CalMedForce
Grant Application Guidelines

Application Period
September 23, 2019 – October 28, 2019 (11:59pm PST)
Please note: If your program requires approval to contract from a coordinating authority, please inform the authority of the terms and conditions contained in the sample grant agreements. All applicants will be required to agree to the terms and conditions prior to receiving funds.

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Purpose

The purpose of this guide is to provide information to assist primary care (family medicine, internal medicine, obstetrics and gynecology, and pediatrics) and emergency medicine residency programs during the application process for the CalMedForce grants to sustain, retain, and expand residency programs. This guide contains background information about the CalMedForce grant program, application instructions, and definitions necessary to successfully complete and submit an application for consideration.

Background

In 2016, the California Medical Association, California Hospital Association, and Service International Employees Union-United Healthcare Workers West sponsored Proposition 56. Proposition 56 was approved by voters and allocates $40 million of funding towards Graduate Medical Education (GME) to sustain, retain, and expand California residency positions in primary care and emergency medicine. All accredited residency programs in the state meeting the guidelines set forth in Proposition 56 are eligible to apply for funding.

The University of California is the designated recipient of the funding and has contracted with Physicians for a Healthy California (PHC) to administer approximately $40 million in grants allocated from Proposition 56.

PHC worked closely with a five-member GME Board and a 15-member Advisory Council to develop a program that incentivizes and supports graduate medical education.

The CalMedForce Board includes representatives from:

- Physicians for a Healthy California (PHC)
- California Medical Association (CMA)
- University of California, Health (UC)
California Hospital Association (CHA)
Service Employees International Union (SEIU-CA)

The CalMedForce Advisory Council includes representatives from:

- American Academy of Pediatrics (AAP)
- California Chapter of the American College of Emergency Physicians (Cal-ACEP)
- American College of Obstetricians and Gynecologists-Dist. IX (ACOG)
- American College of Physicians-CA (ACP)
- California Academy of Family Physicians (CAFP)
- California Association of Public Hospitals (CAPH)
- California Children’s Hospital Association (CCHA)
- California Hospital Association (CHA)
- California Medical Association (CMA)
- California Primary Care Association (CPCA)
- Association of Independent CA Colleges and Universities (AICCU)
- Network of Ethnic Physicians (NEPO)
- Osteopathic Physicians of California (OPSC)
- SEIU California State Council
- University of California, UC Health

**Eligibility**

To be eligible to receive funding, at the time of application a training program must meet the following criteria:

- Located in California
- Allopathic or Osteopathic
- Primary care (family medicine, internal medicine, obstetrics/gynecology, or pediatrics) or emergency medicine
- Accredited by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) on Postdoctoral Training
- Serving medically underserved populations and areas

Eligible residency programs include new and existing residency programs.
Authorizing Statute

Revenue and Taxation Code, California Healthcare, Research and Prevention
Tobacco Tax Act of 2016 (Section 30130.57-30130.58) reads in part:

§ 30130.57 (c) Moneys from the California Healthcare, Research and
Prevention Tobacco Tax Act of 2016 Fund in the amount of forty million
dollars ($40,000,000) annually shall be used to provide funding to the
University of California for the purpose and goal of increasing the number of
primary care and emergency physicians trained in California. This goal shall
be achieved by providing this funding to the University of California to
sustain, retain, and expand graduate medical education programs to achieve
the goal of increasing the number of primary care and emergency physicians
in the State of California based on demonstrated workforce needs and
priorities.

(1) For the purposes of this subdivision, “primary care” means internal
medicine, family medicine, obstetrics/gynecology, and pediatrics.

(2) Funding shall be prioritized for direct graduate medical education costs
for programs serving medically underserved areas and populations.

(3) For the purposes of this subdivision, all allopathic and osteopathic
residency programs accredited by federally recognized accrediting
organizations and located in California shall be eligible to apply to receive
funding to support resident education in California.

(4) The University of California shall annually review physician shortages by
specialty across the state and by region. Based on this review, to the extent
that there are demonstrated state or regional shortages of nonprimary care
physicians, funds may be used to expand graduate medical education
programs that are intended to address such shortages.

Initiating an Application

Applications must be submitted electronically. Each applicant must create an
individual account with a username and password for each application. If you
applied in for the 2018-19 CalMedForce cycle, you may reuse your username
and password for the 2019-20 cycle. Applicants are encouraged to save their application frequently. Once a tab in the application is completed and saved, the system allows the applicant to go back and make edits as necessary. Sponsoring institutions that have multiple eligible residency programs in primary care and/or emergency medicine must submit one application for each respective training program.

Please note - All applications submitted will receive a preliminary score. This preliminary score is an auto-generated score and will be shared prior to staff review. The preliminary scores will be sent to the primary contact and program director as provided in the application. Preliminary scores may change after a thorough review from staff.

Applications submitted by October 11, 2019, 11:59 p.m. (PST) will receive a pre-deadline preliminary score and will have the opportunity to subsequently edit their application, if needed. If an application submitted by October 11, 2019, is reviewed by staff and deemed to be incomplete or have information that was not correctly entered, staff will then notify the applicant to update or provide supplemental information. Applicants may only change or update what PHC staff deems as incomplete. The applicant may not make changes to any other portion of their application. Abuse of any administrative permission will not be tolerated.

Applications submitted between October 12, 2019 and October 28, 2019 will be considered final, and no supplemental information or changes can be made to the application once the application is submitted. Following the close of the CalMedForce 2019-20 grant cycle, a final score will be sent to both the primary contact and program director as indicated in the application.

