

U.S. Department of Health and Human Services



Health Resources & Services Administration

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2025

Bureau of Health Workforce

Division of Medicine and Dentistry

**Children's Hospitals Graduate Medical Education (CHGME)
Payment Program**

Funding Opportunity Number: HRSA-25-079

Funding Opportunity Type(s): New and Competing Continuation

Assistance Listing Number: 93.255

PHASE 1: Application Due Date in Grants.gov: August 8, 2024

**PHASE 2: Supplemental Information Program-Specific Forms Due Date
in HRSA EHBs: September 9, 2024**

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!

HRSA will not approve deadline extensions for lack of registration.

Registration in all systems may take up to 1 month to complete.

Issuance Date: June 26, 2024

Lisa Flach-Fulcher

Budget Analyst, Graduate Medical Education Branch

Phone: (301) 443-0365

Email: aflach-fulcher@hrsa.gov

See [Section VII](#) for a complete list of agency contacts.

Authority: 42 U.S.C. § 256e (Title III, § 340E of the Public Health Service Act)

508 COMPLIANCE DISCLAIMER

Persons using assistive technology may not be able to fully access information in this file. For assistance, email or call one of the HRSA staff listed in [Section VII. Agency Contacts](#).

SUMMARY

The [Health Resources and Services Administration \(HRSA\)](#) is accepting applications for the Fiscal Year (FY) 2025 Children’s Hospitals Graduate Medical Education Payment Program. The purpose of this program is to fund freestanding children’s hospitals to support the training of pediatric and other residents in graduate medical education (GME) programs.

Funding Opportunity Title:	Children’s Hospitals Graduate Medical Education (CHGME) Payment Program
Funding Opportunity Number:	HRSA-25-079
Due Date for Applications – Grants.gov:	Phase 1: August 8, 2024 (11:59 p.m. ET)
Due Date for Supplemental Information – HRSA Electronic Handbooks (EHBs)	Phase 2: September 9, 2024 (5 p.m. ET)
Anticipated FY 2025 Total Available Funding for Formula Awards:	\$366 million
Estimated Number and Type of Awards:	Estimated 59 payment recipients
Estimated Award Amount:	Formula awards, varies; subject to the availability of appropriated funds.
Cost Sharing/Match Required:	No
Period of Performance:	October 1, 2024, through September 30, 2025 (1 year)
Eligible Applicants:	Freestanding children’s hospitals whose inpatients are predominantly under 18 years of age, who participate in an approved GME program, and who have a Medicare payment agreement. See Section III.1 of this Notice of Funding Opportunity (NOFO) for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in this NOFO and in HRSA's [SF-424 R&R Two-Tier Application Guide](#). Visit [HRSA's How to Prepare Your Application](#) page for more information.

Submissions

The initial application has two phases. Phase 1 involves submitting a response to this NOFO to Grants.gov by August 8, 2024. Phase 2 involves submitting program specific forms into EHB by September 9, 2024, to determine interim payments. HRSA then uses this information to make awards, which closes out this part of the process. Please see the Initial Application Process Overview section.

After you become a CHGME recipient, you are required to submit a reconciliation application to finalize the number of full-time equivalent (FTE) resident counts and subsequently determine final payments. The CHGME auditor conducts the FTE audit from October to March. The results of these FTE resident assessments are the basis for the hospitals' reconciliation applications. The CHGME recipient submits a reconciliation application as part of the program requirements as a deliverable at the beginning of May to reflect the audited FTE resident counts.

If you fail to comply with all requirements, including federal registrations stated in this NOFO, your application will be deemed non-responsive, and your application will not be considered for funding under this notice. Please note that registration or renewals in SAM.gov and Grants.gov may take up to 30 days to complete.

Technical Assistance

HRSA will hold a pre-application technical assistance (TA) webinar. The webinar will provide an overview of pertinent information in the NOFO and an opportunity for you to ask questions. Visit the HRSA Bureau of Health Workforce's [open opportunities website](#) to learn more about available resources.

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I. Program Description

1. Purpose

The purpose of the Children’s Hospitals Graduate Medical Education (CHGME) Payment Program is to compensate for the disparity in the level of federal graduate medical education (GME) funding for freestanding children’s teaching hospitals versus other types of teaching hospitals. Federal funding for GME is primarily provided by the Centers for Medicare & Medicaid Services (CMS) and goes to full-service teaching hospitals that serve primarily adult patients. Freestanding children’s hospitals receive little to no GME funding from Medicare because children’s hospitals have a low Medicare caseload. The CHGME Payment Program is administered by the Bureau of Health Workforce (BHW), [Health Resources and Services Administration](#) (HRSA), U.S. Department of Health and Human Services (HHS).

For more details, see Program Requirements and Expectations under [VI. Award Administration Information](#).

2. Background

This program is authorized by 42 U.S.C. § 256e (§ 340E of the Public Health Service Act). The CHGME Payment Program supports HRSA’s mission to improve health outcomes and achieve health equity through access to quality services, a skilled health workforce, and innovative, high-value programs. The CHGME Payment Program is designed to support freestanding children’s teaching hospitals that:

- Educate and train future pediatricians, pediatric sub-specialists, and other non- pediatric residents,
- Provide care for vulnerable and underserved children, and
- Conduct innovative and valuable pediatric research.

