

**Frequently Asked Questions (FAQ)
REQUEST FOR PROPOSALS
PILOT PROGRAM FOR GRADUATE MEDICAL EDUCATION and
RESIDENCY UNDER MISSION ACT SECTION 403
ACADEMIC YEAR 2025-2026**

GENERAL

FAQ: Where can I find more information about the Department of Veterans Affairs (VA) Pilot Program on Graduate Medical Education and Residency (PPGMER)?

A: The Final Rule is published here- [Federal Register :: VA Pilot Program on Graduate Medical Education and Residency](#)

FAQ: How is covered facility defined?

A: The final rule defines a covered facility as any of the following:

- (a) A VA health care facility; (Note: VA will not use this program to increase resident positions at VA facilities, therefore, VA is not considered a covered facility for this RFP.)
- (b) A health care facility operated by an Indian tribe or tribal organization, as those terms are defined in 25 U.S.C. 5304 and at 25 CFR 273.106;
- (c) A health care facility operated by the Indian Health Service (IHS);
- (d) A Federally Qualified Health Center (FQHC) as defined in 42 U.S.C. 1396d(l)(2)(B);
- (e) A health care facility operated by the Department of Defense; or
- (f) Other health care facilities deemed appropriate by VA.

FAQ: How were the priority covered facilities determined?

A: The final rule provides the following prioritization: For the duration in which the PPGMER is administered, no fewer than 100 residents will be placed in covered facilities operated by either the Indian Health Service, an Indian tribe, a tribal organization, or covered facilities located in the same areas as VA facilities designated by VA as underserved pursuant to criteria developed under section 401 of [Public Law 115-182](#).

FAQ: How does VA determine underserved areas?

A: MISSION Act Section 401 defines the criteria for underserved regions. The Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) is the expert on determining underserved populations. VA modeled criteria for identifying underserved facilities using HRSA's standards:

- A medically underserved population is defined as residents (citizens) within a geographic area who are experiencing a shortage of health services. Medically

underserved populations may be sub-groups living within the defined geographic areas.

- An underserved facility is a medical center, ambulatory care facility, or community-based outpatient clinic that meets the designated criteria. In other words, facilities where the anticipated Veteran demand outweighs the area's available health resources.
- VA identifies facilities as underserved when there are not enough health professionals and services to provide for Veteran primary care and/or mental health care needs. Veterans in these areas may face economic, geographic, or other barriers to obtaining health care services

FAQ: Which areas are designated as underserved in FY24?

A:

Primary Care:	Mental Health:
Fayetteville, NC	Omaha, NE
Harlingen, TX	Fayetteville, NC
Shreveport, LA	Sioux Falls, SD
Huntington, WV	Fargo, ND
Alexandria, LA	Shreveport, LA

FAQ: What is the goal of the PPGMER program?

A: The goal of this program is to increase physician training in underserved areas. Given that physicians who choose to train in rural areas often remain in those areas after completing their training, this program should lead to a greater number of physicians to serve Veterans and others in rural America.

Graduate Medical Education (GME)

FAQ: What is GME?

A: The Accreditation Council for Graduate Medical Education (ACGME) defines GME as the period of didactic and clinical education in a medical specialty, subspecialty, or sub-subspecialty that follows completion of undergraduate medical education (i.e., medical school) and that prepares physicians for the independent practice of medicine in that specialty, subspecialty, or sub-subspecialty. GME is also referred to as residency or fellowship education.

FAQ: Who “places” residents?

A: Residents apply to and are hired directly by GME institutions, which are most often medical schools or teaching hospitals. VA forms relationships with non-VA institutions sponsoring GME programs, and it is those sponsoring institutions that will provide residents to participate in the PPGMER. VA does not select residents for its GME programming authorized under 38 U.S.C. 7302, and VA will not deviate from that process in the administration of the PPGMER. While VA maintains an affiliate relationship with certain GME institutions, placement of residents at VA and non-VA facilities lies solely within the discretion of the affiliate institution, not VA. Once VA has selected the covered entities where residents will be placed, those affiliate institutions will select individual residents to fill those PPGMER resident positions.

FAQ: Why isn't VA funding resident full-time equivalent (FTE) positions?

A: MISSION 403 legislation authorized VA to reimburse salary and benefits for up to 100 individual residents during the pilot program.

FAQ: Why aren't permanent resident FTE slots offered with this program?

A: Counting the unique, individual physicians who are placed in covered facilities given priority is the most logical way to ensure we meet Congressional intent. The term “resident” is commonly understood as a reference to a unique, individual person in the medical context, as Merriam-Webster defines “resident” (in the medical context) to mean a physician serving a residency. This definition aligns with VA’s interpretation that in the medical context, “resident” refers to the individual physician participating in a residency program. “

FAQ: Where can I find a list of existing accredited GME programs?

A: The ACGME institution and program finder is located here [ACGME - Accreditation Data System \(ADS\)](#)

RESIDENCY PROGRAMS

FAQ: Will VA send teaching doctors to the tribal locations with the residents?

A: No. VA does not have the authority to permit VA employees to see non-Veterans. Only sites that meet the sponsoring GME programs’ (ACGME) requirements are eligible to participate in the pilot program. ACGME accreditation requires the site to have an adequate number of identifiable and appropriately credentialed and privileged attending physicians to supervise resident-delivered patient care. VHA does not have the authority to provide physicians for this purpose.

FAQ: How is VA going to ensure the quality of care and quality of training is equal to VA standards at tribal facilities participating in the program? Is VA going to apply the same standards of care for non-Veterans at those facilities?

A: ACGME accreditation ensures that a GME program meets specified quality standards for operation and quality of training. Should this accreditation lapse, VA's affiliation agreement with that institution would be terminated. VA has no authority to provide oversight on the quality of care provided at a non-VA healthcare facility. The latter facility is responsible for meeting its accreditation or state inspection standards. The Centers for Medicare & Medicaid Services (CMS) requires that hospitals either be accredited or pass state inspection to receive Medicare reimbursement. If pursuing accreditation, hospitals may choose to work with one of several accrediting bodies, to whom they pay a fee to undergo the survey process. Alternatively, state inspection involves an evaluation and certification from a state survey agency on behalf of CMS. Although this option may be appealing to hospitals that want to avoid the high costs and administrative burdens associated with accreditation, most acute care hospitals opt to become accredited. The major accreditor in the United States is The Joint Commission, which is used by about 88% of accredited US hospitals.

<https://jamanetwork.com/journals/jama/fullarticle/2718782>

FUNDING

FAQ: How will reimbursement occur?

A: Reimbursement will occur through a contract mechanism between OAA and GME-sponsoring organizations that are responsible for payment of stipends and benefits to residents. Traditional VA disbursement agreements will not be used for this pilot program. Duplicate federal funding is not permitted.

FAQ: What benefits are included?

A: Benefit means a benefit provided by VA to a resident that has monetary value in addition to a resident's stipend, which may include but not be limited to health insurance, life insurance, worker's compensation, disability insurance, Federal Insurance Contributions Act (FICA) taxes, and retirement contributions.

FAQ: What types of educational activities are reimbursable?

A: Educational activities are all activities in which residents participate to meet educational goals or curriculum requirements of a residency program, to include but not be limited to clinical duties; research; attendance in didactic sessions; attendance at facility committee meetings; scholarly activities that are part of an accredited training program.