



GME 126 Sample Application

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Welcome to the Graduate Medical Education (GME) Section 126 Application for Fiscal Year 2023

Important Information

- The application period for GME full-time equivalent positions awarded in FY 2023 ends on March 31, 2022.
- Positions awarded under section 126 for FY 2023 will be effective July 1, 2023.
- You will need information for the residency program for which your applying, including:
 - Contact information
 - Hospital CMS Certification Number (CCN)
 - The Accreditation Council for Graduate Medical Education (ACGME) accreditation number
 - Worksheets E, Part A and E-4 of the most recent as-filed cost report (CMS-2552-10)
- All fields are required unless marked as optional.
- This application form saves automatically, so that you may continue where you left off.
- Eligibility criteria and other information on section 126 of the Consolidated Appropriations Act may be found at: [DGME Website](#)
- PRA Disclosure Statement**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-XXXX (Expires: XX/XX/XXXX). This is a voluntary information collection. The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CMS Disclosure

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the CMS point of contact for this module using the form available at the bottom of the MEARIS™ Section 126 [resources page](#).



Ready to get started?

Go

Cancel

Useful Links

- CMS Web Policies
- Technical Support
- Resources



A federal government website managed and paid for by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore MD 21244
Medicare Electronic Application Request Information System (MEARIS) v.1.0.0.1

Contact Info

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Summary

Provide your hospital information

Hospital name

CMS Certification Number (CCN)

Mailing address line 1

Mailing address line 2 (optional)

City

State



ZIP code

Identify the county and 5 digit core-based statistical area (CBSA)

County or County Equivalent

5 digit CBSA

Medicare Administrative Contractor (MAC)

Next

Who is the primary contact?

First name	Middle name (optional)	Last name
Organization	Occupational/Job Title	
US Phone Number <small>Ex. 1234567890</small>	Extension (optional)	
Email address	Country United States	
Mailing address line 1		
Mailing address line 2 (optional)		
City	State	ZIP code

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Who is the secondary contact?

First name	Middle name (optional)	Last name
Organization	Occupational/Job Title	
US Phone Number Ex. 1234567890	Extension (optional)	
Email address	Country United States	
Mailing address line 1		
Mailing address line 2 (optional)		
City	State	ZIP code

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Application Info

What can you tell us about this application?

What is the name of the residency program for which you are applying?

Name of the program

Is the residency program for which you are applying a psychiatry program or a subspecialty of psychiatry?

Yes

No

Does this residency program have an ACGME accreditation number?

Yes No

ACGME accreditation number

Explain why your program does not have an accreditation number.

Provide response

0 / 3000

How many full-time equivalent (FTE) positions is your hospital requesting (up to 5.0 FTE each for DGME and IME)?

If you are not an Inpatient Prospective Payment System (IPPS) hospital, enter 0 for IME.

If your application is for a residency program with more than one participating site, only request the FTE amount that corresponds with the training occurring at your hospital and any FTE training time occurring at a non-provider setting(s) consistent with 42 CFR 413.78.

Direct GME slots

IME (Indirect Medical Education) slots

The maximum amount that can be requested is equal to the length of the program for which a hospital is applying, with up to 1.0 FTE being awarded per program year, not to exceed a program length of 5 years or 5.0 FTEs. For example, a hospital applying to train residents in a program in which the length of the program is 3 years may request up to 3.0 FTEs.

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DLC Info

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Summary

Select a Demonstrated Likelihood Criteria (DLC) that best describes this application.

The applicant hospital must provide information to demonstrate the likelihood of filling requested slots under section 126 within the first five training years beginning after July 1, 2023. Select the DLC you are using for your application.

Demonstrated Likelihood Criterion 1 (DLC 1)
Establishing a New Residency Program

The hospital does not have sufficient room under its FTE resident cap, and the hospital intends to use the additional FTEs as part of a new residency program that it intends to establish on or after July 1, 2023.

Demonstrated Likelihood Criterion 2 (DLC 2)
Expanding an Existing Residency Program

The hospital does not have sufficient room under its FTE resident cap, and the hospital intends to use the additional FTEs to expand an existing residency training program within the hospital's first training years beginning on or after July 1, 2023. As of March 31, 2022 the hospital is either already training residents in this program, or, if the program exists at another hospital as of the date, the residents begin to rotate at the applying hospital on or after the effective date of the increase.

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Provide information to support your DLC 1 selection

Check any applicable statement.

Application for accreditation of the new residency program has been submitted to the ACGME or application for approval of the new residency program has been submitted to the American Board of Medical Specialties (ABMS) by March 21, 2022.

The hospital has received written correspondence from the ACGME (or ABMS) acknowledging receipt of the application for the new residency program, or other types of communication concerning the new program accreditation or approval process (such as notification of site visit) by March 31, 2022.