The nearly 60 freestanding children’s teaching hospitals that receive CHGME payments across the country support 55 percent of all pediatric residents and 53 percent of pediatric subspecialists training in the United States (U.S.) annually and provide valuable training for physicians in many other specialties.¹ In Academic Year 2022–2023, CHGME funded over 15,860 physician and dental residents and fellows. The program supported the training of 6,146 pediatric residents and 3,163 pediatric medical subspecialty fellows, including training 235 child and adolescent psychiatry fellows. Moreover, CHGME funding supported the training of 5,666 adult medical and surgical specialty residents who rotate through children’s hospitals for

¹ U.S. Department of Health and Human Services, [Health Resources and Services Administration Fiscal Year 2025 Justification of Estimates for Appropriation Committees](#)

their pediatrics training. There were also 510 CHGME-funded advanced general dentistry residents. CHGME-funded hospitals reported having programs with their medical residents and fellows providing over 5.5 million hours of patient care in medically underserved communities.² The CHGME Payment Program statute allows the Secretary of HHS to establish a Quality Bonus System (QBS), whereby the Secretary distributes bonus payments to hospitals participating in the program that meet standards specified by the Secretary. The CHGME Payment Program anticipates making QBS bonus payments to be awarded no later than September 2025 if these payments are released. If there are changes in the award methodology, the proposed changes will be posted on the [CHGME Payment Program website](#).

To better understand this NOFO, visit the dictionary of key program-related terms at [Health Workforce Glossary](#).

II. Award Information

1. Type of Application and Award

Types of applications sought: New and Competing Continuation.

We'll decide a recipient's funding using a formula in accordance with 42 U.S.C. § 256e and applicable Federal Register notices. The funds available for the CHGME Payment Program are distributed among participating eligible children's hospitals. Hospitals that meet eligibility requirements in [Section III.1](#) receive funds based on the annual appropriation.

The CHGME Payment Program makes payments throughout the year to distribute the Direct Medical Education (DME) and Indirect Medical Education (IME) funding. Each of the funding amounts is determined by a formula, and a hospital receives its proportion of the total CHGME Payment Program funding based on the calculation of the formula. The formula was established by CHGME policy published in the [March 1, 2001 Federal Register notice \(66 FR 12940\)](#) and the [July 20, 2001 Federal Register notice \(66 FR 37980\)](#). For DME, the CHGME Payment Program funding is proportional to the number of full-time equivalent residents the hospital trains. Furthermore, the DME payment formula accounts for a hospital's specific geographic variations in costs and inflation. For IME, the CHGME formula considers the severity of illness of its inpatients, the number of inpatient discharges, the number of available beds, and the number of residents the hospital trains.

2. Summary of Funding

We estimate approximately \$366 million will be available for formula awards

² Ibid.

subject to an annual appropriation to fund an estimated 59 recipients. The actual amount of CHGME Payment Program funding available will not be determined until the enactment of the final FY 2025 federal appropriation.

This program notice depends on the appropriation of funds. If funds are appropriated for this purpose, we will proceed with the application and award process.

The period of performance is October 1, 2024, through September 30, 2025 (1 year).

In April 2014, the CHGME Payment Program was reauthorized to expand eligibility to “Newly Qualified Hospitals” that meet the eligibility requirements in Section III.1.b. The reauthorization permits the Secretary to make available up to 25 percent of the total amounts in excess of \$245 million, but not to exceed \$7 million³ or the purpose of making CHGME Payment Program payments to these Newly Qualified Hospitals and for the QBS.

If funding levels and mechanisms remain constant, it is estimated that up to \$4 million in payments are targeted to these Newly Qualified Hospitals (NQH), and approximately \$3 million may be available for the CHGME QBS. The CHGME Payment Program anticipates making QBS bonus payments to be awarded no later than September 2025 if these payments are released. If there are changes in the award methodology, the proposed changes will be posted on the [CHGME Payment Program website](#). If the total amount available for the CHGME QBS is less than \$2 million, HRSA does not plan to implement the CHGME QBS in an effort to minimize the administrative burden on the hospitals. In this case, the funds will be disbursed to all eligible hospitals (including those NQH) according to the CHGME Payment Program formula payment methodology.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles, and Audit Requirements at [45 CFR part 75, as applicable](#).

III. Eligibility Information

1. Eligible Applicants

There are two categories of children’s hospitals that may be eligible for CHGME payments, depending on the funding appropriated to the program:

- “Currently Eligible Hospitals”
- “Newly Qualified Hospitals”

Hospitals that are applying for the first time for the CHGME Payment Program may be hospitals that are new to the CHGME Payment Program but qualify under the

³ 42 U.S.C. § 256e(h)(1), <https://www.govinfo.gov/app/details/USCODE-2022-title42/USCODE-2022-title42-chap6A-subchapII-partD-subpartix-sec256e>

“Currently Eligible Hospitals” requirements or are eligible as a “Newly Qualified Hospital.”

