## SECTION 5506 APPLICATION SUBMISSION PROCESS

The electronic application intake system, Medicare Electronic Application Request Information System (MEARIS™), is available for Section 5506 application submissions for Round 29 with application submissions due no later than October 13, 2026, and Rounds 30 and 31 with application submissions due no later than October 29, 2026. The Section 5506 application can be accessed at: *https://mearis.cms.gov/public/home*.

CMS will only accept Section 5506 applications submitted via MEARIS™. Applications submitted through any other method will not be considered. Within MEARIS™, we have built in several resources to support applicants:

- The "Resources" section includes guidance for the application submission process at: *https://mearis.cms.gov/public/resources*.
- Technical support is available under "Useful Links" at the bottom of the MEARIS™ web page.
- Application related questions can be submitted to CMS using the form available under "Contact" at: *https://mearis.cms.gov/public/resources*, after selecting "Graduate Medical Education (GME) Slot Redistribution Under Section 5506".

Application submission through MEARIS™ will not only help CMS track applications and streamline the review process, but will also create efficiencies for applicants when compared to a paper submission process.

The application does not need to be completed in a single session. It can be saved and accessed as needed until it is submitted.

## APPLICATION QUESTIONS FOR GRADUATE MEDICAL EDUCATION (GME) SECTION 5506

The text below includes the information requested as part of the Section 5506 application:

1. Provide information identifying the applicant hospital to include:
   - Hospital Name
   - CMS Certification Number (CCN)
   - Mailing Address
   - County or County Equivalent
   - Core-Based Statistical Area (CBSA)
   - Servicing Medicare Administrative Contractor (MAC)
   - As of the time of submitting this application, is your hospital reclassified under 42 CFR 412.103? (Y/N)

2. Provide primary and secondary contact information for the applicant hospital to include:

- Name
- Phone Number
- Email Address
- Mailing Address
- Organization
- Occupation/Job Title

3. The Section 5506 round number associated with the application.

4. Summarize the specific use for which you are requesting an increase in your hospital's FTE cap(s).

5. Reference any other participating hospitals' applications that are in conjunction with this application.

   If the applicant hospital has a program that rotates residents to one or more other participating hospitals, it should be sure to only request the portion of the FTEs that are or will be training at the applicant hospital. The applicant hospital may work with other participating hospitals to ensure that they submit separate applications to request their equivalent portion of the FTEs, such that altogether, the program as a whole is accounted for, with the goal that a sufficient number of slots might be awarded to each participating hospital to cover the entire program. The applicant hospital should indicate in its supporting documentation for each application that it has requested the appropriate FTE amount to account for rotations occurring at its hospital only. (The applicant hospital may reference other participating hospitals' applications so that CMS knows to review them in conjunction with the applicant hospital's applications.)

   If the applicant hospital is paying the residents' salaries and fringe benefits while these residents are training at a nonprovider setting(s), consistent with the regulations at 42 CFR §§ 412.105(f)(1)(ii)(E) and 413.78, that hospital may include that FTE training time in its request.

6. Indicate whether the application is associated with a specialty program or a Medicare GME Affiliated Group. If applicable, include the name/specialty of the residency training program. Indicate whether the program is an allopathic or osteopathic program.

   For direct graduate medical education (direct GME) and indirect medical education (IME) enter the number of full-time equivalent (FTE) slots requested for the specific program (or overall if seeking slots associated with a Medicare GME Affiliated Group) at your hospital.

   Please only include allowable FTE training time. For example, do not include any time

spent training at another provider, including other hospitals with a different CCN and skilled nursing facilities. If you are a hospital paid under the Inpatient Prospective Payment System, do not include in the hospital's IME training time, any time spent training in a psychiatric or rehabilitation distinct part unit at your hospital and any time spent in research that is not associated with the treatment or diagnosis of a particular patient.

If you are not requesting direct GME or IME FTE cap slots, please place a 0 in the respective field.

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

Demonstrated Likelihood Criterion 1 (DLC1) - Establishing a New Residency Program
The hospital does not have sufficient room under its direct GME FTE cap or IME FTE cap, or both, and will establish a new residency program in the specialty.

