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)			**_____Initial Application**		**_____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	*(From)*			
		(To)			
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		#REF!	#REF!	#REF!
2.02	Total unweighted resident FTE count for the hospital's prior cost reporting period		#REF!	#REF!	#REF!
2.03	Total unweighted resident FTE count for the hospital's penultimate cost reporting period		#REF!	#REF!	#REF!
2.04	Rolling average of unweighted resident FTE count		#REF!	#REF!	#REF!
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		#REF!	#REF!	#REF!
2.07	Add On: Unweighted resident FTE count from MMA §422		#REF!	#REF!	#REF!
2.08	**Grand Total: Unweighted resident FTE Count**		#REF!	#REF!	#REF!
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		#REF!	#REF!	#REF!
3.02	Total weighted resident FTE count for the hospital's prior cost reporting period		#REF!	#REF!	#REF!
3.03	Total weighted resident FTE count for the hospital's penultimate cost reporting period		#REF!	#REF!	#REF!
3.04	Rolling average of weighted resident FTE count		#REF!	#REF!	#REF!
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		#REF!	#REF!	#REF!
3.07	Add On: Weighted resident FTE count from MMA §422		#REF!	#REF!	#REF!
3.08	**Grand Total: Weighted resident FTE Count**		#REF!	#REF!	#REF!

Children's Hospitals Graduate Medical Education Payment Program
Government Performance and Results Act (GPRA) Tables

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)	**For submission with Reconciliation Application only.**

Table 1. Number of FTE Residents Enrolled in Approved Residency Programs Supported by or Rotating at the Children's Hospital

Number of FTE Residents Enrolled in Approved Residency Programs		*General Pediatric Residents*	*Subspecialty Pediatric Residents (Fellows)*	*Non-Pediatric Residents*	*Total*
1.01	**Sponsored by the Children's Hospital and Rotating at the Children's Hospital**	0.00	0.00	0.00	0.00
1.02	**Sponsored by the Children's Hospital and Rotating at Non-Provider sites**	0.00	0.00	0.00	0.00
1.03	**Sponsored by Other Hospitals and Rotating at the Children's Hospital**	0.00	0.00	0.00	0.00
1.04	**Sum of Lines 1.01 through 1.03 (above)**	0.00	0.00	0.00	0.00
1.05	**Sponsored by the Children's Hospital and Rotating at Other Hospitals**	0.00	0.00	0.00	0.00

Table 2. Hospital's Total and Operating Margins

Total Margins	
Operating Margins	

Children's Hospitals Graduate Medical Education Payment Program
Government Performance and Results Act (GPRA) Tables

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)   **For submission with Reconciliation Application only.**

Table 3. Hospital's Allowable Operating Expenses

Total Allowable Operating Expenses	

Table 4. Hospital's Revenue, Gross Revenue and Expenses Attributed to Patient Care

Revenue and Expense Type	*Inpatient*	*Outpatient*
1. Hospital's gross revenue attributed to Medicaid & SCHIP		
2. Hospital's gross revenue attributed to Medicare		
3. Hospital's gross revenue attributed to self-pay		
4. Hospital's gross revenue attributed to other sources		
5. Hospital's total gross revenue attributed to patient care	$0.00	$0.00
6. Hospital's total expenses attributed to uncompensated		
7. Hospital's total expenses attributed to charity care		

(Rev. 06-2006)