- a. Currently Eligible Hospitals: Includes freestanding children’s hospitals that meet the original eligibility requirements for CHGME payments that were established prior to the Children’s Hospital GME Support Reauthorization Act of 2013. These freestanding children’s hospitals must meet the following criteria:
 - 1) Have a Medicare payment agreement;
 - 2) Are excluded from the Medicare Inpatient Prospective Payment System (IPPS) pursuant to section 1886(d)(1)(B)(iii)⁴ of the Social Security Act (SSA) and its accompanying regulations; and
 - 3) Participate in an approved GME residency training program as defined in section 1886(h)(5)(A) of the SSA.
- b. Newly Qualified Hospitals: As per the Children’s Hospital GME Support Reauthorization Act of 2013, a freestanding hospital may be eligible for CHGME payments depending on the level of funding appropriated to the program if it meets the following criteria:
 - 1) Has a Medicare payment agreement;
 - 2) Is excluded from Medicare IPPS pursuant to section 1886(d)(1)(B) of the SSA and its accompanying regulations;
 - 3) Its inpatients are predominantly individuals under 18 years of age;
 - 4) Has an approved medical residency training program as defined in section 1886(h)(5)(A) of the SSA; and
 - 5) Is not otherwise qualified to receive payments under 42 U.S.C. § 256e or section 1886(h) of the SSA as a Currently Eligible Hospital.

For those freestanding children’s hospitals that met the above requirements for Newly Qualified Hospitals as of April 7, 2014, and the Secretary had not previously determined an average number of FTE residents under section 1886(h)(4) of the SSA, the Secretary may establish such number of FTE residents for the purposes of calculating CHGME Payment Program payments.

Any public or private nonprofit and for-profit children's teaching hospital with an accredited residency training program (as defined below), that meets all the above requirements for either category of eligibility may apply, though final eligibility for receiving funds as a “currently eligible hospital” or as a “Newly Qualified Hospital” will depend on appropriated funding levels. Children’s hospitals applying for the CHGME Payment Program must train residents during the fiscal year for which they apply for funds.

⁴ The exclusion of children’s hospitals from IPPS set forth under section 1886(d)(1)(B)(iii) of the SSA states this exclusion exists for hospitals “whose inpatients are predominantly individuals under 18 years of age”.

Residents may be included in a hospital's FTE resident count for CHGME Payment Program purposes if the residency program (in which the resident is enrolled) meets one of the following criteria:

1. The program must lead toward board certification of its graduates by the American Board of Medical Specialties (ABMS) and be approved for education and training activities by one of the following accrediting bodies:

- Accreditation Council for Graduate Medical Education
- American Osteopathic Association
- Commission on Dental Accreditation of the American Dental Association
- Council of Podiatric Medicine Education of the American Podiatric Medical Association

2. The program may count towards certification of the resident in a specialty or subspecialty listed in the current edition (at the time of the audit review) of the Directory of Graduate Medical Education Programs (published by the American Medical Association) or the Annual Report and Reference Handbook (published by the American Board of Medical Specialties).

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Payments will be determined in compliance with all program mandates, rules, regulations, policies, and guidance.

Deadline

HRSA may not consider an application for funding if it fails to satisfy the deadline requirements referenced in [Section IV.4](#) of this NOFO.

Multiple Applications

Multiple applications from an organization are not allowed. If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept and review your last validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

Hospitals that qualified to receive CHGME funds as “Newly Qualified Hospitals” under the Children’s Hospital GME Support Reauthorization Act of 2013, as of April 7, 2014, and that do not already have a CMS cap established and are not able to apply for a CMS cap as a new residency training program, will have a “CHGME cap” established. The “CHGME cap” will be determined using the number of FTE residents trained during the most recent Medicare cost report period completed on or before April 7, 2014. This value will be entered on sections 4, 5, and 6 of the HRSA 99-1, on lines 4.06, 5.06, and 6.06 as applicable. The “CHGME cap” reported by Newly Qualified Hospitals will be verified by the CHGME auditors during the audit process.

Hospitals are responsible for the accuracy of application data submitted to HRSA and are subject to an audit. Hospitals are not required to submit documentation with their initial application to support resident counts reported on their CHGME Payment Program application. However, hospitals should be prepared to produce documentation in accordance with [42 CFR § 413.75\(d\)](#) in any subsequent audit carried out by HHS or its delegate. The CHGME Payment Program has in place an FTE Resident Assessment (audit) process. Auditors assess the FTE resident counts each fiscal year between October and March. The audit methodology complies with the requirements under [42 CFR § 413.75\(d\)](#) and parallels a similar GME audit process carried out by CMS to adjudicate the number of residents training in teaching hospitals that treat primarily adult patients. Children’s hospitals that do not report FTE resident counts to Medicare are **not exempt** from this policy. An official of the hospital must verify the information provided in the application used to support the number of FTE residents for a particular cost-reporting period. Please see IV.2 Content Form of Application Submission

The audit is conducted to verify the FTE resident cap (CMS 1996 cap, CHGME cap and/or any cap add-on) and FTE resident counts reported by the participating children’s hospitals are accurate; and to identify any FTE residents claimed for CHGME payment during the same period of training time claimed for payment from another source of federal GME funding, to include GME programs within HRSA (e.g., THCGME Program), CMS, and the Department of Defense. If an FTE resident’s time is reported to any other federal GME programs for the purposes of receiving payment, the children’s hospitals cannot also claim that same time for payment from the CHGME Payment Program. It is the responsibility of the children’s hospital to resolve any overlaps (i.e., two or more hospitals claim a resident for the same or an overlapping period) before a disputed FTE resident will be included in the final FTE resident count used for calculation of CHGME Payment Program funding.