Demonstrated Likelihood Criterion 2 (DLC2) - Taking Over All or Part of an Existing Residency Program from the Closed Hospital, or Expanding an Existing Residency Program
The hospital does not have sufficient room under its direct GME FTE cap or IME FTE cap, or both, and (a) has permanently taken over the closed hospital's entire residency program, or (b) is permanently expanding its own previously established and approved residency program resulting from taking over part of a residency program from the closed hospital, or (c) is permanently expanding its own existing residency program.

Demonstrated Likelihood Criterion 3 (DLC3) - Receiving Slots by Virtue of Medicare GME Affiliated Group Agreement or Emergency Medicare GME Affiliated Group Agreement with Closed Hospital

The hospital was listed as a participant of a Medicare GME affiliated group on the most recent Medicare GME affiliation agreement or emergency Medicare GME affiliation agreement of which the closed hospital was a member before the hospital closed, and under the terms of that Medicare GME affiliation agreement or emergency Medicare GME affiliation agreement, the applying hospital received slots from the hospital that closed, and the applying hospital will use the additional slots to continue to train at least the number of FTE residents it had trained under the terms of the Medicare GME affiliation agreement or emergency Medicare GME affiliation agreement.

If the most recent Medicare GME affiliation agreement or emergency Medicare GME affiliation agreement of which the closed hospital was a member before the hospital closed was with a hospital that itself has closed or is closing, the applying hospital was listed as a participant in the next most recent Medicare GME affiliation agreement or emergency Medicare GME affiliation agreement (but not one which was entered into more than 5 years prior to the hospital's closure) of which the first closed hospital was a

member before the hospital closed, and that applying hospital received slots from the closed hospital under the terms of that affiliation agreement.

For all DLCs, the applicant hospital must provide documentation to demonstrate the likelihood of filling requested slots under section 5506 within the 3 academic years immediately following the application deadline to receive slots after a particular hospital closes.

If you are requesting an increase in the hospital's FTE cap(s) for a combination of DLC1, DLC2, or DLC3, you must complete a separate application for each DLC and specify the distinct criterion from the list within each application.

8. If applying using DLC 1 - Provide information to support your DLC1 selection.

As of the time of submitting this application, are you receiving a temporary cap adjustment for IME and/or direct GME under 42 CFR 413.79(h) for residents displaced by the closure of the hospital subject to this Round of section 5506? (Y/N)

**Check all applicable statements for your hospital.**
You will be required to upload supporting documentation for each selection.

☐ Application for accreditation of the new residency program has been submitted to the ACGME (or application for approval of the new residency program has been submitted to the ABMS).

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

☐ The hospital has other documentation demonstrating that it has made a commitment to start a new program.

9. If applying using DLC 2 - Provide information to support your DLC2 selection

As of the time of submitting this application, are you receiving a temporary cap adjustment for IME and/or direct GME under 42 CFR 413.79(h) for residents displaced by the closure of the hospital subject to this Round of section 5506? (Y/N)

**Check all applicable statements for your hospital.**
You will be required to upload supporting documentation for each selection.

☐ Application for approval to take over the closed hospital's residency program has been submitted to the Accreditation Council for Graduate Medical Education (ACGME), or the American Board of Medical Specialties (ABMS), or approval has been received from the ACGME or the ABMS.

☐ Application for approval of an expansion of the number of approved positions in its residency program resulting from taking over part of a residency program from the closed hospital has been submitted to the ACGME or the ABMS, or approval has been received from the ACGME or the ABMS.

☐ Application for approval of an expansion of the number of approved positions in its residency program has been submitted to the ACGME or the ABMS, or approval has been received from the ACGME or the ABMS.

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

10. If applying under DLC 3 - Provide information to support your DLC3 selection
Select the type of affiliation agreement for which you are applying for Section 5506 slots:

Emergency Medicare GME affiliation agreement or Medicare GME affiliation agreement

If you select “Emergency Medicare GME affiliation agreement” upload a copy of the most recent Emergency Medicare GME affiliation agreement (but not one which was entered into more than 5 years prior to the hospital's closure).

If you select “Medicare GME affiliation agreement” upload a copy of the most recent Medicare GME affiliation agreement (but not one which was entered into more than 5 years prior to the hospital's closure), as well as the most recent accreditation letters for all of the hospital’s training programs in which the hospital had a shared rotational arrangement (as defined at §413.75(b)) with the closed hospital.”

