medicaid Graduate Medical Education

Submitter : Dr. Jerzy Szaflarski

Date & Time: 06/20/2007

Organization : University of Cincinnati Academic Health Center

Category : Physician

Issue Areas/Comments

Background

Background

Please see the attached document.

GENERAL

GENERAL

Please see the attached document.

Provisions of the Proposed Rule

Provisions of the Proposed Rule

Please see the attached document.

CMS-2279-P-45-Attach-1.PDF

CMS-2279-P-45-Attach-1.PDF

CMS-2279-P-45-Attach-1.PDF



College of Medicine
Department of Neurology
231 Albert B. Sabin Way
Cincinnati, OH 45267-0525
Phone: 513-558-5440
Fax: 513-558-0412

Cincinnati Epilepsy Center



treatment • discovery • education

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: **CMS-2279--P**

Dear Administrator Norwalk:

I am writing on behalf of University Hospital and the University Of Cincinnati College Of Medicine to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a "clarification," the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. In 2006, University Hospital received \$17 million in support of its care of the Medicaid population. Teaching hospitals rely on these and other Medicaid payments to support our critical functions.

Medicaid GME payments help teaching hospitals sustain one of our core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. University Hospital and the University of Cincinnati College of Medicine sponsor more than 45 ACGME accredited residency and fellowship training programs and train more than 525 physicians each year. As noted by the Association of American Colleges, we are anticipating a looming physician shortage. We already have noted shortages locally in specialties ranging from Cardiology to Dermatology to Orthopedic

Surgery. Eliminating FFP for state Medicaid agency payments for GME could cripple our graduate medical education programs at a time when more physicians are needed throughout the country.

Because half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's hospital charity care occurs in these institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources. In 2006, University Hospital admitted 10,000 Medicaid patients for inpatient services and provided care for an additional 77,000 Medicaid patients in outpatient settings. This is in addition to the 4,000 indigent care patients admitted for inpatient services and the 111,000 treated in outpatient settings. In 2006, as defined by the Catholic Healthcare Initiative, University Hospital provided over \$71 million in community benefit. This figure is by far the largest in our region and one of the top three among providers in the State of Ohio.

Teaching hospitals provide an environment in which clinical research can flourish and where highly specialized tertiary patient care such as burn care, trauma and cardiac care, and transplant services take place. Because of their education and research missions, teaching hospitals offer the most advanced, state-of-the-art services and equipment; and with residents and supervising physicians available around-the-clock, teaching hospitals care for the nation's sickest patients. Most recently, teaching hospitals are looked to as front-line responders in the event of a biological, chemical, or nuclear attack and are implementing plans to fulfill that role.

University Hospital and the University of Cincinnati College of Medicine work collaboratively in graduate medical education as well as medical student education. A high percentage of physicians practicing in the greater Cincinnati area received residency training at University Hospital. University Hospital is a major resource to the community. It houses the city's major trauma center with AirCare helicopter transport as a key component. University Hospital is the site of the regional adult burn unit. University Hospital and the faculty of the College of Medicine are major referral sites for tertiary and quaternary care in many areas such as Neurology and Neurosurgery. University Hospital maintains the area's only Psychiatric Emergency Services Unit. The Center for Emergency Care is one of the busiest in the region and serves as a major resource for the regional emergency response system. The University Hospital outpatient clinic system provides high quality primary care to the indigent population and the specialty clinics serve as a key referral source for the indigent population. University Hospital maintains a high risk obstetric service and a Newborn Intensive Care Unit. In summary, University Hospital is a significant community resource offering a wide range of primary care and specialty care services to patients of all demographics and payment status. University Hospital has been recognized for quality of care while fulfilling its mission as a safety net hospital.

Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,



Jerzy P. Szaflarski, MD, PhD
Assistant Professor of Neurology
Director, Clinical Neurophysiology Fellowship
University of Cincinnati Medical Center
Cincinnati, OH

CMS-2279-P-46 Medicaid Graduate Medical Education

Submitter : Dr. Charles Myer III

Date & Time: 06/20/2007

Organization : University of Cincinnati Dept of Otolaryngology

Category : Hospital

Issue Areas/Comments

GENERAL

GENERAL

See attachment

CMS-2279-P-46-Attach-1.PDF



College of Medicine

Department of Otolaryngology -
Head and Neck Surgery

University of Cincinnati Medical Center
PO Box 670528
Cincinnati OH 45267-0528

Phone (513) 558-4152

Fax (513) 558-5203

Web <http://ent.uc.edu>

June 20, 2007

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave. SW
Washington, DC 20201

Attention: **CMS-2279-P**

Dear Administrator Norwalk:

I am writing on behalf of University Hospital and the University Of Cincinnati College Of Medicine to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a "clarification," the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. In 2006, University Hospital received \$17 million in support of its care of the Medicaid population. Teaching hospitals rely on these and other Medicaid payments to support our critical functions.

Medicaid GME payments help teaching hospitals sustain one of our core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. University Hospital and the University of Cincinnati College of Medicine sponsor more than 45 ACGME accredited residency and fellowship training programs and train more than 525 physicians each year. As noted by the Association of American Colleges, we are anticipating a looming physician shortage. We already have noted shortages locally in specialties ranging from Cardiology to Dermatology to Orthopedic Surgery. Eliminating FFP for state Medicaid agency payments for GME could cripple our graduate medical education programs at a time when more physicians are needed throughout the country.

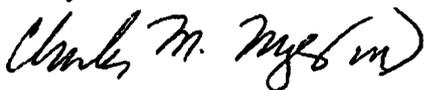
Because half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's hospital charity care occurs in these institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources. In 2006, University Hospital admitted 10,000 Medicaid patients for inpatient services and provided care for an additional 77,000 Medicaid patients in outpatient settings. This is in addition to the 4,000 indigent care patients admitted for inpatient services and the 111,000 treated in outpatient settings. In 2006, as defined by the Catholic Healthcare Initiative, University Hospital provided over \$71 million in community benefit. This figure is by far the largest in our region and one of the top three among providers in the State of Ohio.

Teaching hospitals provide an environment in which clinical research can flourish and where highly specialized tertiary patient care such as burn care, trauma and cardiac care, and transplant services take place. Because of their education and research missions, teaching hospitals offer the most advanced, state-of-the-art services and equipment; and with residents and supervising physicians available around-the-clock, teaching hospitals care for the nation's sickest patients. Most recently, teaching hospitals are looked to as front-line responders in the event of a biological, chemical, or nuclear attack and are implementing plans to fulfill that role.

University Hospital and the University of Cincinnati College of Medicine work collaboratively in graduate medical education as well as medical student education. A high percentage of physicians practicing in the greater Cincinnati area received residency training at University Hospital. University Hospital is a major resource to the community. It houses the city's major trauma center with AirCare helicopter transport as a key component. University Hospital is the site of the regional adult burn unit. University Hospital and the faculty of the College of Medicine are major referral sites for tertiary and quaternary care in many areas such as Neurology and Neurosurgery. University Hospital maintains the area's only Psychiatric Emergency Services Unit. The Center for Emergency Care is one of the busiest in the region and serves as a major resource for the regional emergency response system. The University Hospital outpatient clinic system provides high quality primary care to the indigent population and the specialty clinics serve as a key referral source for the indigent population. University Hospital maintains a high risk obstetric service and a Newborn Intensive Care Unit. In summary, University Hospital is a significant community resource offering a wide range of primary care and specialty care services to patients of all demographics and payment status. University Hospital has been recognized for quality of care while fulfilling its mission as a safety net hospital.

Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule .**

Sincerely,



Charles M. Myer III, M.D.
Professor and Vice-Chairman
Program Director
Department of Otolaryngology ~ Head and Neck Surgery
University of Cincinnati ~ College of Medicine
Cincinnati, Ohio 45267

CMS-2279-P-47 Medicaid Graduate Medical Education

Submitter : Roger Schwartz

Date & Time: 06/20/2007

Organization : National Association of Community Health Centers

Category : Health Care Provider/Association

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-2279-P-47-Attach-1.PDF



[If by electronic means]
<http://www.cms.hhs.gov/eRulemaking>

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: CMS-2279—P

Re: Medicaid Program; Graduate Medical Education

Dear Administrator Norwalk:

The National Association of Community Health Centers, Inc. (“NACHC”) is pleased to respond to the above-cited solicitation from the Department of Health and Human Services (“DHHS”) Centers for Medicare & Medicaid Services (“CMS”) for comments on the proposed rules related to the Medicaid reimbursement for graduate medical education (GME) published at 72 Fed. Reg. 28930 (May 23, 2007).

NACHC is the national membership organization for federally supported and federally recognized health centers (hereinafter interchangeably referred to as “health centers” or “FQHCs”) throughout the country, and is an Internal Revenue Code Section 501(c)(3) organization.

I. Background

There are, at present, approximately 1100 FQHCs nationwide serving close to 16 million patients. Most of these FQHCs receive Federal grants under Section 330 of the Public Health Service Act (42 U.S.C. §254b) from the Bureau of Primary Health Care (“BPHC”), within the Health Resources and Services Administration (“HRSA”) of DHHS. Under this authority, health centers fall into four general categories: (1) those centers serving medically underserved areas (invariably poor communities), (2) those serving homeless populations within a particular community or geographic area, (3) those serving migrant or seasonal farm worker populations within similar community or geographic areas, and (4) those serving residents of public housing.

To qualify as a Section 330 grantee, a health center must be located in a designated medically underserved area or serve a medically underserved population. In addition, a health center's board of directors must be composed of at least fifty-one percent (51%) users of the health center, and the health center must offer services to all persons in its catchment area, regardless of their ability to pay or insurance status.

BPHC's grants are intended to provide funds to assist health centers in covering the otherwise uncompensated costs of providing comprehensive preventive and primary care and enabling services to uninsured and underinsured indigent patients, as well as to maintain the health center's infrastructure. Patients from eligible communities¹ who are not indigent and able to pay or who have insurance, whether public or private, are expected to pay for the services rendered. Approximately 35.7% of the patients served by health centers are Medicaid recipients, approximately 7.5% are Medicare beneficiaries, and approximately 40.1% are uninsured.

II. Comments on the Proposed Rule

NACHC understands the importance of ensuring that Medicaid funds are used to provide medical assistance to needy individuals including low-income families, the elderly and persons with disabilities. However, we ask that CMS rescind the proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid GME payments for two reasons. First the proposed rule threatens to exacerbate what is an already growing shortage of primary care physicians available to care for medically disenfranchised and uninsured populations. Second, the proposed rule is a dramatic reversal of 40 years of standing Medicaid policy that will undermine any attempts to strengthen the future medical workforce, particularly in underserved communities.

Health centers provide quality outpatient primary care, and employ primary care physicians, psychiatrists, dentists, pharmacists, mental health workers, nurse practitioners and physicians assistants to provide that care. Unfortunately a rising number of medical personnel shortages particularly in areas with high uninsured, migrant worker, and homeless populations is further weakening the ability of health centers to maintain and expand their programs. A recent study published by the Journal of American Medical Association identified more than 400 vacant positions for family physicians; the largest specialty upon which health centers depend.² The number of family physicians has not kept pace with the demand largely because medical students facing large school debt cannot afford to specialize in family medicine or in other primary care fields such as internal medicine or pediatrics. Eliminating Medicaid GME will only serve to compound this problem resulting in fewer resources to support the growing health center patient population.

¹ The term "community" in this context refers to either a geographic area or the specific population toward which the program is aimed.