HRSA requires applicants to coordinate with affiliated teaching hospitals and teaching health centers to avoid over-reporting of CHGME-supported FTE residents. The FTE Resident Assessment audit contractor will review the institutional agreement (also known as an affiliation agreement, memorandum of understanding, inter- institutional agreement, letter of commitment, letter of affiliation, letter of agreement, or written agreement) between a children’s hospital and the sponsoring institution/residency

program if the children's hospital is not the sponsoring institution or a major participating institution.

The institutional agreement is to identify the name(s) of the sponsoring institution(s), the residency program in which the residents are enrolled, the children's hospital, the residency program or department at the children's hospital where the residents will be rotating, the number of FTE residents allowed (e.g., 1 FTE per month), effective and expiration dates of the agreement, and financial arrangements. Agreements may vary slightly by specialty due to varying accrediting body residency review committee requirements for institutional agreements.

IV. Application and Submission Information

1. Address to Request Application Package

We require you to apply online through Grants.gov **and** the EHBs. Use the SF-424 workspace application package associated with this notice of funding opportunity (NOFO). You must use a two-phase submission process. Follow these directions: [How to Apply for Grants](#) and those in the EHBs.

- Phase 1 – Grants.gov – Required information must be submitted and validated via Grants.gov with a due date of August 8, 2024, at 11:59 p.m. ET; and
- Phase 2 – EHBs – Supplemental information must be submitted via EHBs with a due date of September 9, 2024, at 5 p.m. ET. by your organization's designated Authorizing Official that has been designated to the CHGME Payment Program.

Only applicants who successfully submit the workspace application package associated with this NOFO in Grants.Gov (Phase 1) by the due date may submit the additional required information in EHBs (Phase 2). For more details, see Sections 3 and 4 of the R&R Two-Tier Application Guide

Note: Grants.gov calls the NOFO "Instructions."

Select "Subscribe" and enter your email address for HRSA-25-079 to receive emails about changes, clarifications, or instances where we republish the NOFO. You will also be notified by email of documents we place in the RELATED DOCUMENTS tab that may affect the NOFO and your application. *You're responsible for reviewing all information that relates to this NOFO.*

Budget information is NOT required for this funding opportunity. In conjunction with the application requirements and instructions in Section 5 of HRSA's [SF-424 R&R Two-Tier Application Guide](#).

Initial Application Process Overview

Phase 1: Grants.gov

Step 1: Confirmation of current registration with the System for Award Management (SAM.gov)

Step 2: Registration & Finding the CHGME NOFO on Grants.gov

Step 3: Completion of

- a) SF-424 R&R cover page
- b) Project/Performance Site Location(s) form
- c) Disclosure of Lobbying Activities (SF-LLL), if applicable
- d) Project Abstract (required)

A project abstract is REQUIRED to be submitted in Phase 1 to consider an application complete. The project abstract is a new requirement for the CHGME Payment Program and should accurately describe your organization's objectives and goals within the context of a summary of the project. As an applicant, please seek guidance from your organization's Designated Institutional Official (DIO) to complete the project abstract form. Since April 4, 2022, the UEI (SAM) will be the unique entity identifier for federal funding opportunities.

Form Alert: For the [Project Abstract Summary](#), applicants using the SF-424 R&R Application Package are encountering a "Cross-Form Error" associated with the Project Summary/Abstract field in the "Research and Related Other Project Information" form, Box 7. To avoid the "Cross-Form Error," you must attach a blank document in Box 7 of the "Research and Related Other Project Information" form and use the Project Abstract Summary Form in workspace to complete the Project Abstract Summary.

You can only begin Phase 2 in the HRSA EHBs after Phase 1 in Grants.gov has been completed by the application due date and HRSA has assigned a tracking number to the application.

Phase 2: HRSA EHBs

Step 1: Register in HRSA Electronic Handbooks (EHBs)

Step 2: Access, complete, and submit supplement information in HRSA EHBs which consists of completed data forms:

- HRSA-99
- HRSA 99-1 (1 through 4)

- HRSA 99- 2
- HRSA 99-5
- the required Attachments as identified in this NOFO.

2. Content and Form of Application Submission

Unless indicated otherwise in this NOFO, you must submit the information outlined in the [SF-424 R&R Two-Tier Application Guide](#) in addition to the program specific information below. You should not attach any supporting documentation that contains personal identifying information with the application including rotation schedules, IRIS data, etc. You are responsible for reading and complying with the instructions included in this NOFO and [HRSA's SF-424 R&R Two-Tier Application Guide](#).