Questions/Requesting Help

After an application is initiated there is a new feature this application cycle that allows applicants to send questions directly to CalMedForce staff. The “Request Help” button is available at the bottom right hand side of the application. Clicking this button will prompt a pop-up window to appear (image below). This window will allow you to submit a question concerning the particular step you clicked help in the application. Please note, you must allow pop-ups on your computer to be able to use this feature. You may also
Available Funding

The following funding allocation guidelines were recommended by the Advisory Council and approved by the Board for the 2019-20 application cycle:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>$9,500,000</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>$7,125,000</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>$7,125,000</td>
</tr>
<tr>
<td>Obstetrics and Gynecology</td>
<td>$7,125,000</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>$7,125,000</td>
</tr>
</tbody>
</table>

Funding is approximate and will be disbursed based on scoring criteria. Applications will be evaluated and ranked within each specialty. The funding amount awarded is dependent on whether the program is new, existing, or existing and expanding, and by the number of residency positions requested for funding. For an example, internal medicine residency programs will be scored and ranked in relation to other internal medicine residency programs. Please see Step 7 – Requested Amount section for more information on funding amounts per residency position.
Review and Selection Process

The CalMedForce Advisory Council and Board has established a fair and impartial process for scoring and evaluating applications. All applications will be auto-scored. Each application will be reviewed by PHC staff to assess their eligibility against the criteria below. Award announcements will be made in late November/early December 2019. Funds will be available to applicants based on their score relative to other applicants in their specialty, the number of applications received, and the availability of funds. CalMedForce may award full, partial, or no funding to an applicant based on the applicant’s score and the amount of available funds. Funding is prioritized for new and expanding residency programs that serve medically underserved areas and populations in California.

Scoring Matrix

All applications will be auto-scored using the following matrix below. While all steps, except for Step 12, are required for an application to be complete, the following questions listed below are the only questions that will be scored.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Scored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is your training program in a primary care health professional shortage area (HPSA)? This can be either a geographic HPSA or automatic facility HPSA, as defined by the federal Health Resources Services Administration (HRSA).</td>
<td>2 points total</td>
</tr>
<tr>
<td>✓ Yes</td>
<td>0 point = HPSA (0)</td>
</tr>
<tr>
<td>✓ No</td>
<td>1 point = HPSA (1-10)</td>
</tr>
<tr>
<td>2 points = HPSA score (11-25)</td>
<td></td>
</tr>
<tr>
<td>If your training program is in a HPSA area, please provide your primary care HPSA score based on geographic area or automatic facility HPSA score.</td>
<td></td>
</tr>
<tr>
<td><a href="https://data.hrsa.gov/tools/shortage-area/hpsa-find">https://data.hrsa.gov/tools/shortage-area/hpsa-find</a></td>
<td></td>
</tr>
</tbody>
</table>
Please indicate the location of your primary ACGME-approved continuity training site or the primary through which primary residents or emergency medicine residents rotate.

<table>
<thead>
<tr>
<th>Name of Site:</th>
<th>3 points for being in one of the counties identified as medically underserved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Setting:</td>
<td><strong>Central Valley and Central Coast:</strong> Yolo, Yuba, Fresno, Kern, Kings, Madera, Merced, Monterey, San Benito, San Joaquin, Stanislaus, Tulare, Ventura</td>
</tr>
<tr>
<td>Street Address:</td>
<td><strong>Inland Empire:</strong> Riverside, San Bernardino</td>
</tr>
<tr>
<td>City:</td>
<td><strong>Southern California:</strong> Imperial County</td>
</tr>
<tr>
<td>Zip Code:</td>
<td><strong>Northern and Sierra:</strong> Alpine, Amador, Butte, Calaveras, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne</td>
</tr>
<tr>
<td>County:</td>
<td></td>
</tr>
</tbody>
</table>

Please provide the payor mix for the facility listed as your primary ACGME-approved continuity clinic training site or the primary site through which primary care residents or emergency medicine residents rotate.

<table>
<thead>
<tr>
<th>Payor Mix</th>
<th>10 points total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Points will be awarded based on the percentage of the payer mix that is collectively Medi-Cal, dual eligible, indigent, and uninsured, as follows (see the glossary for definitions):</td>
<td></td>
</tr>
<tr>
<td>0 points = 0%</td>
<td></td>
</tr>
<tr>
<td>2 points = 1-20%</td>
<td></td>
</tr>
<tr>
<td>4 points = 21-40%</td>
<td></td>
</tr>
<tr>
<td>6 points = 41-60%</td>
<td></td>
</tr>
<tr>
<td>8 points = 61-80%</td>
<td></td>
</tr>
<tr>
<td>10 points = 81-100%</td>
<td></td>
</tr>
</tbody>
</table>

Please provide the payor mix for the facility listed as your secondary ACGME-approved continuity clinic training site or the secondary site through which primary care residents or emergency medicine residents rotate.
If there is a secondary site, then points will be awarded based on the average payor mix total of both sites.

