Department of Health and Human Services
Health Resources and Services Administration

OMB No. 0915-0313
Expiration Date: 11/30/2010

Bureau of Health Professions

December 1, 2010

Dear Children's Hospital:

The Children's Hospitals Graduate Medical Education (CHGME) Payment Program was reauthorized for a period of five years by the Children's Hospital GME Support Reauthorization Act of 2006 (Public Law 109-307) in October 2006. The reauthorizing legislation requires children's hospitals participating in the CHGME Payment Program to provide information about their residency training programs in an Annual Report submitted as an addendum to the hospitals' annual applications for funds.

Enclosed is the CHGME Payment Program Annual Report package, which includes all applicable forms, guidance and instructions. It is important to thoroughly read the detailed annual report guidance and instructions before completing the required forms. Additional copies of the annual report package may be obtained electronically via the CHGME website at:
http://bhpr.hrsa.gov/childrenshospitalgme/annualreport.

Your completed annual report package must be mailed following the guidance provided in the "Annual Report and Deadlines" section of the enclosed package.

If you have questions regarding the annual report, please call the Graduate Medical Education Branch at 301-443-1058 or e-mail at childrenshospitalgme@hrsa.gov.

Sincerely yours,

Associate Administrator

Enclosures

Department of Health and Human Services
Health Resources and Services Administration

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Children's Hospitals Graduate Medical Education (CHGME)
Payment Program Annual Report Package

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Section I: Overview of the CHGME Payment Program

Introduction

The Children's Hospital Graduate Medical Education (CHGME) Payment Program provides funds to freestanding children's hospitals to support the training of pediatric and other residents in graduate medical education (GME) programs. This program compensates for the disparity in the level of Federal funding for freestanding children's hospitals and other teaching hospitals supported by Centers for Medicare and Medicaid Services (CMS) GME funds.

Description

The CHGME Payment Program was established in 1999 when Congress passed the Healthcare Research and Quality Act. The act was signed on December 6, 1999 and the legislation authorized the program for Federal fiscal year (FY) 2000 and FY 2001. On October 17, 2000, the Children's Health Act of 2000 amended the Healthcare Research and Quality Act of 1999 extending the CHGME Payment Program through FY 2005. On December 23, 2004, additional amendments under Public Law 108-490 were made to Section 340E of the Public Health Service Act affecting the CHGME Payment Program. The Children's Hospitals Graduate Medical Education (CHGME) Payment Program was reauthorized again, for a period of five years, by the Children's Hospital GME Support Reauthorization Act of 2006 (Public Law 109-307) in October 2006. In FY 2010, the CHGME Payment Program was funded at $317.5 million.

There are about 60 freestanding children's teaching hospitals across the country that train about 30 percent of the Nation's pediatricians, nearly half of pediatric sub-specialists, and provide valuable training for physicians in many other specialties. These are the physicians who care for America's youngest population – its children. Almost 50 percent of the patient care that children's teaching hospitals provide is for low-income children, including those covered by Medicaid and those who are uninsured. In addition, these hospitals are regional and national referral centers for very sick children, often serving as the only source of care for many critical pediatric services. More than 75 percent of inpatient care at children's hospitals is devoted to children with one or more chronic conditions.

The CHGME Payment Program provides a more adequate level of support for GME training in U.S. children's teaching hospitals that have a separate Medicare provider number. These hospitals receive relatively little funding from Medicare for GME. Funding received by other teaching hospitals from Medicare was expected to exceed $9 billion in FY 2010

The CHGME Payment Program law authorized $280 million for payments in FY 2000, $285 million in FY 2001, and "such sums as necessary" for fiscal years 2002 through 2005. Congress appropriated $40 million for the program in FY 2000, $235 million in FY 2001, $285 million in FY 2002, $292 million in FY 2003, $305 million for FY 2004, and $303 million for FY 2005. For both FY 2004 and FY 2005 Congress implemented a rescission reducing total appropriated amounts. For both FY 2006 and FY 2007, the annual appropriation for the CHGME Payment Program was $297 million. In FY2009, the appropriation was $301 million, and in FY 2010, the appropriation was raised to$317.5 million. In FY 2009, the CHGME appropriation provided GME support to 56

children's hospitals in 31 states supporting more than 5,631 unweighted resident full-time equivalents (FTEs) training in these hospitals. Since the inception of this program, the program has disbursed more than $2.5 billion in Federal GME support to freestanding children's teaching hospitals.

Administration

With delegated authority from the Secretary, Health and Human Services, the CHGME Payment Program is administered by the Health Resources and Services Administration, Bureau of Health Professions.

Questions regarding the CHGME Payment Program should be directed to the:

Department of Health and Human Services
Health Resources and Services Administration
Bureau of Health Professions
Division of Medicine and Dentistry
Graduate Medical Education Branch
Parklawn Building
5600 Fishers Lane, Room 9A-05
Rockville, Maryland 20857

Telephone: 301-443-1058 Fax: 301-443-1879

Section II: Annual Report Deadline and Statutory Requirements

Effective Date of Annual Report Requirement

The effective date of Public Law 109-307 applies to the FY 2008 CHGME Payment Program application year and each subsequent fiscal year through FY2011.

All children's hospitals receiving CHGME Payment Program funding must submit a completed Annual Report as an addendum to each participating children's hospital's (initial) application for funding. Hospitals who fail to submit their completed annual report by this date are subject to penalty (See ***Failure to Report*** below).

