



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

**ROY COOPER** • Governor  
**KODY H. KINSLEY** • Secretary  
**JAY LUDLAM** • Deputy Secretary, NC Medicaid

June 11, 2024

Dear County DSS Director:

The Department of Health and Human Services, Division of Health Benefits (DHB) hereby provides notice of its intent to amend the amend the Inpatient Graduate Medical Education Section, Attachment 4.19- A, Page 9 of the Medicaid State Plan. The amendment reinstates compliance language such that if graduate medical education payments result in payments to any group of hospitals in excess of the upper payment limit calculation required by 42 C.F.R §447.272, payments for each eligible hospital receiving payments under this section will be reduced proportionately to ensure compliance with the upper payment limit.

Please post this notice in your facility so that interested parties may be made aware of this proposed change and may comment as necessary. The posting can be removed after ninety days from the date of this letter.

Sincerely,

*Ashley Blango*

Ashley Blango  
State Plan and Amendments Coordinator

Attachment: Public Notice SPA 24-0027  
**Graduate Medical Education**

**NC MEDICAID**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES •  
DIVISION OF HEALTH BENEFITS**

LOCATION: 1985 Umstead Drive, Kirby Building,  
Raleigh, NC 27603 MAILING ADDRESS: 2501  
Mail Service Center, Raleigh, NC 27699-2001  
www.ncdhhs.gov • TEL: 919-855-4100 • FAX:  
919-733-6608

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**PUBLIC NOTICE**  
**(SPA 24-0027)**  
**Graduate Medical Education**

The Department of Health and Human Services, Division of Health Benefits hereby provides notice of its intent to amend the Inpatient Graduate Medical Education Section, Attachment 4.19-A, Page 9 of the Medicaid State Plan. The amendment reinstates compliance language such that if graduate medical education payments result in payments to any group of hospitals in excess of the upper payment limit calculation required by 42 C.F.R §447.272, payments for each eligible hospital receiving payments under this section will be reduced proportionately to ensure compliance with the upper payment limit.

This amendment will become effective July 1, 2024.

The annual estimated State Fiscal Impact of this change is:

- a. **SFY 2025**    **\$0**
- b. **SFY 2026**    **\$0**

A copy of the proposed public notice may be viewed at the County Department of Social Services. Questions, comments and requests for copies of the proposed State Plan amendment should be directed to the Division of Health Benefits at the address listed below:

Jay Ludlam  
Deputy Secretary for NC Medicaid Division  
of Health Benefits  
2501 Mail Service Center Raleigh,  
NC 27699-2501  
[medicaidrulescomments@dhhs.nc.gov](mailto:medicaidrulescomments@dhhs.nc.gov)

Posted on the Division of Health Benefits Website: June 10, 2024  
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>