<table>
<thead>
<tr>
<th>Check the following boxes that best describe your program:</th>
<th>10 points total</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Residency Program: program that has received ACGME and/or AOA accreditation (both for the sponsoring institution and residency program), at the time of applying for the 2019-20 CalMedForce cycle, has not yet graduated any residents, and will enroll at least one class by July 1, 2020.</td>
<td>3 points = existing</td>
</tr>
<tr>
<td>Existing Residency Program: program that has received ACGME and/or AOA accreditation, has graduated one or more cohort(s) of residents, and will have the same number of filled positions as the previous academic years.</td>
<td>7 points = expanded</td>
</tr>
<tr>
<td>Expanding Residency Program: program that has received ACGME and/or AOA, has graduated one or more cohort(s) of residents, and</td>
<td>10 points = new</td>
</tr>
<tr>
<td>✓ Has ACGME and/or AOA approved residency positions that were not filled during the 2018-19 and/or 2019-20 academic year(s) and plan to fill all/or some of the residency positions in the 2020-21 academic year.</td>
<td>OR</td>
</tr>
</tbody>
</table>
Has received ACGME approval for additional residency positions as evidenced by documentation from the appropriate accrediting body for a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2018 (Documentation of expansion is required).

<table>
<thead>
<tr>
<th>Please include information on your graduates for 2018/19</th>
<th>5 points total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please include information on your graduates for 2017/18</td>
<td>Points will be awarded based on the percentage of graduates who practice primary care or emergency medicine more than 50% of the time. New programs will automatically receive 5 points.</td>
</tr>
<tr>
<td>Please include information on your graduates for 2016/17</td>
<td>0 points = 0-10%</td>
</tr>
<tr>
<td></td>
<td>1 point = 11-20%</td>
</tr>
<tr>
<td></td>
<td>2 points = 21-40%</td>
</tr>
<tr>
<td></td>
<td>3 points = 41-60%</td>
</tr>
<tr>
<td></td>
<td>4 points = 61-80%</td>
</tr>
<tr>
<td></td>
<td>5 points = 81-100%</td>
</tr>
</tbody>
</table>

**Total Points Available = 30**
Application – Steps

There are 13 steps for the 2019-20 CalMedForce application. The following content will take you through each step of the application and provide more context and detail as it pertains to the application. Please read each step carefully to ensure you provide all the accurate information necessary to complete your application.

Step 1 – Confirming Eligibility

To be eligible for funding, all the following must be true of your residency program at the time of the grant award and before funds are released. Check all that apply:

✓ Located in California
✓ Allopathic or Osteopathic
✓ Be a primary care (family medicine, internal medicine, obstetrics/gynecology, and/or pediatrics) or emergency medicine
✓ Accredited by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) on Postdoctoral Training
✓ Serving medically underserved populations and areas

If your residency program does not meet the following criteria, but you still think you are eligible, you will be asked to provide a contact information and detailed, yet succinct explanation and CalMedForce staff will reply within 2-3 business days.

Step 2 – Communications

Please check all the fields that apply as to how you heard about CalMedForce and this funding opportunity. Please note that if selecting “Other” you must type an additional response. This information will be used to further improve communication for all stakeholders.
Please tell us how you heard about this funding opportunity. Check all that apply.

✓ PHC Website
✓ Emails
  ✓ CalMedForce Emails
  ✓ CMA Emails
  ✓ Other
✓ Social media
  ✓ LinkedIn
  ✓ Facebook
  ✓ Twitter
  ✓ Instagram
✓ Presentation
✓ Association
✓ Other

If you check the “Emails” option, please note that choosing “Other” will prompt a text box to manually type in the email. If the options listed do not fit your description, please check the “Other” option. The “Other” option will prompt a text box for you to manually type in how you heard about this funding opportunity.

Step 3 – Residency Program Information

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 specifies that moneys from Proposition 56 must fund primary care (family medicine, internal medicine, pediatrics, obstetrics and gynecology) and emergency medicine residency programs as listed below. Sponsoring institutions that have multiple eligible residency programs in primary care or emergency medicine must submit one application for each respective residency program.
Please select the type of residency program you are applying for:

- [✓] Family medicine
- [✓] Internal medicine
- [✓] Pediatrics
- [✓] Obstetrics and Gynecology
- [✓] Emergency medicine

Only one selection can be made- Family Medicine, Internal Medicine, Pediatrics, Obstetrics and Gynecology, or Emergency Medicine must be approved as the major independent specialty. Please reference the glossary for detailed descriptions of these specialties.

My program is:

- [✓] Allopathic
- [✓] Osteopathic

Both allopathic and osteopathic residency programs are eligible, please check only one option. Please reference “Accreditation Status” below for more details regarding eligibility.

**Title of Residency Program.** State the name of the Training Program. If your residency program applied in the previous 2018-19 grant cycle, this field will auto-populate once you start typing into this field. For programs that did not apply in the previous 2018-19 grant cycle, use the format of “[Name of Residency Program] [Discipline] Residency Training Program.” For example, “University Medical Center Family Medicine Residency Training Program.” Training Programs must have approval of their sponsoring institution to apply.

**Address of Residency Program.** Please include the physical address of the training program; number, street name, city, zip code, and county. Please note that this address will be used solely for mailing purposes and will not impact scoring decisions. No P.O. Boxes will be accepted.
Name of Sponsoring Institution. State the name of your sponsoring institution. If your residency program applied in the previous 2018-19 grant cycle, this field will auto-populate once you start typing into this field. For new programs or programs that did not apply in the previous 2018-19 grant cycle please use the format of “[Name of Sponsoring Institution]”. The sponsoring institution assumes the ultimate financial and academic responsibility for a program. Examples of a sponsoring institution include a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, or an educational foundation.

Accreditation Status. All residency programs and sponsoring institutions must have current accreditation from either the Accreditation Council for Graduate Medical Education (ACGME) and/or the American Osteopathic Association (AOA) Council on Postdoctoral Training.

Is your residency program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) Council on Postdoctoral Training?

✓ Yes
✓ No

Please check only one option. To be eligible for CalMedForce funding, all residency programs must be accredited at the time of applying. Both sponsoring institution and residency program accreditation is required.