Release of Annual Report Materials

As mentioned above, the annual report will be an addendum to each participating children's hospital's (initial) application for funding. The CHGME Payment Program Annual Report Package will be released (to hospitals) on or about **December 1, 2010**. The Annual Report forms will be made available for hospitals to download from the CHGME Payment Program website on or about this date.

Electronic Availability of Annual Report Materials

Annual report materials will be available electronically via the CHGME Payment Program website at http://bhpr.hrsa.gov/childrenshospitalgme/annualreport.htm.

Annual Report Submission and Deadline

Annual reports accepted for review must be completed following the annual report guidance and instructions provided herein, submitted in English, typed, and include the above completed forms and supporting documentation as identified in the Annual Report (HRSA 100-1, HRSA 100-2, and HRSA 100-3), certification (HRSA 100-4) signed by the individual authorized to sign for the applicant institution (HRSA-99-3) and the Annual Report Checklist (100-5). The completed, signed annual report package must be postmarked by **February 4, 2011** and submitted to the:

Health Resources and Services Administration
Bureau of Health Professions
Division of Medicine and Dentistry
Graduate Medical Education Branch
Parklawn Building
5600 Fishers Lane Room 9A-05
Rockville, Maryland 20857

Reports that are not postmarked by the specified deadline will not be accepted for processing and will be returned to the applicant.

Annual Report Statutory Requirements

As mandated by ***Public Law 109-307***, the CHGME Payment Program Annual Report requires participating children's hospitals to report the following information for the **residency academic year** completed *immediately* prior to the fiscal year for which the children's hospital is applying for CHGME Payment Program funding. The current report, effective for the FY2011 application year, will report information related to the **July 1, 2009 to June 30, 2010 academic year**.

Information Required by Public Law 109-307:

i. *The types of resident training programs that the hospital provided for residents, such as general pediatrics, internal medicine/pediatrics, and pediatric subspecialties, including both medical subspecialties certified by the American Board of Pediatrics and non-medical subspecialties approved by other medical certification boards.*

ii. *The number of training positions for residents, the number of such positions recruited to fill, and the number of such positions filled.*

iii. *The types of training that the hospital provided for residents related to the health care needs of different populations, such as children who are underserved for reasons of family income or geographic location, including rural or urban.*

iv. *The changes in residency training for residents which the hospital has made during such residency academic year (except that the first report submitted by the hospital shall be for such changes since the first year the hospital received payment including (I) changes in curricula, training experiences, and types of training programs, and benefits that have resulted in such changes; and (II) changes for purposes of training residents in the measurement and improvement of the quality and safety of patient care.*

v. *The numbers of residents who completed their residency training at the end of such residency academic year and care for children within the borders of the service area of the hospital or within the borders of the State in which the hospital is located. Such numbers shall be disaggregated with respect to residents who completed their residencies in general pediatrics or internal medicine/pediatrics, subspecialty residencies, and dental residencies.*

According to the Public Law 109-307, the residents referred to in the paragraphs above are those who:

(i) are in full-time equivalent resident training positions in any training program sponsored by the hospital; or
(ii) are in a training program sponsored by an entity other than the hospital, but who spend more than 75 percent of their training time at the hospital.

Structure of the Annual Report and Compliance

The CHGME Payment Program Annual Report data collection instrument includes three Excel-based workbooks including a Screening Instrument (*HRSA 100-1*) and the two-part Annual Report (*HRSA 100-2*

and *HRSA 100-3*) for qualifying hospitals. Each workbook has multiple worksheets, each designed to meet a legislative mandate delineated in Public Law 109-307.

All participating hospitals must complete the *HRSA 100-1*, Screening Instrument, the *HRSA 100-4* Certification Form and the *HRSA 100-5*, Annual Report Checklist.

Only certain hospitals (those qualifying by virtue of sponsoring any GME training programs with at least one resident or training residents sponsored by another institution who spend more than 75 percent of their training time training in the children's hospital) are required to complete the two- part Annual Report (*HRSA 100-2* and *HRSA 100-3*).

The *HRSA 100-1* (Screening Instrument) includes five worksheets and is designed to determine whether the children's hospital is required to complete the additional components of the Annual Report (*HRSA 100-2* and *HRSA 100-3*).

Those training programs meeting the requirement of having (1) at least one resident in a full-time equivalent (FTE) training position in any GME training program *sponsored* by the children's hospital; *or* (2) at least one resident in a GME training program sponsored by another entity, but who spends *more than 75 percent of his or her training time* at the children's hospital are required to complete the *HRSA 100-2* and the *HRSA 100-3*. The *HRSA 100-2* requires hospital-level information and the *HRSA 100-3* requires program-specific information.

One *HRSA 100-3* Form must be completed for *each qualifying training program*.

Details and instructions of the requirements are provided in Section III of this Guidance.

Failure to Report

According to **Public Law 109-307**, failure to report shall result in a 25 percent reduction in payment if the Secretary determines that-

"(I) the hospital has failed to provide the Secretary, as an addendum to the hospital's application under this section for such fiscal year, the report required under subparagraph (B-Annual Report) for the previous fiscal year; or

"(II) Such report fails to provide the information required under any clause of such subparagraph.

