

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

Name of Applicant:				
City:		State:		Zip Code:
Medicare Provider Number:				
Fiscal Year in which applying for funding:		FFY		
Type of Application (check box to the left)		<input type="checkbox"/> Initial Application	<input type="checkbox"/> Reconciliation Application	
Are you a new children's hospital that has not completed three full Medicare cost reporting periods? (Please place 'n' for no or 'y' for yes in the cell to the right)				

Section 1	DETERMINATION OF RESIDENT FTE CAP FOR THE HOSPITAL'S MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE DECEMBER 31, 1996	To be completed by hospital	For CHGME FI Use Only	
		HOSPITAL DATA	MCR DATA	FI DATA
1.01	Inclusive dates of the subject cost reporting period	<i>(From)</i>		
		<i>(To)</i>		
1.02	Status of MCR			
1.03	Unweighted resident FTE count for allopathic and osteopathic programs (from the 1996 cap year)	0.00	0.00	0.00
Section 2	AVERAGE OF UNWEIGHTED RESIDENT FTE COUNTS	HOSPITAL DATA	MCR DATA	FI DATA
2.01	Total unweighted resident FTE count for the hospital's most recently completed cost reporting period	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
2.02	Total unweighted resident FTE count for the hospital's prior cost reporting period	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
2.03	Total unweighted resident FTE count for the hospital's penultimate cost reporting period	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
2.04	Rolling average of unweighted resident FTE count	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
2.05	Add On: Unweighted resident FTE count meeting the criteria for an exception	0.00	0.00	0.00
2.06	Adjusted rolling average of unweighted resident FTE count	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
2.07	Add On: Unweighted resident FTE count from MMA §422	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
2.08	Grand Total: Unweighted resident FTE Count	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
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	<u>0.00</u>	0.00	<u>0.00</u>
3.02	Total weighted resident FTE count for the hospital's prior cost reporting period	<u>0.00</u>	0.00	<u>0.00</u>
3.03	Total weighted resident FTE count for the hospital's penultimate cost reporting period	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
3.04	Rolling average of weighted resident FTE count	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
3.05	Add On: Weighted resident FTE count meeting the criteria for an exception	0.00	0.00	0.00
3.06	Adjusted rolling average of weighted resident FTE count	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
3.07	Add On: Weighted resident FTE count from MMA §422	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
3.08	Grand Total: Weighted resident FTE Count	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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

Name of Applicant:		0			
City:	0	State:	0	Zip Code:	
Medicare Provider Number:		0			
Fiscal Year in which applying for funding:		FFY			
Type of Application (check box to the left)		<input type="checkbox"/> Initial Application		<input type="checkbox"/> Reconciliation /	
Section 4	DETERMINATION OF FTE RESIDENT COUNT FOR THE HOSPITAL'S MOST RECENTLY COMPLETED COST REPORTING PERIOD		HOSPITAL DATA		For CHG Use
			1996 CAP YEAR	§422 of the MMA	MCR DATA
4.01	Inclusive dates of the subject cost reporting period	(From)			
		(To)			
4.02	Status of MCR				
4.03	Unweighted resident FTE count for allopathic and osteopathic programs (from the cap year)	0.00			0.00
4.04	Unweighted resident FTE count for allopathic and osteopathic programs which meet the criteria for an add-on (to the cap)	0.00			0.00
4.05	Adjustment (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs	0.00			0.00
4.06	FTE adjusted cap	0.00	0.00		0.00
4.07	Unweighted resident FTE count for allopathic and osteopathic programs.	0.00	0.00		0.00
4.08	Enter the lesser of lines 4.06 and 4.07	0.00	0.00		0.00
4.09	Unweighted resident FTE count for allopathic and osteopathic residents in their initial residency period	0.00	0.00		0.00
4.10	Unweighted resident FTE count for allopathic and osteopathic residents beyond their initial residency period	0.00	0.00		0.00
4.11	Weighted resident FTE count for allopathic an osteopathic residents beyond their initial residency period	0.00	0.00		0.00
4.12	Weighted resident FTE count for allopathic osteopathic programs	0.00	0.00		0.00
4.13	Weighted resident FTE count for allopathic and osteopathic programs following application of the resident FTE adjusted cap	0.00	0.00		0.00
4.14	Unweighted resident FTE count for dental and podiatric programs	0.00			0.00
4.15	Unweighted resident FTE count for dental and podiatric residents in their initial residency period	0.00			0.00
4.16	Unweighted resident FTE count for dental and podiatric resident beyond their initial residency period	0.00			0.00
4.17	Weighted resident FTE count for dental and podiatric residents beyond their initial residency period	0.00			0.00
4.18	Weighted resident FTE count for dental and podiatric programs	0.00			0.00
4.19	Total unweighted resident FTE count	0.00	0.00		0.00
4.20	Total weighted resident FTE count	0.00	0.00		0.00

