

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Bureau of Health Professions

Division of Medicine and Dentistry

AFFORDABLE CARE ACT

**PRIMARY CARE RESIDENCY EXPANSION
(PCRE) PROGRAM**

FREQUENTLY ASKED QUESTIONS

Revised July 1, 2010

AFFORDABLE CARE ACT PRIMARY CARE RESIDENCY EXPANSION (PCRE) PROGRAM

Frequently Asked Questions

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Purpose

What is the purpose of the Affordable Care Act Primary Care Residency Expansion (PCRE) program funding opportunity?

The program's purpose is to increase the number of primary care physicians by expanding enrollment in accredited primary care residency programs (family medicine, general internal medicine, and general pediatrics). The new residency training positions must be over and above the number currently (i.e., July 1, 2010) being trained, even if a program is already over its Centers for Medicare and Medicaid Services (CMS) authorized GME cap.

Summary of Funding

How much funding is available?

The ACA-PCRE Program will provide \$168 million in funding for Federal fiscal years 2010 through 2014. All funding will be provided in FY 2010, at the time of the award, but there will be limitations on the amount of funds that can be drawn down each year. The program has a five year budget and project period which begins on September 30, 2010 and ends on September 29, 2015. Funding is provided at \$80,000 per resident per year, minus authorized program expenses (including indirect costs) as outlined in the funding opportunity announcement, for a total of three years per resident.

Are there funding priorities to be used in ranking applications to be funded?

Yes. The program has an administrative funding priority. To meet the program funding priority, a minimum of six months of the resident's three-year training experience must be provided in a community-based, clinical rotation in one or more of the following types of providers:

1. Rural Health Clinic
2. Community Health Center
3. Sole Community Hospital
4. Critical Access Hospital, or
5. Other Community Based Settings

The rotation(s) may be a single six month community-based clinical rotation or a combination of community-based clinical rotations across multiple community based settings over the three years of residency. To apply for the funding priority, an applicant must (1) request it and (2) attach documentation to justify the request.

How do eligible entities apply for ACA-PCRE funds?

Funding opportunity announcement HRSA-10-277 is currently open, and will close in both Grants.gov and HRSA's Electronic Handbooks on July 19.

When will the grant be awarded?

ACA-PCRE funds will be awarded in September 2010.

Is there any formal notification of an ACA-PCRE award from the Health Resources and Services Administration (HRSA)?

Yes. HRSA will electronically transmit a formal notification in the form of a Notice of Grant Award (NGA) that will be provided to the ACA-PCRE applicant organization/institution.

Who evaluates the applications and determines which are given grant awards?

The evaluation is done through a peer review process. Each application is reviewed, discussed, and scored in terms of the five criterion listed in the funding opportunity announcement. If an applicant requests and meets the funding priority, five additional points are given. All applicants will receive a summary statement from the peer review panel listing strengths and weaknesses of the application.

Will the conference call on June 25 be available?

Yes, the call was recorded and will remain available until 5:00 p.m. ET on the closing date of July 19, 2010 by calling 1-800-294-6358.

Eligibility

Who are eligible entities for this funding opportunity?

Eligible applicants include public or nonprofit private hospitals, schools of medicine or osteopathic medicine, or a public or private nonprofit entity with which the Secretary has determined is capable of carrying out such grants. To receive grant funds, an applicant must be accredited as a residency training program in family medicine, general internal medicine or general pediatrics by the Accreditation Council for Graduate Medical Education (ACGME) or by the American Osteopathic Association (AOA). The applicant must provide a statement that they are accredited, and must name their accrediting body and date of accreditation for verification purposes. Submission of accreditation letters is not required.

Can we submit more than one application?

Eligible applicants may submit one application for each discipline they support, but may only request support for one discipline per application.

Our residency program trains in a for-profit hospital. Are we still eligible to apply?

Yes. The eligible grantee can be a public or private nonprofit entity, such as a residency program. In addition, schools of medicine and public or nonprofit hospitals may apply. The applicant must be an accredited residency training program in family medicine, general internal medicine, or general pediatrics.

We do not have accreditation for the new expanded residency positions. Can we apply?

Yes. You will need to get ACGME or AOA approval for the new residency positions. Those slots will need to be accredited by the time you go to use the funds. Given that the funds are awarded in September 2010, you will have time to get accreditation for these expanded positions before applying funding that supports residents starting in July 2011.

Is there a limit on the number of expanded residency positions for which we can apply?

No. You will need to determine the number of residency positions over and above your current number for which you wish to request funding. The intent of the grant is that the number is one that can be realistically sustained after grant funding ends.

If we want to expand our existing residency program by one position and maintain that addition each of the five years of the grant, what would be the total number of residency positions over five years for which we would request funding?

The number for the first year would be 1. The second year would be 2 because you have the resident from the previous year plus a new resident. The third year would be 3. The fourth year would be 3 because you are starting a new resident but the resident from the first year has completed residency. Similarly, the number for the fifth year would be 3. So, it is 1-2-3-3-3. A total of 12 resident years of stipend support at \$80,000 per year would be \$960,000.

The grant awards are to be made in September, but residents don't start in September. How will that work?

Yes, the funds are awarded in September 2010. They are to be used to support new residents starting in July 2011 who are filling the new positions that are an expansion over your current number of positions.

If the intent of the program is to expand the training of primary care medical providers, are assurances that residents will go on to practice primary care required and how can that realistically be done?

You are correct in that the intent of the PCRE program is to increase the number of residents trained in primary care and ultimately to increase the primary care workforce. While realistically complete assurances are not possible, applicants are urged to describe their efforts to select residents for these expanded positions who evidence a high degree of commitment to primary care practice once their residency is over.