"(ii) NOTICE AND OPPORTUNITY TO PROVIDE MISSING INFORMATION.----Before imposing a reduction under clause (i) on the basis of a hospital's failure to provide information described in clause (i)(II), the Secretary shall provide notice to the hospital of such failure and the Secretary's intention to impose such reduction and shall provide the hospital with the opportunity to provide the required information within a period of 30 days beginning on the date of such notice. If the hospital provides such information within such period, no reduction shall be made under clause (i) on the basis of the previous failure to provide such information.

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Procedures and Schedule for Providing a Missing Report or Missing Information

As required by Public Law 109-307, upon notice by the Secretary, hospitals will be allowed 30 days to provide an annual report or required information missing from a submitted annual report. It is anticipated that notices will be made no later than **March 8, 2011** with a requirement that hospitals provide the annual report or missing information postmarked no later than **April 7, 2011**.

Opportunity for Amending a Completed Report

Hospitals may provide amended information to a completed report by **June 30** of the fiscal year in which the Annual Report is submitted.

Section III: Annual Report Forms and Instructions

Summary of Annual Report Data Collection Instrument

As noted above, the CHGME Payment Program Annual Report data collection forms include three Excel-based workbooks: a Screening Instrument (*HRSA 100-1*) and a two- part Annual Report (*HRSA 100-2* and *HRSA 100-3*) to be completed by qualifying hospitals. Each workbook has multiple worksheets, each of which is designed to meet a legislative mandate delineated in Public Law 109-307.

All participating hospitals must complete the *HRSA 100-1*, Screening Instrument, the *HRSA 100-4* Certification Form and the *HRSA 100-5*, Annual Report Checklist.

The *HRSA 100-1* (Screening Instrument) includes five worksheets and is designed to determine whether the children's hospital is required to complete the additional components of the Annual Report (*HRSA 100-2* and *HRSA 100-3*).

Those training programs meeting the requirement of having (1) at least one resident in a full-time equivalent (FTE) training position in any GME training program sponsored by the children's hospital; *or* (2) at least one resident in a GME training program sponsored by another entity, but who spends more than 75 percent of his or her training time at the children's hospital are required to complete the *HRSA 100-2* and the *HRSA 100-3*.

The *HRSA 100-2* requires hospital-level information with statistics about discharged patients and , hospital patient safety initiatives..

The *HRSA 100-3* requires program-specific information. One *HRSA 100-3* Form must be completed for *each qualifying training program*. Details and instructions of the requirements are provided in Section IV below.

> If ***any*** GME training programs are highlighted in the final worksheet of the HRSA 100-1 (worksheet *HRSA 100-1-E),* indicating that your children's hospital trained at least one resident in a sponsored program or at least one resident who spent more than 75 percent of his or her training time for the academic year receiving training in your hospital, ***your hospital must submit a completed HRSA 100-2 with hospital-level information for the hospital as a whole and one HRSA 100-3 for each highlighted program. The hospital may be submitting as many as 30 or more separate HRSA 100-3 forms, depending on how many programs are highlighted in worksheet 100-1-E.***

Specific instructions for completing each worksheet in each workbook are provided below.

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INSTRUCTIONS FOR HRSA 100-1: CHGME PAYMENT PROGRAM ANNUAL REPORT SCREENING INSTRUMENT

CHGME Payment Program Annual Report
HRSA 100-1, Screening Instrument (Academic Year July 1, 2009 – June 30, 2010)

The HRSA 100-1, (the Annual Report Screening Instrument) requires information about your children's hospital, its training programs and number of resident trainees. The Excel workbook includes *five* worksheets, the HRSA 100-1-A, HRSA 100-1-B, HRSA 100-1-C, HRSA 100-1-D, and the HRSA 100-1-E. All CHGME Payment Program participating hospitals must complete the screening instrument.

All worksheets of the form must be completed unless otherwise specified (for example, hospitals that do not sponsor any programs are instructed to skip the worksheet HRSA 100-1-C). The responses provided in this screening instrument will be used to determine which hospitals are required to complete the next two workbooks, the HRSA 100-2 and HRSA 100-3.

Complete the worksheets in the HRSA-100-1 in the order that the sheets are presented. Specific instructions for each worksheet are provided below.

The information about residency programs and residents refers to the academic year completed immediately prior to the hospital's initial application for CHGME Payment Program funds. Academic years run from July 1 through June 30. The FY2010 CHGME Annual Report, which will be submitted by your hospital as an addendum to the FY2011 application for funds, requires information on the ***academic year July 1, 2009 – June 30, 2010***.

HRSA 100-1-A CHILDREN'S HOSPITAL IDENTIFICATION:

This worksheet requests hospital demographic information and identification of the Federal Fiscal Years for which your hospital received CHGME payments. The sheet also includes a drop down box to indicate whether this is the initial filing of the annual report or the provision of missing information. The information you provide on the name of your hospital, the Medicare provider number, and the date of your report will carry over from the first worksheet to the other worksheets in the HRSA 100-1.

HRSA 100-1-B CHILDREN'S HOSPITAL GME PROGRAM STATUS AND PROGRAM CHANGE:

The 100-1-B is the central worksheet of the 100-1 workbook because responses in the following forms depend on correct responses in the 100-1-B. Please read the instructions below carefully.

At the top, the worksheet asks for the number of outside institution(s) that send residents to your hospital for training. Outside institutions include medical schools and other hospitals. For your FY2011 annual report, the number reported should apply to the 2009-2010 academic year.

The main body of the worksheet requests information on all accredited GME training programs by "status" and "program change." "Status" is whether your hospital is a sponsoring institution, a major participating institution, and/or a rotation site. (See ***Definitions*** in Section IV of this Guidance for a definition of each of these terms.) "Program change" refers to whether the program was added or dropped since the previous academic year.