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Name of Applicant:		0			
City:	0	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)		<input type="checkbox"/> Initial Application	<input type="checkbox"/> Reconciliation Application		
Section 5	DETERMINATION OF FTE RESIDENT COUNT FOR THE HOSPITAL'S PRIOR COST REPORTING PERIOD		HOSPITAL DATA	For CHGME FI Use Only	
			1996 Cap Year	MCR DATA	FI DATA
5.01	Inclusive dates of the subject cost reporting period	(From)			
		(To)			
5.02	Status of MCR				
5.03	Unweighted resident FTE count for allopathic and osteopathic programs		0.00	0.00	0.00
5.04	Unweighted resident FTE count for allopathic and osteopathic programs which meet the criteria for an add-on (to the cap)		0.00	0.00	0.00
5.05	Adjustment (to the cap) for the unweighted resident FTE count for allopathic 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
5.09	Unweighted resident FTE count for allopathic and osteopathic residents in their initial residency period		0.00	0.00	0.00
5.10	Unweighted resident FTE count for allopathic and osteopathic residents beyond their initial residency period		0.00	0.00	0.00
5.11	Weighted resident FTE count for allopathic an osteopathic residents beyond their initial residency period		0.00	0.00	0.00
5.12	Weighted resident FTE count for allopathic osteopathic programs		0.00	0.00	0.00
5.13	Weighted resident FTE count for allopathic and osteopathic programs following 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
5.15	Unweighted resident FTE count for dental and podiatric residents in their initial residency period		0.00	0.00	0.00
5.16	Unweighted resident FTE count for dental and podiatric resident beyond their initial residency period		0.00	0.00	0.00
5.17	Weighted resident FTE count for dental and podiatric residents beyond their initial residency period		0.00	0.00	0.00
5.18	Weighted resident FTE count for dental and podiatric programs		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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City:	0	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)		<input type="checkbox"/> Initial Application		<input type="checkbox"/> Reconciliation Application		
Section 6	DETERMINATION OF FTE RESIDENT COUNT FOR THE HOSPITAL'S PENULTIMATE COST REPORTING PERIOD			HOSPITAL DATA	For CHGME FI Use Only	
				1996 Cap Year	MCR DATA	FI DATA
6.01	Inclusive dates of the subject cost reporting period		(From)			
			(To)			
6.02	Status of MCR					
6.03	Unweighted resident FTE count for allopathic and osteopathic programs			0.00	0.00	0.00
6.04	Unweighted resident FTE count for allopathic and osteopathic programs which meet the criteria for an add-on (to the cap)			0.00	0.00	0.00
6.05	Adjustment (to the cap) for the Unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs			0.00	0.00	0.00
6.06	FTE adjusted cap			0.00	0.00	0.00
6.07	Unweighted resident FTE count for allopathic and osteopathic programs.			0.00	0.00	0.00
6.08	Enter the lesser of lines 4.06 and 4.07			0.00	0.00	0.00
6.09	Unweighted resident FTE count for allopathic and osteopathic residents in their initial residency period			0.00	0.00	0.00
6.10	Unweighted resident FTE count for allopathic and osteopathic residents beyond their initial residency period			0.00	0.00	0.00
6.11	Weighted resident FTE count for allopathic an osteopathic residents beyond their 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
6.13	Weighted resident FTE count for allopathic and osteopathic programs following 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
6.15	Unweighted resident FTE count for dental and podiatric residents in their initial residency period			0.00	0.00	0.00
6.16	Unweighted resident FTE count for dental and podiatric resident beyond their initial residency period			0.00	0.00	0.00
6.17	Weighted resident FTE count for dental and podiatric residents beyond their initial residency period			0.00	0.00	0.00
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	Total weighted resident FTE count			0.00	0.00	0.00