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Provide information to support your DLC 2 selection

Check any applicable statement.

The hospital has received approval by March 31, 2022 from an appropriate accrediting body (the ACGME or ABMS) to expand the number of FTE residents in the program.

The hospital has submitted a request for a permanent complement increase of the existing residency program by March 31, 2022.

The hospital currently has unfilled positions in its residency program that have previously been approved by the ACGME, and is now seeking to fill those positions.

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Eligibility

What eligibility category or categories does your hospital meet?

Select all eligibility categories that apply to your hospital.

- Category One:** The hospital is located in a rural area (or treated as being located in a rural area under the law).
The hospital is located in a rural area (as defined in section 1886(d)(2)(D) of the Social Security Act) or is treated as being located in a rural area pursuant to section 1886(d)(8)(E) of the Social Security Act.
- Category Two:** The hospital is currently training over its DGME and/or IME cap.
The reference resident level of the hospital (as specified in section 1886(h)(9)(F)(iii) of the Social Security Act) is greater than the otherwise applicable resident limit.
- Category Three:** The hospital is located in a state with a new medical school or additional locations and branch campuses.
The hospital is located in a State with a new medical school (as specified in section 1886(h)(9)(B)(ii)(III)(aa) of the Act), or with additional locations and branch campuses established by medical schools (as specified in section 1886(h)(9)(B)(ii)(III)(bb) of the Act) on or after January 1, 2000. Those states and territories are Alabama, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Michigan, Mississippi, Missouri, Nevada, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Puerto Rico, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, and Wisconsin.
- Category Four:** The hospital is serving an area designated as a Health Professional Shortage Area (HPSA).
The hospital serves an area designated as a health professional shortage area (HPSA) under section 332(a)(1)(A) of the Public Health Service Act, as determined by the Secretary. A hospital applying under Category Four must participate in training residents in a program where the residents rotate for at least 50 percent of their training time to scheduled training sites physically located in a geographic HPSA.
For more information about your hospital's HPSA, please consult the [Find Shortage Areas by Address Tool](#).
Using this Find Shortage Areas by Address Tool for Category Four, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent of the training time occurs in the geographic HPSA.

In reviewing these applications, 200 additional residency positions under section 126 of the CAA will be prioritized for distribution to hospitals that qualify under any of the eligibility categories one through four based on the HPSA score of the HPSA served by the residency program for which each hospital is applying. The next page of this application will ask for information about the HPSA you are selecting for CMS to use for the prioritization of your application.

More information on the HPSA requirements for this application may be found at the [DGME website](#).

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Which HPSA is the hospital requesting that CMS use for prioritization of its application?



Population HPSA



Geographic HPSA



None

Hospitals should refer to HRSA's [Find Shortage Areas by Address Tool](#) to obtain the HPSA information to be used for its application. Using the Find Shortage Areas by Address Tool, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent (5 percent if an Indian and Tribal Facility is included) of the training time occurs in the HPSA.

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- Population HPSA Type

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Population HPSA type

Which of the following statements describes the HPSA chosen for this application?

- In the population HPSA the hospital is requesting that CMS use for prioritization of its application, at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA.
- In the population HPSA the hospital is requesting that CMS use for prioritization of its application, at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of that HPSA is at least 50 percent of the program's training time.
- The hospital does not meet either of the two criteria above.

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- Population HPSA Type - Option 1 selection

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Provide population HPSA information

Hospitals should refer to HRSA's [Find Shortage Areas by Address Tool](#) to obtain the HPSA information to be used for its application. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Information on the population HPSA where at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA.

HPSA public ID	HPSA score This field will auto-populate based on HPSA ID
HPSA discipline	Population HPSA type

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

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- Population HPSA Type - Option 2 selection

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Provide population HPSA information

Hospitals should refer to HRSA's [Find Shortage Areas by Address Tool](#) to obtain the HPSA information to be used for its application. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Information on the population HPSA where at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the designated underserved population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of that HPSA is at least 50 percent of the program's training time.

<input type="text" value="HPSA public ID"/>	<small>HPSA score</small> This field will auto-populate based on HPSA ID
<input type="text" value="HPSA discipline"/>	<input type="text" value="Population HPSA type"/>

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

- Population HPSA Type - Option 3 selection

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Provide population HPSA information

Hospitals should refer to HRSA's [Find Shortage Areas by Address Tool](#) to obtain the HPSA information to be used for its application. Using the Find Shortage Areas by Address Tool, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent (5 percent if an Indian and Tribal Facility is included) of the training time occurs in the HPSA. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Please confirm that this hospital does not meet either of the 50 percent training time criteria described on the previous screen.