Are combined general internal medicine-general pediatrics residency programs eligible for a PCRE grant?

No. Combined medicine-pediatrics residency programs, typically four-years in length, are not eligible for these grants.

If we receive a PCRE grant, can we apply for future residency expansion funds from HRSA, such as a teaching health center award?

Yes. Resident stipends supported with funds from the PCRE grant may also be supported by a percentage with other funding sources. In addition to State grants and institutional support, other sources include Federal education awards (fellowships, traineeships, etc.). The Teaching Health Center Initiative, which will be available sometime in the future, is considered a Federal education award.

We are currently operating at our cap for residents. We understand we are extended an “exemption” from that cap if we are awarded a PCRE grant. If we are expected to maintain the new positions created by this program, we will then be over our allotted number of residents according to our current cap. What happens to that cap once the grant ends?

Should you receive a PCRE grant, you wouldn't be “exempt” from your cap, but rather you'd have a different source of funding (from HRSA) for these new residency positions. You still need to get ACGME or AOA approval for the new positions, as well as approval from your hospital. Once the grant ends, you will need to have a plan to continue to support these new positions. It may be possible at that point to apply for additional Medicare GME support and raise your Medicare cap. That is one possible plan to support these positions after the grant ends.

Eligible Use of Funds

Are there Maintenance of Effort requirements for applicants?

Yes. The applicant must include a statement in the budget narrative indicating that “Federal funds will not replace current sources of support for proposed grant activities.”

Are there limitations placed on the funding of this program?

This program only includes funding for primary care residency stipends in accredited family medicine, general internal medicine and general pediatrics programs. Funding for residents must be \$80,000 per year per resident and should be awarded on a yearly basis for three years per resident. Indirect costs, resident travel, fringe benefits, and other costs related to funding an additional resident in the program are allowed but must be accounted for in the \$80,000 funding level per resident.

Who are eligible residents?

To be eligible for stipend support, a resident must be in an accredited primary care residency program; a citizen of the U.S., a non-citizen national, or foreign national who possesses a visa permitting permanent residence in the U.S., and must plan to complete the residency program and work in or teach in the applicable primary care discipline.

[new 7/1/2010]

An International Medical Graduate (IMG) is eligible for stipend support if:

- (1) He/she has a copy of the Educational Commission of Foreign Graduates (ECFMG) certificate, and
- (2) He/she has a copy of a Foreign Graduate Medical Exam in Medical Sciences (FMGEMMS) certificate, or
- (3) He/she has a certificate of successful completion of the United States Medical Licensing Examination (USMLE) Parts 1 & 2.

Can students be supported partially with other funding sources?

Yes. Resident stipends supported with funds from this grant program may also be supported by a percentage with other funding sources, including State grants, institutional support and/or other sources including Federal education awards (fellowships, traineeships, etc.) but not for educational assistance under the GI Bill, Medicare or Medicaid funding.

Are indirect costs authorized?

Yes, but they must be accounted for within the authorized award amount per student of \$80,000. In addition, note that indirect costs under training grants to organizations other than state, local or Indian tribal governments will be budgeted and reimbursed at 8 percent of modified total direct costs rather than on the basis of a negotiated cost agreement, and are not subject to upward or downward adjustment.

Can salaries be paid out of this grant funding?

No. This program funds primary care resident stipends, travel, fringe benefits and grantee indirect costs. Personnel, staff, consultant costs, equipment, supplies and subcontracts are prohibited under this grant award.

The residency program is 3 years but the grant is for 5 years. How does that work?

The residents starting in years one, two, and three of the grant will receive support for all three years of their residency. Residents starting in year four will receive two years of grant support and the residents starting in year five will receive one year of grant support. Your application should indicate what funds (other than this grant) will be used to support residents who start in years four and five so that they complete an entire three year residency. That type of discussion needs to occur at your institution before deciding whether or not to apply for a PCRE grant. Your application should clearly delineate your institution's funding commitment once the grant ends.

At the end of the PCRE grant, can we continue to support these new resident slots with Medicare GME funding?

Yes. If your hospital is eligible for Medicare GME slots and funding, PCRE-supported resident positions can be supported by Medicare GME at the end of the grant period. However, these resident positions cannot be funded by BOTH Medicare GME and PCRE grant support at the same time.

How will ACA-PCRE funding be delivered to grantees?

Grantees will receive ACA-PCRE funds much in the same way schools get their current HRSA funding via the PMS; a NGA will be issued under a different grant number. For information regarding the drawdown of your awarded funds, contact your account representative at 1-877-614-5533 or <http://www.dpm.psc.gov/>. Grantees should drawdown funds based on the needs of the ARRA-PCRE project.

Reporting

Are there any special reporting requirements for these funds?

All Bureau of Health Professions grantees are required to submit an annual two-part progress report. The first part demonstrates grantee progress on program-specific goals. The second part collects core performance measurement data to measure the Bureau's progress through its grantees in: (1) improving the distribution, diversity, and quality of the healthcare workforce, (2) improving the educational environment infrastructure, and (3) increasing students' selection of primary care education. Awarded projects will receive further information on data submission. More details can also be found on pages 26-28 of the Funding Opportunity Announcement.

HRSA encourages, but doesn't require, programs to follow their graduates for more than the first year after program completion to evaluate the effectiveness of their training program in producing graduates who provide high quality, culturally and linguistically appropriate (primary) care to underserved populations. The Affordable Care Act authorizes HRSA to fund such longitudinal evaluations by its grantees. HRSA anticipates establishing guidelines for these evaluations in the coming year and requesting applications from existing grantees to conduct evaluations (pending availability of appropriations for this activity).