If your residency program does not meet the following criteria, please check the box “no”. A text box will appear in the application that will allow you to provide a detailed, yet succinct explanation if you still think you are eligible, and CalMedForce staff will reply within 2-3 business days.

Accreditation Letters. Please upload a copy of the most recent accreditation letters with all citations from the appropriate accrediting/approval body, for the sponsoring institution and residency program.

There are two separate sections to upload accreditation letters. Please note, that you must click “Upload” to attach the following documents. Please see sample documents of “Sponsoring Institution Accreditation” and “Residency Program Accreditation” below. AOA accredited programs converting to
ACGME accreditation must also include ACGME pre-accreditation documentation at the time of applying, if available. Should you make a mistake, there is a “Delete” button that will allow you to remove the attachment so you may attach another one. If awarded, all AOA accredited programs must have ACGME pre-accreditation by the contract start date, July 1, 2020 to comply with accreditation requirements. Please see the sample accreditation documents below.
Dear [Name],

The Institutional Review Committee (IRC), functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following institution:

[Redacted]

Institution: [Redacted]

Based on the information available at its recent meeting, the Review Committee accredited the institution as follows:

Status: Continued Accreditation
Effective Date: [Redacted]

AREAS NOT IN COMPLIANCE (Citations)
The Review Committee cited the following areas as not in substantial compliance with the ACGME’s Institutional Requirements for Graduate Medical Education:

EXTENDED CITATIONS
GMEC | Since: [Redacted] | Status: Extended

Structure for Educational Oversight, GMEC, Membership, Meetings and Attendance
(Institutional Requirement I.B.3.a)
Each meeting of the GMEC must include attendance by at least one resident/fellow member.
(Gore)

[Redacted]

(Clarifying Information, Attachment—GMEC Minutes)

Continued Non-Compliance: [Redacted]
The Institutional Review Committee ("IRC") could not confirm resolution of the citation.
The Review Committee for Family Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Family medicine

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Maximum Number of Residents: [Redacted]
Effective Date: [Redacted]

The Review Committee determined that the program is in substantial compliance with the ACGME’s Program Requirements and/or Institutional Requirements and did not issue any new citations.

AREAS FOR IMPROVEMENT / CONCERNING TRENDS

The Review Committee identified the following areas for program improvement and/or concerning trends:

Educational Content
The Committee encourages the program to review results from the Resident Survey, as there were concerns expressed in the area of “educational content”. The Committee reminds the program that Resident Survey results are reviewed annually to assist with the determination of substantial compliance with the requirements.

Evaluations
The Committee encourages the program to review results from the Resident Survey, as there were concerns expressed in the area of “evaluations”. The Committee reminds the program that Resident Survey results are reviewed annually to assist with the determination of substantial compliance with the requirements.

Faculty Supervision and Teaching
The Committee encourages the program to review results from the Resident Survey, as there
Step 4 – Contact Information

Program Director. The program director is the individual designated with authority and accountability for the operation of a residency program.

Please enter the Program Director’s contact information, including MD or DO, name, address, email, and phone number. If the address is the same as the Residency Program, you can check a box to state as such.

Primary Contact. Please provide that person’s name, title, address, email, and phone number. If the address is the same as the Residency Program, you can check a box to state as such.

Please note, that the program director and the primary contact must be two different individuals with different contact information. If any questions arise about the application itself, PHC staff will contact both the program director and primary contact via email/or phone. If awarded, you will have the ability to update the primary contact to whomever is appropriate in their organization. Both the primary contact and the program director will be contacted if awarded.

Step 5 – Training Sites and Payor Mix

Health Professional Shortage Area (HPSA) Status. Please select whether your primary training site is located in a primary care HPSA (geographic area or automatic facility) area as defined by HRSA. An applicant will receive one point if the primary training site has a current HPSA score of 1-10 and an additional one point, for a total of two points, if the HPSA score is 11-25. Please follow the link below to find your HPSA score.

https://data.hrsa.gov/tools/shortage-area/hpsa-find

If your geographic area HPSA score differs from your automatic facility HPSA score, please enter your highest score. Other HPSA score designations, such as mental health or population HPSA cannot be used in place of geographical or automatic facility HPSA scores. If an applicant enters in the incorrect HPSA score, no points will be awarded for this question.
Please see the guide below:

**Step 1.** Once you arrive to the website through the link above, please click “Search Shortage Areas by Address,” as indicated by the red arrow below.
Step 2. Type the address of your primary training site in the search criteria box. Please note: Make sure the checkbox, “Include geographic (FIPS) codes,” is checked as indicated by the example below. Click “Search” to populate results and provide a possible HPSA score, shown in the “red square” below.
To identify your Facility HPSA, use the HPSA Find tool and input your information in the left dialog box and ensure you check only “Primary Care” for HPSA Discipline and “All HPSA Facilities” to search for HPSA facilities.
Click “Submit” to populate the search in the window on the right.

Step 3. Use either the geographic HPSA score or your automatic facility HPSA score as shown in the “red squares” below. If your geographic area HPSA

Geographical HPSA
Priority Counties. Please indicate the location of your primary ACGME-approved continuity clinic training site or the primary site through which primary care residents or emergency medicine residents rotate. Primary site is where the residents spend the majority of their time performing patient care (inpatient and outpatient).