See Section 9.5 of the [SF-424 R&R Two-Tier Application Guide](#) for the Application Completeness Checklist to assist you in completing your application. Applications must be complete and validated by Grants.gov under the correct funding opportunity number prior to the Phase 1 deadline, and supplemental information must be submitted in the EHBs prior to the Phase 2 deadline, to be considered under this notice. See Section 5 of the HRSA [SF-424 R&R Two-Tier Application Guide](#) for Instructions for Completing the SF-424 R&R for Two-Tier Application.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

- When you submit your application, you certify that you and your principals (for example, program director, principal investigator) can participate in receiving award funds to carry out a proposed project. That is, no federal department or agency has debarred, suspended, proposed for debarment, claimed you ineligible, or you have voluntarily excluded yourself from participating.
- If you fail to make mandatory disclosures, we may take an action like those in 45 CFR § 75.371. This includes suspending or debarring you.
- If you cannot certify this, you must include an explanation in Attachment 5: Other Relevant Documents.

See Section 5.1 viii of HRSA's [SF-424 R&R Two-Tier Application Guide](#) for additional information on all certifications.

Program-Specific Instructions

In addition to application requirements and instructions in Section 4 of HRSA's [SF-424 R&R Two-Tier Application Guide](#) include the following:

i. Program-Specific Forms

The CHGME application includes four (4) forms that are available electronically in the EHBs:

- a) HRSA 99: Demographic and Contact Information Form
- b) HRSA 99-1: Determination of Weighted and Unweighted Resident FTE Count Form
- c) HRSA 99-2: Determination of Indirect Medical Education Data Related to the Teaching of Residents Form
- d) HRSA 99-5: Application Checklist

Do not include these tables as part of the Grants.gov application submission since you will be entering the data online in the HRSA EHBs by accessing the CHGME web application as part of **Phase 2**.

Information about the CHGME Payment Program can be found on the [CHGME website](#). The CHGME Payment Program Application Guidance provides information on the CHGME Application Forms and Instructions including: 1) an overview of the program; 2) explanation on the initial and reconciliation application process; 3) information about relevant program laws and policies; and 4) description of the information collected in the initial and reconciliation application forms.

ii. Attachments

Provide the following items in the order specified below to complete the content of the application. Any *hyperlinked* attachments will *not* be reviewed/opened by HRSA. Each attachment must be clearly labeled and submitted during **Phase 2** of the application directly in the EHBs.

Attachment 1 – If the hospital files a full Medicare Cost Report with CMS, attach Worksheet E-3 part IV or Worksheet E-4 of the Medicare Cost Reports for each of the Medicare Cost Report periods (where applicable).

Attachment 2 – Medicare Affiliation agreements when the hospital utilizes such agreements to increase/decrease its 1996 FTE resident cap, including a letter indicating that the affiliation agreements were filed with CMS prior to July 1 of that affiliation agreement's academic year.

Attachment 3 – Documents providing support of additions or reductions to FTE resident cap, if applicable.

Attachment 4 – Delinquency on federal debt explanation and/or Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification explanation, if applicable.

3. Unique Entity Identifier (UEI) and System for Award Management (SAM)

A UEI is required to apply for this funding. You must register in the SAM.gov to receive your UEI.

You cannot use a DUNS number to apply. For more details, visit the following webpage:

[General Service Administration's UEI Update](#)

After you register with SAM, maintain it. Keep your information updated when you have: an active federal award, application, or plan that an agency is considering.⁵

When you register, you must submit a notarized letter naming the authorized Entity Administrator.

We will not make an award until you comply with all relevant SAM requirements. If you have not met the requirements by the time we're ready to make an award, we will deem you unqualified and award another applicant.

If you already registered on Grants.gov, confirm that the registration is active and that the Authorized Organization Representative (AOR) has been approved.

To register in Grants.gov, submit information in two systems:

- [System for Award Management \(SAM\)](#) ([SAM Knowledge Base](#))
- [Grants.gov](#)

Effective March 3, 2023, individuals assigned a SAM.gov [Entity Administrator](#) role must be an employee, officer, or board member, and cannot be a non-employee. This change is to ensure entities are in control of who has permission to control roles within their entity.

Here's what this means:

- Entity Administrators assigning roles to non-employees will only be able to assign a Data Entry role or lower.
- Any entities assigning Entity Administrator roles using an Entity Administrator Role Request Letter (formerly called "notarized letter") will no longer be able to assign the Entity Administrator role to a non-employee.
- Entity Administrator roles assigned to non-employees will be converted to Data Entry roles. With a Data Entry role, non-employees can still create and manage entity registration data entry but cannot manage roles.
- If you are an entity using a non-employee or if you are a non-employee working with an entity to manage registrations, please read (and share) [more about this change on the BUY.GSA.gov blog](#) to know what to expect.

For more details, see Section 3.1 of HRSA's [SF-424 R&R Two-Tier Application Guide](#).

Note: Allow enough time to register with SAM and Grants.gov. We don't grant application extensions or waivers if you fail to register in time.

4. Submission Dates and Times

⁵ Unless 2 CFR § 25.110(b) or (c) exempts you from those requirements or the agency approved an exemption for you under 2 CFR § 25.110(d)).

