Grand Total: Weighted resident FTE Count

3.08

0.00

0.00

0.00

Childre	n's Hospitals Graduate	Medical Ed	U	nent Program Determination of Weight	od and Unwo	sighted D	ocidont
			ע FTE C	_	eu anu Onwe	igiitea K	esidelit
Name of A	Applicant:						
City:		State:				Zip Code:	
	Provider Number:						
	nr in which applying for fun	•	FFY	A 19			
	pplication (check box to the	•		Application		iation Appl	lication
	new children's hospital that place 'n' for no or 'y' for ye			Medicare cost reporting per	iods?		
Section 1	DETERMINATION OF R FOR THE HOSPI	completed by hospital		GME FI se Only			
	EN	HOSPITAL DATA	MCR DATA	FI DATA			
1.01	Inclusive dates of the subject						
1.02	Status of MCR						
1.03	Unweighted resident FTE co cap year)	0.00	0.00	0.00			
Section 2	AVERAGE OF UNWEIGHTED RESIDENT FTE COUNTS					MCR DATA	FI DATA
2.01	Total unweighted resident F7 reporting period	0.00	0.00	0.00			
2.02	Total unweighted resident F	0.00	0.00	0.00			
2.03	Total unweighted resident F	0.00	0.00	0.00			
2.04	Rolling average of unweighte	0.00	0.00	0.00			
2.05	Add On: Unweighted resident FTE count meeting the criteria for an exception					0.00	0.00
2.06	Adjusted rolling average of u	0.00	0.00	0.00			
2.07	Add On: Unweighted reside	0.00	0.00	0.00			
2.08	Grand Total: Unweighted	0.00	0.00	0.00			
Section 3	AVERAGE OF WEIGHTED RESIDENT FTE COUNTS				HOSPITAL DATA	MCR DATA	FI DATA
3.01	Total weighted resident FTE count for the hospital's most recently completed cost reporting period				0.00	0.00	0.00
3.02	Total weighted resident FTE	count for the h	ospital's prior co	st reporting period	0.00	0.00	0.00
3.03	Total weighted resident FTE	ighted resident FTE count for the hospital's penultimate cost reporting period				0.00	0.00
3.04	Rolling average of weighted		0.00	0.00	0.00		
3.05	Add On: Weighted resident	0.00	0.00	0.00			
3.06	Adjusted rolling average of v	0.00	0.00	0.00			
3.07	Add On: Weighted resident	0.00	0.00	0.00			

Children's Hospitals Graduate Medical Education Payment Program Determination of Weighted and Unwei Resident FTE Counts

Resident FTE Counts Name of Applicant: 0												
City:	Applicant:	0 State:	0				Zip Code:					
	Provider Number:	0	U				Zip Code.					
Fiscal Year in which applying for funding: FFY												
	pplication (check box to the	olication		Reco	nciliation <i>F</i>							
Section 4	DETERMINATION OF F FOR THE HOSPITAL MOST RECENTLY	HOSPITAL DATA		For CHG Use								
	WOST RECEIVE	1996 CAP YEAR	§422 of the MMA	MCR DATA								
4.01	Inclusive dates of the subject											
4.02	Status of MCR											
4.03	Unweighted resident FTE co (from the cap year)	0.00		0.00								
4.04	Unweighted resident FTE co which meet the criteria for ar	0.00		0.00								
4.05	Adjustment (to the cap) for the allopathic and osteopathic pr	0.00		0.00								
4.06	FTE adjusted cap				0.00	0.00	0.00					
4.07	Unweighted resident FTE co	0.00	0.00	0.00								
4.08	Enter the lesser of lines 4.06	0.00	0.00	0.00								
4.09	Unweighted resident FTE co their initial residency period	0.00	0.00	0.00								
4.10	Unweighted resident FTE co beyond their initial residency	0.00	0.00	0.00								
4.11	Weighted resident FTE counbeyond their initial residency	0.00	0.00	0.00								
4.12	Weighted resident FTE coun	0.00	0.00	0.00								
4.13	Weighted resident FTE coun following application of the	0.00	0.00	0.00								
4.14	Unweighted resident FTE co	0.00		0.00								
4.15	Unweighted resident FTE co initial residency period	0.00		0.00								
4.16	Unweighted resident FTE co their initial residency period	0.00		0.00								
4.17	Weighted resident FTE coun their initial residency period	ond	0.00		0.00							
4.18	Weighted resident FTE coun		0.00		0.00							
4.19	Total unweighted resident F	0.00	0.00	0.00								
4.20	Total weighted resident FTE	0.00	0.00	0.00								