11. What Level Priority Category is appropriate for this application?

a. First, to hospitals located in the same core-based statistical area (CBSA) as, or in a CBSA contiguous to, the hospital that closed.

b. Second, to hospitals located in the same State as the closed hospital.

c. Third, to hospitals located in the same region (census region) as the hospital that closed.

d. Fourth, if the slots have not yet been fully distributed, to qualifying hospitals in accordance with the criteria established under section 5503, Distribution of Additional Residency Positions.

12. What ranking criteria is appropriate for this application?

Ranking Criterion 1
The applying hospital is requesting the increase in its FTE resident cap(s) because it is assuming (or assumed) an entire program (or programs) from the hospital that closed, and the applying hospital is continuing to operate the program(s) exactly as it had been operated by the hospital that closed (that is, same residents, possibly the same program director, and possibly the same (or many of the same) teaching staff); OR, the applying hospital's FTE resident caps were erroneously reduced by CMS under section 1886(h)(8)(A)(i) of the Act, contrary to the statutory exception at section 1886(h)(8)(A)(ii)(I) of the Act, and CMS Central Office was made aware of the error prior to posting of the FY 2015 IPPS proposed rule on the CMS Web site.

Ranking Criterion 2
The applying hospital was listed as a participant of a Medicare GME affiliated group on the most recent Medicare GME affiliation agreement or emergency Medicare GME affiliation agreement of which the closed hospital was a member before the hospital closed, and under the terms of that Medicare GME affiliation agreement or emergency Medicare GME affiliation agreement, the applying hospital received slots from the hospital that closed, and the applying hospital will use the additional slots to continue to train at least the number of FTE residents it had trained under the terms of the Medicare GME affiliation agreement, or emergency Medicare GME affiliation agreement. If the most recent Medicare GME affiliation agreement or emergency Medicare GME affiliation agreement of which the closed hospital was a member before the hospital closed was with a hospital that itself has closed or is closing, preference would be given to an applying hospital that was listed as a participant in the next most recent Medicare GME affiliation agreement or emergency Medicare GME affiliation agreement (but not one which was entered into more than 5 years prior to the hospital's closure) of which the first closed hospital was a member before the hospital closed, and that applying hospital received slots from the closed hospital under the terms of that affiliation agreement.

Ranking Criterion 3
The applying hospital took in residents displaced by the closure of the hospital, but is not assuming an entire program or programs, and will use the additional slots to continue training residents in the same programs as the displaced residents, even after those displaced residents complete their training (that is, the applying hospital is permanently expanding its own existing programs).

Ranking Criterion 4
The program does not meet Ranking Criteria 1, 2, or 3, and the applying hospital will use additional slots to establish a new or expand an existing geriatrics residency program.

Ranking Criterion 5
The program does not meet Ranking Criteria 1 through 4, the applying hospital is located in a HPSA, and will use all the additional slots to establish or expand a primary care or general surgery residency program.

Ranking Criterion 6
The program does not meet Ranking Criteria 1 through 5, and the applying hospital is not located in a HPSA, and will use all the additional slots to establish or expand a primary care or general surgery residency program.

Ranking Criterion 7
The applying hospital will use additional slots to establish or expand a primary care or general surgery program, but the program does not meet Ranking Criterion 5 or 6 because the hospital is also separately applying under Ranking Criterion 8 for slots to establish or expand a nonprimary care or non-general surgery program.

Ranking Criterion 8
The program does not meet Ranking Criteria 1 through 7, and the applying hospital will use additional slots to establish or expand a nonprimary care or a nongeneral surgery program.

13. Upload cost report worksheets. Include Worksheets E, Part A and E-4 of the most recent asfiled cost report (CMS-2552- 10).

14. Do you have any other attachments to support your application? Upload additional attachments if applicable.

15. Provide a signed and dated copy of the attestation document. Download an attestation form. Ensure the attestation form is signed and dated by an officer or administrator of the hospital who signs the hospital's Medicare cost report.

16. Upload the signed and dated (digital or scanned) copy of the attestation form.

17. Review a summary of the details included in the application and submit the application.