Application Due Dates

The application due dates under this NOFO are:

- Phase 1: Grants.gov: August 8, 2024, at 11:59 p.m. ET.
- Phase 2: HRSA EHBs: September 9, 2024, at 5 p.m. ET.

HRSA suggests you submit your application to Grants.gov at least **3 calendar days before the deadline** to allow for any unforeseen circumstances. See Summary of emails from Grants.gov of HRSA's [SF-424 R&R Two-Tier Application Guide](#), Section 9.2.5 for additional information.

5. Intergovernmental Review

Children's Hospitals Graduate Medical Education Payment Program is not subject to the provisions of [Executive Order 12372](#), as implemented by 45 CFR part 100.

See Section 5.1 ii of HRSA's [SF-424 R&R Two-Tier Application Guide](#) for additional information.

6. Funding Restrictions

You may request funding for a period of performance of up to 1 year. This program notice is subject to the appropriation of funds and is a contingency action taken to ensure that, should funds become available for this purpose, HRSA can process applications and award funds appropriately.

It is anticipated that funds awarded under this payment program will be for direct and indirect graduate medical expenses. Funding is dependent on the availability of funds and the amount of funding will be determined based on congressionally appropriated dollars.

Funds under this notice may not be used for purposes specified in HRSA's [SF-424 R&R Two-Tier Application Guide](#) under "Funding Restrictions."

The General Provisions in Division D, Titles II and V of the [Further Consolidated Appropriations Act, 2024](#) (P.L. 118-47) apply to this program. Please see Section 5.1.iv of HRSA's [SF-424 R&R Two-Two-Tier Application Guide](#) for additional information. Note that these or other restrictions may apply in following fiscal years, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of federal funding including statutory restrictions on specific uses of funding. It is imperative that you review and adhere to the list of statutory restrictions on the use of funds detailed in Section 5.1 of HRSA's [SF-424 R&R Two-Tier Application Guide](#). The effectiveness of these policies, procedures, and controls is subject to audit. Be aware of the requirements for HRSA recipients and subrecipients at 2 CFR §200.216 regarding prohibition on certain telecommunications

and video surveillance services or equipment. For details, see the [HRSA Grants Policy Bulletin Number: 2021- 01E](#).

V. Application Review Information

1. Review Criteria

The CHGME Payment Program is a formula-based payment program. HRSA will review each application for completeness and eligibility, and compliance with the requirements outlined in this NOFO. The CHGME Payment Program funds are distributed among eligible entities as formula-based payments according to data supplied in your application. HRSA will calculate award amounts based on the application data submitted in the initial application and reconciliation application.

Application review is conducted by HRSA staff and Fiscal Intermediaries (FI) conduct, an independent assessment of FTE resident count. Section 340E(e)(3) of the Public Health Service Act states, in part, “[t]he Secretary shall determine any changes to the number of residents reported by a hospital in the application of the hospital for the current fiscal year to determine the final amount payable to the hospital for the current fiscal year for both direct expense and indirect expense amounts.” The assessment of the FTE resident count by FIs occurs within a 6-month period from the start of the federal fiscal year to the spring of the same federal fiscal year, to allow for reconciliation of payments within the appropriation year for which payments are made. CHGME fiscal intermediary (FI) carry out the FTE assessment of residents each fiscal year, and each of the children’s hospitals participating in the program is subject to this assessment. The final amount determined through the reconciliation process is subject to administrative and judicial review under section 1878 of the SSA.

2. Review and Selection Process

The funds appropriated for the CHGME Payment Program are distributed among participating institutions as a formula-based payment program. Program data reported on HRSA forms are used to determine funding and administer the program. You must submit all required tables electronically in the HRSA EHBs with the Phase 2 submission. Applications received without the appropriate tables will be deemed non-responsive to the NOFO and will not be considered for funding under this notice.

3. Quality Bonus System (QBS) Payment

The CHGME Payment Program anticipates making QBS bonus payments to be awarded no later than September 2025 if these payments are released. If there are changes in the award methodology, the proposed changes will be posted on the [CHGME Payment Program website](#). The total amount available for the QBS bonus payments is up to \$3 million. The QBS bonus payments are dependent on the

availability and amount of funds appropriated for the CHGME Payment Program.

The goals of the QBS are to recognize hospitals for quality improvement and GME transformation efforts in high priority focus areas and build standards to increase engagement and involvement of residents in broader initiatives, which supports HRSA's efforts to improve the quality of the data collected about our programs, which will in turn assist in measuring and demonstrating long-term programmatic impacts and effectiveness.

4. Assessment of Risk

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory, or other requirements ([45 CFR § 75.205](#)).

If you have management or financial instability that directly relates to your ability to carry out statutory, regulatory, or other requirements, we may decide not to fund your high-risk application (45 CFR § 75.205).

As part of this review, we use SAM.gov Entity Information Responsibility/Qualification (formerly named FAPIIS) to check your history for all awards likely to be over \$250,000. You can comment on your organization's information in SAM.gov. We'll consider your comments before making a decision about your level of risk.

Award decisions are discretionary and final. You cannot appeal them to any HRSA or HHS official or board.