² Roger A. Rosenblatt, et. al., *Shortages of Medical Personnel at Community Health Centers*, Journal of American Medical Association, vol. 295 No. 9, (2006): 1042-1049.

NACHC is also concerned that this major reversal in Medicaid policy will dramatically reduce the resources available to provide care to low-income populations. According to the Association of American Medical Colleges (AAMC), approximately half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's charity care occurs in these institutions. For decades, these institutions have depended on state Medicaid support to help finance their programs. CMS (formerly the Health Care Financing Administration) has approved and matched these payments. Moreover 47 states and the District of Columbia provided medical education support under their Medicaid programs according to 2005 AAMC study. The proposed rule will dismantle these important programs ultimately putting at risk those Medicaid beneficiaries accessing their care at these institutions.

The proposed rule is designed to eliminate Medicaid supported GME programs at a time when health centers and safety net providers generally confront increasing workforce shortages and rising patient populations is untenable. NACHC believes it is very important that state Medicaid programs continue to receive federal matching assistance for GME, thus we respectfully ask the Agency to rescind the proposed rule.

We appreciate the opportunity to comment on the proposed regulations, and we would welcome the opportunity to further discuss these concerns. If you have questions, please contact, Roger Schwartz, Legislative Counsel and Senior Director of State Affairs, at 202.298.3800.

Respectfully submitted,



Roger Schwartz, Esq.
Legislative Counsel and
Senior Director of State Affairs

CMS-2279-P-48 Medicaid Graduate Medical Education

Submitter : Dr. Robert Wones

Date & Time: 06/20/2007

Organization : Health Alliance of Greater Cincinnati

Category : Physician

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-2279-P-48-Attach-1.PDF

University Hospital

Health Alliance™

Robert Wones, M.D.
Vice President for Medical Affairs
wonesr@healthall.com
513.585.7881 (office)
513.585.8847 (fax)

Leslie Norwalk, Esq.
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: CMS-2279--P

Dear Administrator Norwalk:

I am writing on behalf of University Hospital and the University Of Cincinnati College Of Medicine to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

Although characterized by CMS as a "clarification," the reality is that the proposed rule represents a major reversal of long-standing Medicaid policy. For decades, most state Medicaid programs have supported the higher costs of teaching hospitals. CMS and its predecessor, the Health Care Financing Administration, have approved and matched these payments. According to a study commissioned by the Association of American Medical Colleges (AAMC), in 2005, 47 states and the District of Columbia provided direct GME and/or indirect medical education payments under their Medicaid programs. In 2006, University Hospital received \$17 million in support of its care of the Medicaid population. Teaching hospitals rely on these and other Medicaid payments to support our critical functions.

Medicaid GME payments help teaching hospitals sustain one of our core responsibilities: providing the clinical education of future physicians. Within a supervised patient care team of health care professionals, medical residents provide needed care to Medicaid and other patients as part of their training programs. Educating future physicians and other health care professionals has never been more important given the numerous studies predicting a physician shortage in the near future. University Hospital and the University of Cincinnati College of Medicine sponsor more than 45 ACGME accredited residency and fellowship training programs and train more than 525 physicians each year. As noted by the Association of American Colleges, we are anticipating a looming physician shortage. We already have noted shortages locally in specialties ranging from Cardiology to Dermatology to Orthopedic Surgery. Eliminating FFP for state Medicaid agency payments for GME could cripple our graduate medical education programs at a time when more physicians are needed throughout the country.

Because half of all Medicaid discharges are from the nation's nearly 1100 teaching hospitals and more than half of the nation's hospital charity care occurs in these institutions, a GME funding cut could also affect other services offered to Medicaid and other patients by reducing teaching hospitals' total financial resources. In 2006, University Hospital admitted 10,000 Medicaid patients for inpatient services and provided care for an additional 77,000 Medicaid patients in outpatient settings. This is in addition to the 4,000 indigent care patients admitted for inpatient services and the 111,000 treated in outpatient settings. In 2006, as defined by the Catholic Healthcare Initiative, University Hospital provided over \$71 million in community benefit. This figure is by far the largest in our region and one of the top three among providers in Ohio.