For each program listed in worksheet 100-1-B, including those listed at the end of the form by the hospital, the hospital will indicate whether the program is sponsored by the hospital, the hospital serves as a major participating institution of rotation site for the program, or the program was not offered in academic year 2009-2010 AND whether the program was added, dropped, or had no change since the previous academic year. *There must be at least TWO check marks in each row of the form where the name of a program is listed, one checkmark to indicate program status and one checkmark to indicate program change. (There may be more than two check marks.)*

Program Status: Identify all accredited GME training programs by "status." For any GME training program, the hospital may be a sponsoring institution, a major participating institution, and/or a rotation site. If your hospital is a sponsoring institution and/or a major participating institution and/or a rotation site, *check all that apply*. A hospital may be both a sponsoring institution and a rotation site.

"Not Offered" is one of the options and MUST be checked if the program is not offered at your hospital in the most recent academic year (2009-2010).

Be sure to cursor through the complete list of GME training programs. If your hospital trains residents in GME training programs other than those listed, you may add the name of the program at the end of the list and specify the "status" of the additional programs.

Remember that there must be a check for each program listed whether or not the hospital trains residents in the program. Check the 'Not Offered" box for programs for which no residents were training in the previous academic year.

Under the heading "Program Status," there must be at least one box checked for each program listed. Because a hospital can be both a sponsor and a rotation site for the same program, it is possible to have two check marks under the heading "Program Status."

Program Change: Under the columns for program change, indicate whether each program listed was added or dropped since the previous academic year by checking the appropriate box. If a program was neither added nor dropped, check "no change."

Under the heading "Program Change" there must be at least one box checked for each program listed.

Entire Form 100-1-B: As noted above, t*here must be at least TWO check marks in each row of the form 100-1-B where the name of a program is listed, to indicate program status AND change. (There may be more than two check marks, for example, when a hospital is both a*

sponsor and a rotation site for a program and under program change there has been no change since the previous year. See some specific examples below.)

Examples:

1. Young Friends Children's Hospital (YFCH) sponsors three GME programs: Pediatrics, Adolescent Medicine, and Pediatric Oncology. There has been no change in the status of these programs since the previous academic year. In addition to sponsoring its own Pediatrics program, YFCH serves as a rotation site for a Pediatrics program sponsored by a nearby medical school. Also, for the first time, YFCH served as a rotation site for a Surgery program.

In Form 100-1-B, for the Pediatrics program, there would be 3 checkmarks, one for "sponsor, one for "rotation site" and one for "no change" under Program Change.

For the Adolescent Medicine and Pediatric Oncology Program rows, there would be two checkmarks, one for "sponsor" and one for "no change".

For the Surgery program there would be two check marks, one for "rotation site" and one for "added." Cursor all the way down to "S" to find the Surgery program listed on the left hand side of the form.

For all other programs listed on the left hand side of the worksheet, there would be two checkmarks, one for "not offered" and one for "no change."

2. Metropolitan Children's Hospital (MCH) is a large institution sponsoring 15 GME training programs. All 15 GME programs should be checked as "sponsoring institution."

Metropolitan is also a rotation site for numerous specialties, 20 in all. Not all the specialties are listed in the worksheet. All 20 programs should be checked as "rotation sites." Those that are not listed should be written in at the end of the worksheet, and "rotation site" should be checked.

None of the 35 programs was added or dropped in the most recent academic year, so "no change" should be checked under Program Change.

All other programs listed down the left side should have two check marks, one for "not offered" and one for "no change."

3. Southwest Children's Hospital sponsored a program in Pediatric Cardiac Imaging in the previous academic year, but has dropped its sponsorship of the program in the current academic year due to the loss of faculty. Pediatric Cardiac Imaging will two check marks in the row-- one for "not offered" and one for "Program Dropped Since Previous Academic Year."

4. Midwest Children's Hospital added a new sponsored program in Pediatric Sports Medicine since the previous academic year. The row listing Pediatric Sports Medicine will have a check

mark in the first column for sponsored programs and a check mark in the column labeled "Program Added Since Previous Academic Year."

HRSA 100-1-C SPONSORING INSTITUTIONS: Number of Trainees

In this worksheet, if your hospital is sponsoring one or more GME training programs, the name of the sponsored GME training program will be listed and highlighted (as a result of your having identified the program in the previous worksheet (HRSA 100-1-B).

If your hospital is not a sponsoring institution for any GME training programs, no GME programs will be identified and highlighted, and you should proceed to the next worksheet (HRSA 100-D).

Complete the required row information for the highlighted GME programs. If you attempt to enter residents for a program that was not checked in the previous worksheet, you will receive an error message. Please ensure that all of the appropriate programs are selected in the HRSA 100-1-B.

The required row information includes number of approved resident positions, number of recruited positions, number of resident positions filled, and the number of FTE residents. The first three columns refer to positions only. The last column is for number of FTE residents (people). See examples below.

Positions: These are approved GME training positions (slots) in a GME *training program sponsored by the children's hospital*. The positions may have been approved by the Accreditation Council for Graduate Medical Education, the American Board of Pediatrics, or other official body. Recruited positions are those positions the program recruited to fill *in the relevant academic year only*. For example, a program may have a total of 93 approved positions. For the academic year 2008-2009, the program recruited to fill only 31 of these slots. The number of positions filled is the number of filled positions for the entire program (all FTE years). This number should be significantly larger than the number recruited for the current academic year.