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Application

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Unligren's Hospitals Graquate Medical Education Payment Program **Determination of Weighted and Unweighted Resident** FTF Counts Name of Applicant: 0 State: City: 0 Zip Code: 0 **Medicare Provider Number:** Fiscal Year in which applying for funding: **FFY** Type of Application (check box to the left) **Initial Application Reconciliation Application** HOSPITAL For CHGME FI **DATA** Use Only DETERMINATION OF FTE RESIDENT COUNT FOR THE Section 5 HOSPITAL'S PRIOR COST REPORTING PERIOD **MCR** 1996 Cap Year **DATA DATA** (From) 5.01 Inclusive dates of the subject cost reporting period (To) 5.02 Status of MCR 5.03 Unweighted resident FTE count for allopathic and osteopathic programs 0.00 0.00 0.00 Unweighted resident FTE count for allopathic and osteopathic programs which 5.04 meet the criteria for an add-on (to the cap) 0.00 0.00 0.00 Adjustment (to the cap) for the unweighted resident FTE count for allopathic 5.05 and osteopathic programs for affiliated programs 0.00 0.00 0.00 5.06 FTE adjusted cap 0.00 0.00 0.00 5.07 Unweighted resident FTE count for allopathic and osteopathic programs. 0.00 0.00 0.00 5.08 Enter the lesser of lines 4.06 and 4.07 0.00 0.00 0.00 Unweighted resident FTE count for allopathic and osteopathic residents in their 5.09 initial residency period 0.00 0.00 0.00 Unweighted resident FTE count for allopathic and osteopathic residents beyond 5.10 their initial residency period 0.00 0.00 0.00 Weighted resident FTE count for allopathic an osteopathic residents beyond 5.11 their initial residency period 0.00 0.00 0.00 Weighted resident FTE count for allopathic osteopathic programs 5.12 0.00 0.00 0.00 Weighted resident FTE count for allopathic and osteopathic programs following 5.13 application of the resident FTE adjusted cap 0.00 0.00 0.00 5.14 Unweighted resident FTE count for dental and podiatric programs 0.00 0.00 0.00 Unweighted resident FTE count for dental and podiatric residents in their initial 5.15 residency period 0.00 0.00 0.00 Unweighted resident FTE count for dental and podiatric resident beyond their 5.16 initial residency period 0.00 0.00 0.00 Weighted resident FTE count for dental and podiatric residents beyond their 5.17 initial residency period 0.00 0.00 0.00 Weighted resident FTE count for dental and podiatric programs 5.18 0.00 0.00 0.00 5.19 Total unweighted resident FTE count 0.00 0.00 0.00 5.20 Total weighted resident FTE count 0.00 0.00 0.00

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Children's Hospitals Graduate Medical Education Payment Program **Determination of Weighted and Unweighted Resident FTE** Counts Name of Applicant: City: State: 0 Zip Code: 0 Medicare Provider Number: 0 Fiscal Year in which applying for funding: **FFY** Type of Application (check box to the left) Reconciliation Application **Initial Application HOSPITAL** For CHGME FI **DATA Use Only** DETERMINATION OF FTE RESIDENT COUNT FOR THE HOSPITAL'S Section 6 PENULTIMATE COST REPORTING PERIOD **MCR** FI 1996 Cap Year **DATA DATA** (From) Inclusive dates of the subject cost reporting period 6.01 (To) 6.02 Status of MCR 6.03 Unweighted resident FTE count for allopathic and osteopathic programs 0.00 0.00 0.00 Unweighted resident FTE count for allopathic and osteopathic programs which 6.04 meet the criteria for an add-on (to the cap) 0.00 0.00 0.00 Adjustment (to the cap) for the Unweighted resident FTE count for allopathic and 6.05 osteopathic programs for affiliated programs 0.00 0.00 0.00 0.00 0.00 0.00 6.06 FTE adjusted cap Unweighted resident FTE count for allopathic and osteopathic programs. 6.07 0.00 0.00 0.00 6.08 Enter the lesser of lines 4.06 and 4.07 0.00 0.00 0.00 Unweighted resident FTE count for allopathic and osteopathic residents in their 6.09 initial residency period 0.00 0.00 0.00 Unweighted resident FTE count for allopathic and osteopathic residents beyond 6.10 their initial residency period 0.00 0.00 0.00 Weighted resident FTE count for allopathic an osteopathic residents beyond their 6.11 initial residency period 0.00 0.00 0.00 6.12 Weighted resident FTE count for allopathic osteopathic programs 0.00 0.00 0.00 Weighted resident FTE count for allopathic and osteopathic programs following 6.13 application of the resident FTE adjusted cap 0.00 0.00 0.00 6.14 Unweighted resident FTE count for dental and podiatric programs 0.00 0.00 0.00 Unweighted resident FTE count for dental and podiatric residents in their initial 6.15 residency period 0.00 0.00 0.00 Unweighted resident FTE count for dental and podiatric resident beyond their initial 6.16 residency period 0.00 0.00 0.00 Weighted resident FTE count for dental and podiatric residents beyond their initial 6.17 0.00 0.00 0.00 residency period 6.18 Weighted resident FTE count for dental and podiatric programs 0.00 0.00 0.00 6.19 Total unweighted resident FTE count 0.00 0.00 0.00 6.20 0.00 0.00 0.00 Total weighted resident FTE count

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