Teaching hospitals provide an environment in which clinical research can flourish and where highly specialized tertiary patient care such as burn care, trauma and cardiac care, and transplant services take place. Because of their education and research missions, teaching hospitals offer the most advanced, state-of-the-art services and equipment; and with residents and supervising physicians available around-the-clock, teaching hospitals care for the nation's sickest patients. Most recently, teaching hospitals are looked to as front-line responders in the event of a biological, chemical, or nuclear attack and are implementing plans to fulfill that role.

University Hospital and the University of Cincinnati College of Medicine work collaboratively in graduate medical education as well as medical student education. A high percentage of physicians practicing in the greater Cincinnati area received residency training at University Hospital. University Hospital is a major resource to the community. It houses the city's major trauma center with AirCare helicopter transport as a key component. University Hospital is the site of the regional adult burn unit. University Hospital and the faculty of the College of Medicine are major referral sites for tertiary and quaternary care in many areas such as Neurology and Neurosurgery. University Hospital maintains the area's only Psychiatric Emergency Services Unit. The Center for Emergency Care is one of the busiest in the region and serves as a major resource for the regional emergency response system. The University Hospital outpatient clinic system provides high quality primary care to the indigent population and the specialty clinics serve as a key referral source for the indigent population. University Hospital maintains a high risk obstetric service and a Newborn Intensive Care Unit. In summary, University Hospital is a significant community resource offering a wide range of primary care and specialty care services to patients of all demographics and payment status. University Hospital has been recognized for quality of care while fulfilling its mission as a safety net hospital.

Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,



Robert Wones, M.D.

Vice President for Medical Affairs

CMS-2279-P-49 Medicaid Graduate Medical Education

Submitter : Dr. Betty Drees

Date & Time: 06/20/2007

Organization : UMKC School of Medicine

Category : Academic

Issue Areas/Comments

GENERAL

GENERAL

See Attachment

CMS-2279-P-49-Attach-1.PDF

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June 19, 2007

School of Medicine

Office of the Dean
M1-110 Medical School Building
2411 Holmes Street
Kansas City, MO 64108-2792

p 816 235-1808
f 816 235-5277

<http://research.med.umkc.edu>

Partner Hospitals

Truman Medical Centers
Saint Luke's Hospital of Kansas City
Children's Mercy Hospital
Western Missouri Mental Health Center
Veterans Affairs Medical Center

Leslie Norwalk, Esq., Acting Administrator
Centers for Medicare & Medicaid Services
Room 445-G
200 Independence Ave, SW
Washington, DC 20201

Attention: CMS-2279-P

Dear Administrator Norwalk:

I am writing on behalf of the *University of Missouri-Kansas City School of Medicine* to urge the Centers for Medicare & Medicaid Services (CMS) to rescind the May 23, 2007 proposed rule that seeks to eliminate federal financial participation (FFP) matching funds associated with Medicaid graduate medical education (GME) payments (See 72 Fed. Reg. 28930). Finalizing this rule would erode the financial condition of teaching hospitals and jeopardize their abilities to continue to fulfill important teaching, patient care and other missions.

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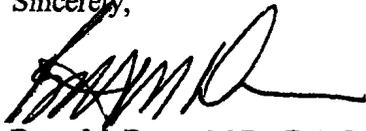
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Given their important roles and the current and future financial uncertainty for America's teaching hospitals, it is important that state Medicaid programs receive federal matching assistance for GME. **We urge the Agency to rescind the proposed rule.**

Sincerely,

A handwritten signature in black ink, appearing to read "Betty M. Drees", written in a cursive style.

Betty M. Drees, M.D., F.A.C.P.
Dean and Professor of Medicine