VI. Award Administration Information

1. Award Notices

HRSA will release the Notice of Award (NOA) on or around the start date of October 1, 2024, subject to availability of funds. See Section 6.4 of HRSA's [SF-424 R&R Two-Tier Application Guide](#) for additional information.

HRSA will release the NOA to "Currently Eligible Hospitals," subject to the availability of funds, following the enactment of an annual appropriation or a continuing resolution. HRSA intends to issue the NOA to "Newly Qualified Hospitals" only if the CHGME appropriation for FY 2025 is funded above \$245 million in accordance with 42 U.S.C. § 256e(h). The total amount of awards made to Newly Qualified Hospitals under 42 U.S.C. § 256e(h), if any, cannot exceed \$7,000,000. The CHGME authority, as amended, permits the Secretary to make available up to 25 percent of the total amounts in excess of \$245 million but not to exceed \$7 million for the purpose of making CHGME payments to these Newly Qualified Hospitals.

2. Administrative and National Policy Requirements

See Section 2.1 of HRSA's [SF-424 R&R Two-Tier Application Guide](#).

If you are successful and receive an NOA, in accepting the award, you agree to conduct the award activities in compliance/accordance with:

- All provisions of [45 CFR part 75](#), currently in effect.
- The termination provisions in 45 CFR 75.372. No other specific termination provisions apply.
- Other federal regulations and HHS policies in effect at the time of the award. In particular, the following provision of 2 CFR part 200, which became effective on or after August 13, 2020, is incorporated into this NOFO: 2 CFR § 200.301 Performance measurement.
- Participation in federally designated evaluations to assess program effectiveness and efficiency upon request.
- Any statutory provisions that apply
- The [Assurances](#) (standard certification and representations) included in the annual SAM registration.

Non-discrimination & assurance

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance ([HHS-690](#)). To learn more, see the [Laws and Regulations Enforced by the HHS Office for Civil Rights](#).

Contact the [HHS Office for Civil Rights](#) for more information about obligations and prohibitions under federal civil rights laws or call 1-800-368-1019 or TDD 1-800-537-7697.

The HRSA Office of Civil Rights, Diversity, and Inclusion (OCRDI) offers technical assistance, individual consultations, trainings, and plain language materials to supplement OCR guidance. Visit [OCRDI's website](#) to learn more about how federal civil rights laws and accessibility requirements apply to your programs, or contact OCRDI directly at HRSACivilRights@hrsa.gov.

Executive Order on Worker Organizing and Empowerment

[Executive Order on Worker Organizing and Empowerment \(E.O. 14025\)](#) encourages you to support worker organizing and collective bargaining. Bargaining power should be equal between employers and employees.

This may include developing policies and practices that you could use to promote worker power. Describe your plans and activities to promote this in the application narrative.

Requirements of Subawards

The terms and conditions in the NOA apply directly to the recipient of HRSA funds. The recipient is accountable for the performance of the project, program, or activity; the appropriate expenditure of funds under the award by all parties; and all other obligations of the recipient, as cited in the NOA. In general, the requirements that apply to the recipient, including public policy requirements, also apply to subrecipients under awards, and it is the recipient's responsibility to monitor the compliance of all funded subrecipients. See [45 CFR § 75.101 Applicability](#) for more details.

3. Reporting

Award recipients must comply with Section 7 of HRSA's [SF-424 R&R Two-Tier Application Guide](#) and the following reporting and review activities:

Audit Requirements - HHS, or any other authorized federal agency, may conduct an audit to determine whether the applicant has complied with all governing laws and regulations in its application for funding. All information submitted to HRSA by an applicant or participating hospital during or after the award of funds is subject to review in an audit. In addition, an FTE Resident Assessment will be conducted between October and March of each fiscal year. A CHGME FI is assigned to each children's hospital currently receiving CHGME Payment Program funding.

The CHGME FI conducts an assessment of FTE resident counts reported by the children's hospital in its initial application (HRSA 99-1) for CHGME Payment Program funding to determine any changes to those FTE resident counts prior to the CHGME Payment Program reconciliation application cycle. The CHGME FI follows a detailed protocol based on CMS rules and regulations designed to ensure that each FTE resident claimed by the children's hospital is documented in accordance with 42 CFR 413.75(d).

Resident counts are based on the number of residents training at the hospital complex and certain non-hospital/non-provider settings/sites throughout the hospital's fiscal year. Residents are counted as FTEs based on the total time necessary to fill a full-time residency slot for the year.

1) Progress Report(s).

For this program, Government Performance and Results Act performance data tables are submitted as part of the reconciliation application, using the HRSA 99-4 form.

2) Performance Reports.

The annual performance report will address all academic year activities from July 1 to June 30 and will be due to HRSA on or around July 31 each year. The CHGME Payment Program mandates an annual submission of a Performance Report. Recipients must submit a Performance Report to HRSA via the EHBs on an annual basis, as required by Section 340E(b)(3) of the Public Health Service (PHS) Act, 42 U.S.C. §256e(b)(3),

as an addendum to the hospital's application for CHGME funding. All HRSA recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010, and recipients of CHGME funding must also specifically submit the information required under Section 340E(b)(3)(B) of the PHS Act. HRSA may impose the 25 percent payment reduction specified under Section 340E(b)(3)(A) of the PHS Act for failure to submit a completed Annual Performance Report and/or enforce actions permitted by the Uniform Administrative Requirements, such as withholding support or restricting drawdown of payments, if the Annual Performance Report is not received by HRSA in the form and manner as instructed by the required due date.