Please include: Name of site, practice setting (the setting where one provides patient care such as, Federally Qualified Health Center, Government, Group Practice, or Hospital), street address, city, zip code, and county. You will receive three points if your primary training site is in one of the following medically underserved counties:

**Central Valley and Central Coast:** Yolo, Yuba, Fresno, Kern, Kings, Madera, Merced, Monterey, San Benito, San Joaquin, Stanislaus, Tulare, Ventura

**Inland Empire:** Riverside, San Bernardino.

**Southern California:** Imperial County
**Northern and Sierra:** Alpine, Amador, Butte, Calaveras, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne

Please provide the payor mix for the facility listed as your primary ACGME-approved continuity clinic training site or the primary site through which primary care residents or emergency medicine residents rotate. Please note, that the payor mix for the hospital or clinic is what is acceptable.

<table>
<thead>
<tr>
<th>Payor Mix</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td></td>
</tr>
<tr>
<td>Dual Eligible (Medi-Cal/Medicare)</td>
<td></td>
</tr>
<tr>
<td>Indigent</td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
</tr>
<tr>
<td>Other Payors</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>

The patient population should be calculated from your most recent 12-month fiscal year using an audited data source such as a hospital cost report. Please reference the glossary for definitions of patient populations.

If your residency program has a secondary location in which your primary care residents or emergency medicine residents rotate please provide the following information.

Please indicate the location of your secondary ACGME-approved continuity clinic training site or the secondary site through which primary care residents or emergency medicine residents rotate. Secondary site is the second most commonly used training site where residents perform patient care (inpatient and outpatient). Please include: Name of site, practice setting, street address, city, zip code, and county.

Please provide the payor mix for the facility listed as your secondary ACGME-approved continuity clinic training site or the secondary site through which primary care residents or emergency medicine residents rotate. Please note, that the payor mix for the hospital or clinic is what is acceptable.
<table>
<thead>
<tr>
<th>Payor Mix</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medi-Cal</td>
<td></td>
</tr>
<tr>
<td>Dual Eligible (Medi-Cal/Medicare)</td>
<td></td>
</tr>
<tr>
<td>Indigent</td>
<td></td>
</tr>
<tr>
<td>Uninsured</td>
<td></td>
</tr>
<tr>
<td>Other Payors</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

Points are awarded for the combined percentage of your patient population (shaded rows) that is Medi-Cal, Dual Eligible, Indigent, and Uninsured, as follows:

- 0 points = 0-10%
- 2 points = 1-20%
- 4 points = 21-40%
- 6 points = 41-60%
- 8 points = 61-80%
- 10 points = 81-100%

Please note, that if you have a secondary site, points will be awarded based on the average total of both your primary and secondary site's payor mix.

**Step 6 – Program Description**

As previously noted, all programs must have ACGME and/or AOA accreditation for both the sponsoring institution and residency program at the time of applying. Per the authorizing statute, CalMedForce’s goal is to sustain, retain, and expand graduate medical education in California with the goal of increasing the number of primary care and emergency medicine physicians. An applicant may apply for new, existing, and/or expanded positions.

**New Program.** Residency program that has received ACGME and/or AOA accreditation (both for the sponsoring institution and residency program), at the time of applying for the 2019-20 CalMedForce cycle, has not yet graduated any residents, and will enroll at least one class by July 1, 2020. (10 points will be awarded)
**Existing Program.** Residency program that has received ACGME and/or AOA accreditation, has graduated one or more cohort(s) of residents, and will have the same number of filled positions as the previous academic years. (3 points will be awarded)

**Expanding Program.** Existing residency program (has received ACGME and/or AOA accreditation and has graduated one or more cohort(s) of residents) with additional residency positions, as evidenced by letters from the appropriate accrediting body approving for a permanent or temporary increased in the number of categorical residency positions effective after July 1, 2018 (see sample document below); or has ACGME and/or AOA approved residency positions that were not filled during the 2018-19 and/or 2019-20 academic year(s) and plan to fill all/or some of the residency positions in the 2020-21 academic year. (7 points will be awarded)

Check the following boxes that best describe your program:

✓ Has received ACGME and/or AOA accreditation, has not yet graduated its first cohort of residents, and will enroll at least one class by July 1, 2020.

✓ Has received ACGME and/or AOA accreditation and has graduated one or more cohort(s) of residents.

✓ Has ACGME and/or AOA approved residency positions that were not filled during the 2018-19 and/or 2019-20 academic year(s) and plan to fill all/or some of the residency positions in the 2020-21 academic year.

✓ Has received ACGME approval for additional residency positions as evidenced by documentation from the appropriate accrediting body for a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2018 (Please upload documentation).

✓ Neither options above apply to my residency program. Will have the same number of filled positions as the previous academic years.
Approval for Expansion Letter Sample:

Accreditation Council for Graduate Medical Education
401 North Michigan Avenue
Suite 2000
Chicago, IL 60611

Program Director

Dear

The Review Committee for Internal Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:


Program:

OTHER COMMENTS

The Committee approved your request for a permanent increase from positions effective

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.
Step 7 – Requested Amount

Funding is divided up among existing, expanding, and new programs—with increased funding allocated towards new and expanding programs. Please see Step 6- Program Description for definitions of existing, expanding, and new programs.

Funding is allocated per resident position and is dependent on the type of program. Existing programs shall receive $50,000 per resident per year, expanding programs shall receive $60,000 per resident per year, and new programs shall receive $75,000 per resident per year. For example, a new residency program (residency training is 3 years), if requesting funding for five residents, may receive a total award amount of $1,125,000 to be disbursed over three years. The maximum number of residency positions that may be requested for funding is five per program, inclusive of existing, new and expanded positions. Funding will be disbursed over a three-year or four-year period depending on the length of the residency program. CalMedForce may award residency programs the full or partial amount requested.