Residents: These are *people (trainees*) who are in full-time equivalent resident training positions in any training program sponsored by the hospital. For this worksheet, HRSA 100-1-C, residents are those in your *sponsored programs* only.

Example:

The Pediatrics program at Young Friends Children's Hospital (YFCH) is accredited (approved) for 45 positions (15 positions for PGY1, PGY2, and PGY3), and recruited to fill 17 positions this year (15 PGY 1's and 2 PGY 2's (2 former residents left the program). For the academic year, only 43 positions were actually filled. The last column heading refers to the residents (people) who filled the 43 positions. Forty-five (45) residents actually filled the 43 positions because four of the residents worked half-time.

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SPONSORING INSTITUTION:

Program	Number of Approved Positions	Number of Recruited Positions	Number of Positions Filled	Number of Residents in FTE Training Positions
Pediatrics	45	17	43	45

<u>HRSA 100-1-D Major PARTICIPATING INSTITUTION, ROTATION SITE, OTHER PARTICIPATING:</u> Number of Trainees

In this worksheet, if your hospital is a major participating institution and/or rotation site for one or more GME training program(s) as you indicated on the HRSA 100-1- B, the name of the GME training programs will be listed and highlighted.

Complete the required row information for the highlighted GME program(s). *If your hospital is not a major participating institution or rotation site for any GME training programs, no GME training program(s) will be identified or highlighted and you should proceed to the next worksheet (HRSA 100-1-E).*

The required row information includes 1) the number of approved positions (for your hospital as a major participating institution), 2) the number of recruited positions (the number of approved positions the program attempted to fill in the most recent academic year) , 3) the number of residents rotating through the program in your hospital in the most recent academic year (July 1, 2009- June 30, 2010 for the FY2011 report), and 4) the number of trainees spending more than 75 percent of their training time under your children's hospital supervision. If you attempt to enter residents for a program that is not checked in the HRSA 100-1-B, you will receive an error message. Please ensure that all of the appropriate programs are selected in the HRSA 100-1-B. Note: Many programs for which the hospital serves as a rotation site will not have a specified number of approved positions. Only those programs for which the hospital is listed as a major participating institution (but not a sponsoring institution) are likely to have a specific number of approved rotation positions. If the program does not have a specific number of approved rotation positions, enter zero (0) in the first column.

The first two column headings in this worksheet (HRSA 100-1-D) refer to approved and recruited positions only. The second two column headings refer to residents (people). Positions and people are distinguished below:

<u>Positions</u>: These are approved GME training *positions (slots)* in a GME training program for which your hospital is a *"major participating institution."* The positions may have been approved by the Accreditation Council for Graduate Medical Education, the American Board of Pediatrics, or other approving body.

<u>Residents</u>: These are *people (trainees)* who participated in the training program sponsored by an entity other than your children's hospital and received training in your children's hospital during the most recent academic year (July 1, 2009- June 30, 2010 for the FY2011 report). For this worksheet, HRSA

100-1-D, residents are those who are training in your hospital in a *program sponsored by another entity* such as a medical school or another hospital *only*.

Residents Rotating through Programs

The heading "Number of Residents Rotating through Programs in the Most Recent Academic Year" refers to ***all residents*** coming to the hospital in the academic year. It includes those residents who may spend only two weeks of the year training in the hospital. Some of the larger CHGME hospitals may have as many as 700-800 residents (people, not FTEs) training in the hospital over the academic year.

75% Time Residents

The heading "Number of Trainees Spending 75% under Children's Hospital Supervision" refers to the percent time residents in a program not sponsored by your children's hospital receive training in your children's hospital during the academic year on which you are reporting the "75% time" stipulation requires that residents spend more than three-fourths or more of the total time required to fulfill the residency requirements for the year in the non-sponsoring institution (your children's hospital) in order to be counted here.

Residency requirements should be interpreted broadly to include all required clinical, in house and pager call, research, and scholarly activities supervised by the children's hospital. Total time required to complete a year of training can be counted in days, weeks, months, or blocks according to the program's typical rotation schedule. Vacation time should be omitted from the denominator. The following is an example of 75% time:

A general pediatrics resident (PGY1) who has spent 36 or more of the required 48 weeks (52 -- 4-week vacation block) of rotations in a non-sponsoring institution.

HRSA 100-1-E: LIST OF PROGRAMS FOR ANNUAL REPORT:

You do not insert any information into this worksheet. After completion of the preceding worksheets, the programs for which your hospital is required to complete subsequent components of the CHGME Payment Program Annual Report (HRSA 100-2 and HRSA 100-3) will be highlighted in this sheet.

If no GME training programs are highlighted in the HRSA 100-1-E, you will be asked to sign the Annual Report Certification Form (HRSA 100-4) and fill out the Annual Report Checklist (HRSA 100-5) indicating that your hospital will be submitting the HRSA 100-1, the HRSA 100-4 and the HRSA 100-5. No additional information will be required. Your CHGME Payment Program Annual Report is complete.

If ***any*** GME training programs are highlighted in the HRSA 100-1-E (indicating that your children's hospital trained at least one resident in a sponsored program or at least one resident from a program not sponsored by your hospital who spent more than 75% of his or her training time for the academic year receiving training in your hospital)***, your hospital must submit a completed HRSA 100-2 with hospital-level information for the hospital as a whole and one HRSA 100-3 for each highlighted program. The hospital may be submitting as many as 35 or more separate HRSA 100-3 workbooks, depending on***

how many programs are highlighted in worksheet 100-1-E.