HPSA public ID	HPSA score This field will auto-populate based on HPSA ID
HPSA discipline	Population HPSA type

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

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Provide population HPSA information

Hospitals should refer to HRSA's [Find Shortage Areas by Address Tool](#) to obtain the HPSA information to be used for its application. Using the Find Shortage Areas by Address Tool, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent (5 percent if an Indian and Tribal Facility is included) of the training time occurs in the HPSA. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Please confirm that this hospital does not meet either of the 50 percent training time criteria described on the previous screen.

HPSA public ID

HPSA score

This field will auto-populate based on HPSA ID

HPSA discipline

Population HPSA type

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

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- Geographic HPSA Type

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Geographic HPSA type

Which of the following statements describes the HPSA chosen for this application?

- In the geographic HPSA the hospital is requesting that CMS use for prioritization of its application, at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA.
- In the geographic HPSA the hospital is requesting that CMS use for prioritization of its application, at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of the HPSA is at least 50 percent of the program's training time.
- The hospital does not meet either of the two criteria above.

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- Geographic HPSA Type - Option 1 selection

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Provide geographic HPSA information

Hospitals should refer to HRSA's [Find Shortage Areas by Address Tool](#) to obtain the HPSA information to be used for its application. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Information on the geographic HPSA where at least 50 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA.

HPSA public ID HPSA score
This field will auto-populate based on HPSA ID

HPSA discipline

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

- Geographic HPSA Type - Option 2 selection

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Provide geographic HPSA information

Hospitals should refer to HRSA's [Find Shortage Areas by Address Tool](#) to obtain the HPSA information to be used for its application. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Information on the geographic HPSA where at least 5 percent of the program's training time based on resident rotation schedules (or similar documentation) occurs at training sites that treat the population of the HPSA and are physically located in the HPSA, and the program's training time at those sites plus the program's training time at Indian or Tribal facilities located outside of the HPSA is at least 50 percent of the program's training time.

HPSA public ID HPSA score
This field will auto-populate based on HPSA ID

HPSA discipline

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

- Geographic HPSA Type - Option 3 selection

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Provide geographic HPSA information

Hospitals should refer to HRSA's [Find Shortage Areas by Address Tool](#) to obtain the HPSA information to be used for its application. Using the Find Shortage Areas by Address Tool, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent (5 percent if an Indian and Tribal Facility is included) of the training time occurs in the HPSA. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Please confirm that this hospital does not meet either of the 50 percent training time criteria described on the previous screen.

HPSA public ID HPSA score
This field will auto-populate based on HPSA ID

HPSA discipline

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

Provide geographic HPSA information

Hospitals should refer to HRSA's [Find Shortage Areas by Address Tool](#) to obtain the HPSA information to be used for its application. Using the Find Shortage Areas by Address Tool, applicants may enter the address of a scheduled training site, in the situation the hospital and location chosen participates in training residents in a program where at least 50 percent (5 percent if an Indian and Tribal Facility is included) of the training time occurs in the HPSA. If you are applying using a mental health HPSA please ensure that the residency training program associated with your application is a psychiatry program or a subspecialty of psychiatry.

Please confirm that this hospital does not meet either of the 50 percent training time criteria described on the previous screen.

HPSA public ID

HPSA score

This field will auto-populate based on HPSA ID

HPSA discipline

The HPSA score is automatically populated in this field based on the HPSA ID entered by applicants. Applicants who have concerns with the HPSA score that appears, should contact CMS by submitting a comment through the application module.

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Upload cost report worksheets and any additional attachments

The Worksheets E, Part A and E-4 of the most recent as-filed cost report (CMS-2552-10) are required.

You may also provide any additional documents to support your application.

Uploaded Files

No files to list. Use the button below to browse files on your local disk and select to upload.

Supported formats include PDF, word, excel, powerpoint, JPEG, PNG, and plain text files

Drag and drop files to upload or [Browse Files](#)

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Attestation

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Provide a signed and dated copy of the attestation document

Step 1

Please download the following attestation. It must be signed and dated by an officer or administrator of the hospital who signs the hospital's Medicare cost report.

[Attestation for Use of GME Positions Distributed Under Section 126.pdf](#)

Step 2

Upload a signed (digital or scanned) and dated copy of the above attestation for section 126 of the Consolidated Appropriations Act.

Uploaded File

No file to list. Use the button below to browse files on your local disk and select to upload.

Supported formats include PDF, JPEG and PNG

Drag and drop file to upload or [Browse Files](#)

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Confirmation

You have successfully submitted a Fiscal Year 2023 Graduate Medical Education (GME) Section 126 application



Submission Confirmation Code: **GMA220217F3WBW**

Confirmation details have been sent to:

yewande.odukoya@ | david.color@smiths.com | snow.white@spectrum.net

[Download as PDF](#)

So, what's next?

- An email notification has been sent to the contact(s) you provided on this application.
- The contacts that you have identified will have access to the team and associated applications.
- This application can be viewed under the [applications list](#).
- While reviewing your application, CMS may request additional information or supporting documentation.

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