Please note that each application may only request funding for a total of five residency positions. New programs may only request funding for new residency positions. However, existing programs may also apply for expanding residency positions if applicable, but the total amount of residency positions requested must equal five (image below).
The table below is contingent on the applicant’s response from Step 6. In this case, the “Residency Program Type” will be automatically set for the applicants. However, if this is not correct in this step, please go back to Step 6 and change the following responses appropriate. The “Total Requested” column will also be populated from information from Step 6—this information cannot be changed in this step.

<table>
<thead>
<tr>
<th>Residency Program Type</th>
<th>Residency positions requested for funding (maximum of 5 allowed)</th>
<th>Amount per position allowed</th>
<th>Duration of Residency Program: 3 or 4 years</th>
<th>Total requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>New program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expanded positions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Step 8 – Budget**

The following financial information is required from all applicants in order for an application to be considered complete. Please ensure that the information provided is accurate and follows the guidelines below.

**Program Budget.** Please provide information about your program’s budget using the table below. Your program costs should reflect the cost of your residency program for the academic year 2019-20. In no more than 300 words, please provide a budget justification for the funds requested. The Other Costs table should reflect other GME costs that do not fall under the line items listed in the budget tables such as: purchase of information technology hardware and software costs directly associated with running the
GME program; licensing, match participation, and in-training examination fees.

In the “Other Costs” table you can add more line items if needed and if an applicant accidently adds line items, they can easily remove them by clicking ‘Cancel’.

Program Budget Table

The following financial information is required from all applicants in order for an application to be considered complete. Your program costs should reflect the cost of your residency program for the academic year 2019-20.

<table>
<thead>
<tr>
<th>Expenditure Types</th>
<th>Program Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Stipends/Salaries</td>
<td></td>
</tr>
<tr>
<td>Resident Benefits</td>
<td></td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td></td>
</tr>
<tr>
<td>Educational Materials</td>
<td></td>
</tr>
<tr>
<td>Conferences</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>Supervisory physician salaries/stipends</td>
<td></td>
</tr>
<tr>
<td>Supervisory physician benefits</td>
<td></td>
</tr>
<tr>
<td>Faculty Development</td>
<td></td>
</tr>
<tr>
<td>Administrative Staff</td>
<td></td>
</tr>
<tr>
<td>Other costs</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

Other Costs Table

<table>
<thead>
<tr>
<th>Other Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure Types</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
</tr>
</tbody>
</table>
Use of Funds Requested Table
The following financial information is required from all applicants for an application to be considered complete. If awarded, please detail below how the funds would be used to support your residency program. Please note, award disbursement will be the duration of your residency program, either 3 or 4 years. The information entered below can include expenditure types that are not listed in the program budget table.

<table>
<thead>
<tr>
<th>Expenditure Types</th>
<th>Funds Requested (Calculated from Step 7)</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident Stipends/Salaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resident Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malpractice Insurance</td>
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<td></td>
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<tr>
<td>Educational Materials</td>
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<tr>
<td>Conferences</td>
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<td></td>
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<tr>
<td>Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervisory physician salaries/stipends</td>
<td></td>
<td></td>
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<tr>
<td>Supervisory physician benefits</td>
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</tr>
<tr>
<td>Faculty Development</td>
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<tr>
<td>Administrative Staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
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</tbody>
</table>

Other Costs Table

<table>
<thead>
<tr>
<th>Other Costs</th>
<th>Costs</th>
<th>Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditure Types</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Step 9 – Status of Residency Positions

**Number of Positions Available and Filled.** Please include the number of positions available and filled for 2016-17 to 2019-20. For example, a residency program could have five positions approved for post-graduate year 1 (PGY 1) 2018/19, but only have three positions filled for that year. Note that zeros must be entered into the fields if appropriate. New programs are required to complete this step, please enter zeros where appropriate.

<table>
<thead>
<tr>
<th></th>
<th>2019/20</th>
<th>2018/19</th>
<th>2017/18</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 1 Positions Approved</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY 1 Positions Filled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY 2 Positions Approved</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY 2 Positions Filled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY 3 Positions Approved</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY 3 Positions Filled</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY 4 Positions Approved (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PGY 4 Positions Filled (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have a different number of ACGME/AOA approved residency positions than filled positions, please explain (within 300 words) with the text box provided. This field is only required if your program has differences between the approved and filled positions. In the text box, appropriate explanations for example, regarding lack of funding or insufficient recruitment to fill positions. If your program does not have differences between approved and filled positions, please click “Save & Continue” after you have filled out the table above.

**Step 10 – Graduate Data for 2016-17 through 2018-19**
For the table below please enter graduate names, National Provider Index (NPI) numbers (10-digit number), if the graduates specialize in Primary Care or Emergency Medicine, and their physical practice locations, to the best of your knowledge. There are five points total (new programs will automatically receive five points). For existing and expanding programs, points will be awarded based on the percentage of graduates who practice primary care or emergency medicine at least 50% of the time. You will be able to add as many lines as you need in context of the number of graduates.

If there is a discrepancy in the number of filled positions (as listed in the previous step) and the number of graduates listed, please explain (within 300 words) in the text box provided.