B. INSTRUCTIONS FOR HRSA 100-2: CHGME PAYMENT PROGRAM ANNUAL REPORT, HOSPITAL LEVEL INFORMATION

CHGME Payment Program Annual Report
HRSA 100-2, Hospital Level Information (Academic Year July 1, 2009 – June 30, 2010)

The **HRSA 100-2** includes three worksheets (HRSA 100-1-A, HRSA 100-2-B, and HRSA 100-2-C. requiring hospital level data on the care provided to children who are underserved for financial, social, geographic or medical reasons and hospital-level patient safety initiatives relevant to GME training programs..

Patient discharge data are required in the first two worksheets (HRSA 100-2-A and HRSA 100-2-B). Individuals with access to your discharge data should complete the 100-2-A, DISCHARGES BY PAYOR, ZIP and 100-2-B, DISCHARGES BY SELECTED CHRONIC DISEASES. *This information will serve as proxy measures for potential exposure that residents experience in their respective training programs to underserved populations.*

As with all information for the FY2011 annual report, the information provide must be for the **academic year July 1, 2009 – June 30, 2010.**

Specific instructions on each sheet are provided below.

HRSA 100-2-A: DISCHARGES BY PAYOR, ZIP:

This worksheet requests summary data, at the hospital level, on payor mix and patient city, state and residential zip code. Payor categories include private insurance, Medicaid and/or SCHIP, Medicare, Other Public Payors, Self-Pay and Uncompensated Care. *(Self-pay refers to out-of-pocket payments by patients for hospital services.)*

Discharge categories include inpatient discharges, outpatient visits, and emergency department visits occurring during the academic year **July 1, 2009 through June 30, 2010.** (*Outpatient Visits do not include visits for lab services only*).

- **Please note that the city, state, and zip code data should be provided for all zip codes and sent to HRSA on a CD along with the CHGME Annual Report package. The table on the HRSA 100-2-A worksheet is provided as an example only.** ***No paper copy of the Discharges by Zip Code is required*.**

HRSA 100-2-B: DISCHARGES BY SELECTED CHRONIC DISEASE:

This worksheet requests summary data, at the hospital level, on selected patient chronic disease diagnoses. The selected chronic diseases are listed in the worksheet. At-risk neonates are identified using V codes for low birth weight. Discharge categories include inpatient discharges, outpatient visits, and emergency department visits. (*Outpatient Visits do not include visits for lab services only*). Data

provided by the hospital in the worksheets should cover the academic year from **July 1, 2009 through June 30, 2010.**

- **Please note that the primary diagnosis and all secondary diagnoses should be used to complete this table.**

HRSA 100-2-C: HOSPITAL LEVEL PATIENT SAFETY INITIATIVES:

This worksheet requests information on hospital level patient safety initiatives. For each safety-related initiative listed, the form uses checkboxes for you to indicate whether the area was part of the hospital's patient safety program in the most recent academic year (**July 1, 2009 – June 30, 2010**) and whether the hospital has made changes in the initiative since the previous academic year (2007-2008). No check mark in the box indicates that the particular initiative is not part of the hospital's patient safety program.

- **The list of initiatives is based on references in the patient safety literature. Other examples may apply and may be listed by you at the end of the list.**

The worksheet also provides space in text boxes for you to provide a narrative description of the reasons for any changes that have been made to the initiative and the benefits of each initiative. Each text box can include as many as 32,000 characters. If you prefer, you may make a response on a separate sheet of paper and attach it to your paper submission of the annual report.

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C. INSTRUCTIONS FOR HRSA 100-3: PROGRAM SPECIFIC INFORMATION

CHGME Payment Program Annual Report
HRSA 100-3, Program Specific Information (Academic Year July 1, 2009 – June 30, 2010)

The HRSA 100-3 workbook should be completed for ***each*** of the GME training programs identified in HRSA 100-1-E, "LIST OF GME PROGRAMS FOR ANNUAL REPORT." Multiple 100-3 workbooks ***do not*** have to be aggregated at the hospital level.

> ***Example:*** If 27 GME training programs are identified on the HRSA 100-1-E, "LIST OF GME PROGRAMS FOR ANNUAL REPORT," 27 workbooks will be completed and submitted to HRSA together with one HRSA 100-1 workbook and one HRSA 100-2 workbook.

Type in the name of the program being reported on in the space provided at the top of the worksheet HRSA 100-3-A. The name of the program will carry over to all pages of the HRSA 100-3 workbook.

SAVE the workbook with the ***name of the program, the Medicare Provider Number, and the Federal Fiscal Year of the report.***

> ***Example***: For a report on a pediatric cardiology program, you could save the workbook as ***pedscard16-3301FY10.xls***

The HRSA 100-3 includes six (6) worksheets (HRSA 100-3-A, HRSA 100-3-B, HRSA 100-3-C, HRSA 100-3- D, HRSA 100-3-E, and HRSA 100-3-F). Each worksheet uses either "drop down boxes" or "check boxes" for the responses to the questions regarding GME training.

In some instances, space is provided for *written answers* to specific questions regarding changes in and respective benefits of changes in training. Each text box can include as many as 32,000 characters. If you prefer, you may make a response on a separate sheet of paper and attach it to your paper submission of the annual report. *If you choose to include information on a separate sheet, please indicate the Medicare provider number, the name of the GME program, and the question you are answering on each sheet.*

Complete the worksheets of the HRSA 100-3 in the order that the sheets are presented.