Recipients who fail to comply with the submission requirements shall be notified and be provided a maximum of 30 days to submit required information, beginning on the date of such notice, before penalties shall be imposed.

For the CHGME Payment Program, the performance report will be completed based on most recent academic year data. Required measures include, but are not limited to, program characteristics, individual resident demographics, experiential training details, curriculum enhancement and development, and discharge data. The CHGME Payment Program will release the Annual Report forms in or around the 3rd Quarter of each fiscal year and the completed Annual Report forms are due on or around July 31 of the calendar year until and including FY 2025 (or until a new requirement is mandated). An overview of the required performance measures as well as a detailed instruction manual for performance reporting are available at the following site:

<https://bhw.hrsa.gov/grants/reportonyourgrant>.

3) FTE Assessment

The audit of CHGME Payment Program's participating children's hospitals is driven by Section 340E(e)(3) of the Public Health Service Act as amended, which states "the Secretary shall determine any changes to the number of residents reported by a hospital in the (initial) application of the hospital for the current fiscal year for both direct expense and indirect expense amounts." This implies that, prior to the end of the federal fiscal year for which children's hospitals have applied for CHGME Payment Program funding, the Secretary must determine (reconcile) any changes to those FTE resident counts reported by a hospital in its initial application for the current fiscal year.

An FTE Resident Assessment will be conducted between October and March of each fiscal year. A CHGME Fiscal Intermediary (FI) is assigned to each children's hospital currently receiving CHGME Payment Program funding. The CHGME FI conducts an assessment of FTE resident counts reported by the children's hospital in its initial application (HRSA 99-1) for CHGME Payment Program funding to determine any changes to those FTE resident counts prior to the CHGME Payment Program reconciliation application cycle.

Please refer to the CHGME Application Guidance that will be available on the [CHGME](#) website at the beginning of Phase 2 for detail information on how the CHGME Payment Program determines allowable total and weighted FTE residents counts.

In FY 2026, HRSA plans to issue a Federal Register Notice regarding updates to direct graduate medical education (DGME) methodology. Additional information regarding any change in DGME methodology would also be made available on the CHGME Payment Program website. If any changes to DGME methodology are made, HRSA plans to address this methodology in a future Technical Assistance (TA) Webinar should timing allow.

- 4) **Integrity and Performance Reporting.** The NOA will contain a provision for integrity and performance reporting in SAM.gov Entity Information [Responsibility/Qualification](#), as [45 CFR part 75 Appendix I, F.3](#) and [45 CFR part 75 Appendix XII](#) require.

VII. Agency Contacts

You may request additional information and/or technical assistance regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Chase Young
Grants Management Specialist
Division of Grants Management Operations, OFAM
Health Resources and Services Administration
Phone: (301) 945-0901
Email: CYoung@hrsa.gov

You may request additional information regarding the overall program issues and/or technical assistance related to this NOFO by contacting:

Lisa Flach-Fulcher
Budget Analyst, Graduate Medical Education Branch
Division of Medicine and Dentistry
Attn: Children's Hospitals Graduate Medical Education Payment Program

Bureau of Health Workforce
Health Resources and Services Administration
Phone: (301) 443-0365
Email: AFlach-Fulcher@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support.

[SAM.gov](http://www.sam.gov) – For assistance with registration to do business with the federal government, contact SAM.gov, Monday to Friday, 8 a.m. to 8 p.m. ET:
SAM.gov Contact Center

Contact SAM.gov supporting Federal Service Desk at <http://www.fsd.gov> or by telephone at 866-606-8220 (toll free) or +1 334-206-7828 (internationally), for free help with creating an account, assigning roles to an account, registering entities.

For assistance with submitting the application in [Grants.gov](http://www.grants.gov), contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Phone: 1-800-518-4726 (International callers dial 606-545-5035)
Email: support@grants.gov
[Self-Service Knowledge Base](#)

You may need assistance when working online to submit your application electronically through the [EHBs](#). Always obtain a case number when calling for support. For assistance with submitting the remaining information in the EHBs, contact the HRSA Contact Center, Monday-Friday, 7 a.m. to 8 p.m. ET, excluding federal holidays at:

HRSA Contact Center
Phone: (877) 464-4772 / (877) Go4-HRSA
TTY: (877) 897-9910

The EHBs login process changed on May 26, 2023 for applicants, recipients, service providers, consultants, and technical analysts. To enhance EHBs' security, the EHBs will use [Login.gov](#) and **two-factor authentication**. Applicants, recipients, service providers, consultants, and technical analysts must create a Login.gov account to access the new login process. For step-by-step instructions on creating a Login.gov account refer to the [EHBs Wiki Help page](#).

VIII. Other Information

Technical Assistance

See [details](#) in Summary.