0 points = 0-10%
1 point = 11-20%
2 points = 21-40%
3 points = 41-60%
4 points = 61-80%
5 points = 81-100%

Please include information on your graduates for 2018-19

<table>
<thead>
<tr>
<th>Graduate Last Name</th>
<th>Graduate First Name</th>
<th>National Provider Index (NPI) Number</th>
<th>Does this graduate practice in primary care or in emergency medicine/emergency department more than 50% of the time? (Yes/No)</th>
<th>Physical Address of Practice Location (i.e. 123, Main Street, Our Town, CA, 91001)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please include information on your graduates for 2017-18
<table>
<thead>
<tr>
<th>Graduate Last Name</th>
<th>Graduate First Name</th>
<th>National Provider Index (NPI) Number</th>
<th>Does this graduate practice in primary care or in emergency medicine/emergency department more than 50% of the time? (Yes/No)</th>
<th>Physical Address of Practice Location (i.e. 123, Main Street, Our Town, CA, 91001)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please include information on your graduates for 2016-17

<table>
<thead>
<tr>
<th>Graduate Last Name</th>
<th>Graduate First Name</th>
<th>National Provider Index (NPI) Number</th>
<th>Does this graduate practice in primary care or in emergency medicine/emergency department more than 50% of the time? (Yes/No)</th>
<th>Physical Address of Practice Location (i.e. 123, Main Street, Our Town, CA, 91001)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Step 11 – Payment Information

If awarded, payments will need to be marked to the appropriate Organization/Residency Program. Please provide the name of the Organization/Residency Program and their full address.

Please note, that information provided in this step will be used for contract purposes and cannot be changed. Please check with your financial department prior to completing this step.
Step 12 – Diversity (Optional)

This step is optional to complete. The information provided in this step will be used for data purposes only. This question does not influence scoring or award disbursement. Applicants have the option to move on directly to Step 13 in the application. Please reflect on your residency training program’s role in promoting diversity in the physician workforce.

**Diversity Strategy.** Any formal policy, program(s), and/or training activity(s) that explicitly aims to promote diversity in the residency training program along the demographics of race, ethnicity, gender, sexual orientation, socio-economic status, education status, geographic location and/or religion, among others.

Does your residency training program currently have a diversity strategy?

- ✓ Yes, our program currently has a diversity strategy
- ✓ No, our program does not currently have a diversity strategy, but plans to create one within the next three years.
- ✓ No, our program does not currently have a diversity strategy and does not plan to create one in the next three years.

If “Yes” please review the examples of diversity strategies below and select all that currently apply to your residency training program. If you have a strategy that is not listed below or you would like to give a more detailed explanation, please write it in the text box.

- ✓ Formal policy and/or mission statement that promotes diversity in residents
- ✓ Recruitment and outreach materials that promote diversity (e.g. brochures, flyers, presentations, website, etc.)
- ✓ Engages in residents in diversity-related activities (e.g. resident-led groups, peer counseling, mentorship opportunities, etc.)
- ✓ Other, please explain (text box provided)

Step 13 – Attestation

Please check the box to attest that the statements herein are true and complete to the best of your knowledge. You must also attest that you understand that knowingly submitting false information will void this
application and be considered breach of contract. Please also provide us with your name, title, and residency program.

Please note, that upon completing your application, the date of completion will be auto-populated in this format: [Date], [Time] (for example, 8/21/2019, 2:38:06 PM).

Non-Supplanting. Please check to attest that these funds are not intended to supplant state or federal funding intended to also fund residency positions.

Subject to Audit. Please check the box to acknowledge that these funds are subject to an audit pursuant to Article 2.5 (commencing with Section 30130.50), Chapter 2 of Division 2 of the Revenue and Taxation Code.

Submitting an Application. Please ensure that your application is complete and accurate. After Step 13, click “Save & Finish”. This is not the final submission button. You will have one final opportunity to review your application before submitting the application.

Please note, for applications received before October 11, 2019, 11:59 PM (PST), staff will review the application and notify both the primary contact and program director if any supplemental information needs to be submitted.

For applications submitted after October 11, 2019, 11:59 PM (PST) and before October 28, 2019, 11:59 PM (PST) the application is considered final; no changes shall be made to the final application. Following the close of the CalMedForce 2019-20 grant cycle, a final score will be sent to both the primary contact and program director as indicated in the application.
Glossary

Accreditation Council for Graduate Medical Education (ACGME)
ACGME is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans.

American Osteopathic Association (AOA)
AOA is the primary certifying body for Doctor of Osteopathic Medicine (DO). It is the accrediting agency for all osteopathic medical schools.
https://osteopathic.org/about/

Automatic Facility (Auto-) HPSAs
Automatically designated as a HPSA by statute or through regulations without having to apply for designation. Examples include, but are not limited to: FQHCs, Indian Health Facilities, Dual-funded Community Health Centers/Tribal Clinics.
https://data.hrsa.gov/data/fact-sheets#

Diversity Strategy
Any formal policy, program(s), and/or training activity(s) that explicitly aims to promote diversity in the residency training program along the demographics of race, ethnicity, gender, sexual orientation, socio-economic status, education status, geographic location and/or religion, among others.

Dual Eligible (Medi-Cal/Medicare)
A payer category that includes individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medi-Cal benefit. Also referred to as Dual Eligible.

Emergency Medicine
Emergency medicine is the medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury. The practice of emergency medicine includes the initial evaluation, diagnosis, resuscitation, critical care treatment, coordination of care among multiple providers, and disposition of
any patient requiring expeditious medical, surgical, or psychiatric care. (See the Glossary for more information)
https://www.abem.org/public/become-certified/subspecialties

**Existing Program**
Residency program that has received ACGME and/or AOA accreditation, has graduated one or more cohort(s) of residents, and will have the same number of filled positions as the previous academic years.