HRSA 100-3-A DIFFERENT POPULATIONS: TYPES OF (APPROACHES TO) TRAINING:

This worksheet asks about approaches used in training including didactic approaches, clinical experiences, community-based experiences, research and other types of training approaches. A drop down box gives three choices for a response: required, elective, and not currently used. *One of these responses must be chosen.*

The worksheet further asks (in the drop down box to the right) whether the particular approach to training addressed care of a particular underserved population or combination of underserved populations. If the type of training is not currently used ***or*** if underserved populations are not addressed by the particular type of training, the second drop down box should be left BLANK.

Examples:

1. Under "Didactic Approaches" at the left of the table, your program does not require attendance at "Workshops" as a teaching approach. Choose "Not currently Used" in the first drop down box. Because this approach is not currently used, leave the second drop down box blank.

2. Under "Clinical Experiences" at the left of the table, your program requires "Bedside Training" as a teaching approach. Choose "Required" in the first drop down box.

3. When the bedside training occurs it usually addresses socio-cultural issues and medical issues for underserved patients. Choose "two or three populations" in the second drop down box.

4. Under Community Based Experiences, "Juvenile detention facilities," this setting is offered as an elective rotation site for residents. Choose "Elective" in the first drop down box. The facility includes underserved youth from all backgrounds. Choose "All of the above" in the second drop down box.

HRSA 100-3-B DIFFERENT POPULATIONS: CONTENT OF TRAINING:

This worksheet requires information about the content of training related to underserved populations. Check boxes are provided for responses to indicate whether *the topic* is addressed in didactic training, clinical experience, research training, or not currently addressed in the curriculum. *At least one check box per row must be marked.* The worksheet provides for *multiple responses for each topic* listed.

- For example, a particular topic (e.g., "substance abuse") may be addressed in didactic training, clinical experiences, and research. Mark all that apply.

HRSA 100-3-C: CHANGES IN CURRICULUM AND EXPERIENCES IN RESIDENCY TRAINING:

This worksheet requires information about topics in the curriculum/ part of training in the most recent academic year (2009-2010) and curriculum change(s) that may have occurred since the previous academic year (2008-2009) and the reasons for and benefits of any change(s). Specific topics are listed under general headings such as didactic training in basic science, health promotion, and other didactic training; dental care; community health system topics; clinical training and rotations; and types of evaluations of resident training used.

The worksheet uses checkboxes and provides space in a text box for a narrative description of the reasons for and benefits of any change(s) made. Each text box can include as many as 32,000 characters. If you prefer, you may make a response on a separate sheet of paper and attach it to your paper submission of the annual report.

There must be at least one check mark in each row. A check in the checkbox in the first column indicates NO-- the topic was not in the curriculum/part of training in the most recent academic year. A check in the second box indicates YES--the topic was in the curriculum/part of training in the most recent academic year. If the topic was part of training in 2009-2010, answer the questions in the next two columns.

Examples:

1. The topic Oral Health was not part of the program's curriculum in the most recent academic year. *Only the first box should be checked*.
2. The topic Genomic/Proteomics was newly added to the program's curriculum in the most recent academic year. *The second and third boxes should be checked.*
3. The topic Procedure Logs was part of the program's curriculum in the most recent academic year. It has been part of the curriculum since 1995-1996. No changes to the teaching of this topic have been made since 1995-1996. *Only the second box should be checked.*
4. The topic Obesity-related care has long been part of the programs curriculum, but the training was significantly expanded and improved in 2009-2010. *The second and fourth boxes should be checked.*

HRSA 100-3-D CHANGES IN TRAINING RELATED TO TRAINING IN QUALITY IMPROVEMENT

This worksheet requests information on curriculum components relevant to quality improvement, changes in such curricula, and the resulting benefits of any changes. For each of the topics related to training in the quality of care, use the check boxes to indicate the changes in your curriculum or training program that have occurred since the previous academic year.

The instructions are the same as those for the HRSA 100-3-C. *There must be at least one checkmark in each row.* A check in the checkbox in the first column indicates NO-- the topic was not in the curriculum/part of training in the most recent academic year. A check in the second box means YES--

the topic was in the curriculum/part of training in the most recent academic year. If the topic was part of training in 2009-2010, answer the questions in the third and fourth columns.

Provide reasons for any change(s) and describe resulting benefits from change(s) in the space (text box) provided below each list. Each text box can include as many as 32,000 characters. If you prefer, you may make a response on a separate sheet of paper and attach it to your paper submission of the annual report.

HRSA 100-3-E CHANGES IN NUMBER OF RESIDENTS AND FACULTY/BENEFITS:

This worksheet requires information on the number of faculty and residents affiliated with your training program in the previous academic year (2008-2009) and in the most recently completed academic year (2009-2010).

The form also asks about the benefits of any changes in the number of residents and/or the number of faculty in your program. Space is provided in a text box for a narrative response related to reasons and benefits. Each text box can include as many as 32,000 characters. If you prefer, you may make a response on a separate sheet of paper and attach it to your paper submission of the annual report.