**Expanded Program**
Existing residency program (has received ACGME and/or AOA accreditation and has graduated one or more cohort(s) of residents) with additional residency positions, as evidenced by letters from the appropriate accrediting body approving for a permanent or temporary increased in the number of categorical residency positions effective after July 1, 2018; or has ACGME and/or AOA approved residency positions that were not filled during the 2018-19 and/or 2019-20 academic year(s) and plan to fill all/or some of the residency positions in the 2020-21 academic year.

**Geographic HPSA**
Shortage of primary care providers for the entire population within a defined geographic area. It is based on primary care hours for the following general population.
https://bhw.hrsa.gov/shortage-designation/hpsas

**Graduate Medical Education (GME)**
The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty or subspecialty.
https://acqme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

**Family Medicine**
Family physicians deliver a range of acute, chronic and preventive medical care services. In addition to diagnosing and treating illness, they also provide preventive care, including routine checkups, health-risk assessments, immunization and screening tests, and personalized counseling on
maintaining a healthy lifestyle. Family physicians also manage chronic illness, often coordinating care provided by other subspecialists. 
https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-family-medicine/

Health Professional Shortage Area (HPSA)
Areas designated by the Health Resources and Services Administration as having shortages of primary medical care, dental, or mental health providers. 
https://bhw.hrsa.gov/shortage-designation/hpsas

Health Resources and Services Administration (HRSA)
The primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable. 
https://www.hrsa.gov/

Indigent
Payor category that includes patients who are receiving charity care and/or University of California teaching hospital patients receiving care with Support for Clinical Teaching funds. This excludes those patients recorded in the County Indigent Programs category.

Internal Medicine
An Internist is a personal physician who provides long-term, comprehensive care in the office and in the hospital, managing both common and complex illnesses of adolescents, adults and the elderly. Internists are trained in the diagnosis and treatment of cancer, infections and diseases affecting the heart, blood, kidneys, joints and the digestive, respiratory and vascular systems. They are also trained in the essentials of primary care internal medicine, which incorporates an understanding of disease prevention, wellness, substance abuse, mental health and effective treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs. 
https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-internal-medicine/

Medi-Cal
California's Medicaid program. This is a payor category that offers free or low-cost health coverage for California residents who meet the eligibility
requirements. Eligibility includes low-income children and adults, pregnant women, and families. https://www.dhcs.ca.gov/services/medica/eligibility/Pages/Medi-CalFAQs2014a.aspx#1

Medicare
Medicare is the federal health insurance program for who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD). https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare

Medically Underserved Area (MUA)
Have a shortage of primary care services for residents within a geographic area. https://bhw.hrsa.gov/shortage-designation/types

Medically Underserved Population (MUP)
Have a shortage of primary care health services for a specific population subset within an established geographic area. These groups may face economic, cultural, or linguistic barriers to health care. https://bhw.hrsa.gov/shortage-designation/types

National Provider Identifier Number (NPI)

New Program
Residency program that has received ACGME and/or AOA accreditation (both for the sponsoring institution and residency program), at the time of applying for the 2019-20 CalMedForce cycle, has not yet graduated any residents, and will enroll at least one class by July 1, 2020.
**Obstetrics and Gynecology**
Obstetrics and Gynecology is a broad and diverse branch of medicine, including surgery, management of the care of pregnant women, gynecologic care, oncology, and primary health care for women.
https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-obstetrics-and-gynecology/

**Other Costs**
Allowable GME costs such as: purchase of information technology hardware and software costs directly associated with running the GME program; licensing, match participation, and in-training examination fees.

**Other Payors**
Payor category that includes all patients who do not belong in the other four categories, such as those designated as self-pay, Covered California, and commercial.

**Payor**
A payer category is a third-party or individual responsible for the predominant portion of a patient’s bill.

**Pediatrics**
Pediatrics is the specialty of medical science concerned with the physical, mental, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.
https://www.abp.org/content/subspecialty-certifications-admission-requirements

**Post-Graduate Year (PGY)**
The denotation of a post-graduate resident’s progress in their residency training.
https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

**Primary Care**
Primary care refers to Family Medicine, Internal Medicine, Obstetrics and Gynecology, and Pediatric specialties.
**Primary Site**
Primary site is where the residents spend the majority of their time performing patient care (inpatient and outpatient).

**Program Director**
The individual designated with authority and accountability for the operation of a residency/fellowship program


**Residency Program**
A structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty. There are two types of residency programs: (a) residency programs available for physician admission immediately upon graduation from medical school as described in the Institutional Requirements; and (b) residency programs available for physician admission after completion of prerequisite clinical training as described in the relevant specialty-specific Program Requirements.

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

**Resident**
An individual enrolled in an ACGME or AOA accredited residency program.

**Secondary Site**
Secondary site is the second most commonly used training site where residents perform patient care (inpatient and outpatient).

**Sponsoring Institution**
The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care
delivery system, a medical examiner's office, a consortium, or an educational foundation). Clarification: When the sponsoring institution is not a rotation site for the program, the major associated hospital for the program is the primary clinical site (see Primary clinical site).

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

**Training Site**
An organization providing educational experiences or educational assignments/rotations for residents/fellows. These can be primary, secondary, or continuity clinics. Examples of sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a free clinic, or a public health agency. [www.acgme.org](http://www.acgme.org)

**Uninsured**
Payor category that encompasses individuals who have no health insurance or other source of third-party coverage.
Any questions or comments, please call us 916-551-2899 or email us at CalMedForce@phcdocs.org.