HRSA 100-3-F PRACTICE LOCATIONS OF GRADUATING RESIDENTS:

This worksheet requests the city, state and zip code of each graduating resident's first position lasting 6 months or more. Graduating residents include those who are in programs sponsored by the hospital and those in programs sponsored by other institutions but who spent more than 75 % of their training time training in your children's hospital in 2009-2010 and who graduated at the end the academic year.

D. Instructions for HRSA 100-4: CHGME Payment Program Annual Report Certification

CHGME Payment Program Annual Report
HRSA 100-4: Annual Report Certification

The certification form must be signed by the individual authorized to sign for the applicant institution, the same person who signs the HRSA 99-3 in the CHGME Payment Program application for funds. The form must contain original signatures. Faxed or photocopied signatures will not be accepted.

E. Instructions for HRSA 100-5: CHGME Payment Program Annual Report Checklist

CHGME Payment Program Annual Report
HRSA 100-5: Annual Report Checklist

HRSA 100-5: Annual Report Checklist

The annual report checklist must be completed following the instructions provided on the checklist itself. All required forms and supporting documentation should be included in the annual report package mailed to the CHGME Payment Program in the order that the forms and supporting documentation are listed on the checklist.

Section IV: References

A. Commonly Used Acronyms

ACGME	ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION
BHPr	BUREAU OF HEALTH PROFESSIONS
CHGME	CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION
CMS	CENTERS FOR MEDICARE AND MEDICAID SERVICES
DHHS	DEPARTMENT OF HEALTH AND HUMAN SERVICES
DMD	DIVISION OF MEDICINE AND DENTISTRY
FY	FISCAL YEAR
FFY	FEDERAL FISCAL YEAR
FRN	FEDERAL REGISTER NOTICE
FTE	FULL-TIME EQUIVALENT
GME	GRADUATE MEDICAL EDUCATION
GMEB	GRADUATE MEDICAL EDUCATION BRANCH
HRA	HEALTH REFERRAL AREA
HRSA	HEALTH RESOURCES AND SERVICES ADMINISTRATION
HSA	HEALTH SERVICE AREA
INT	INTERN
OMB	OFFICE OF MANAGEMENT AND BUDGET
PGY1	POST-GRADUATE YEAR (1, 2, etc.)
RES	RESIDENT (1, 2, etc.)
RRC	RESIDENCY REVIEW COMMITTTEE

B. CHGME Payment Program Annual Report: Definitions

In completing the CHGME Payment Program Screening Instrument and Annual Report, the following definitions apply. Many of the definitions listed here have been taken directly or adapted from the ACGME Glossary of Terms, the CHGME Payment Program, the American Board of Pediatrics, the Health Care Quality Glossary (Russia-USA Joint Commission on Economic and Technological Cooperation) and other listed sources. Definitions are listed alphabetically.

75% of training time: For the CHGME Screening Instrument, this term refers to the percent time residents in non-sponsoring institutions spend in the non-sponsoring institution during the academic year on which they are reporting. The "75% time" stipulation requires that residents spend three-fourths or more of the total time required to fulfill the residency requirements for the year in the non-sponsoring institution in order to be counted by that institution in the CHGME Annual Report. Residency requirements should be interpreted broadly to include all required clinical, in house and pager call, research, and scholarly activities supervised by the children's hospital. Total time required to complete a year of training can be counted in days, weeks, months, or blocks according to the programs typical rotation schedule. Vacation time should be omitted from the denominator. The following are examples of 75% time:

a) A general pediatrics resident (PGY1) who has spent 36 or more of the required 48 weeks (52 -- 4-week vacation block) of rotations in a non-sponsoring institution.
b) A pediatric cardiology resident (PGY5) who has performed research at a lab in the non-sponsoring institution for 9 of the 12 months of the residency year

Accreditation: A voluntary process of evaluation and review performed by a non-governmental agency of peers.

Adverse event: An injury that results from medical care.

Applicant: A freestanding children's hospitals that applies to receive Federal GME Support.

Approved Training Programs: A graduate medical education program that is approved by one of the following: the ACGME, the Committee on Hospitals of the Bureau of Professional Education of the American Osteopathic Association, the Commission on Dental Accreditation, the Council of Podiatric Medicine Education and may count towards certification in a specialty or subspecialty listed in the Directory of Graduate Medical Education or the Annual Report and Reference Handbook of the ABMS, or would be accredited except for the accrediting agency's reliance upon standards that require an entity to perform an induced abortion or require, provide, or refer for training in the performance of induced abortions, or make arrangements for such training.

Benchmarking: The process of measuring another organization's product or service according to specified standards in order to compare it with and improve one's own product or service.

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Benefits: Quantitative or qualitative assessments of, for example, improvement in faculty development; hiring and retention of excellent faculty; medical education and training, as measured by the ACGME-defined competencies; and/or patient care, such as the institution of clinical pathways, adoption of new technologies, family-centered care, etc, and/or community involvement.

Certification/Board Certification: A process to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high quality care in that medical specialty.

Children with Special Health Care Needs (CSHCN): CSHCN are those children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally [Maternal and Child Health Bureau, HRSA.]

Children's Hospital (for purposes of CHGME Payment Program): A children's teaching hospital is eligible for the CHGME Payment Program if (1) it has in an approved GME program; (2) it has a Medicare Provider Agreement, (3) it is excluded from the Medicare inpatient prospective payment system (PPS) and its accompanying regulations, and (4) operates as a "freestanding" (i.e., it does not operate under a Medicare hospital provider number assigned to a larger health care entity that received Medicare GME payments) children's teaching hospital.

Clinical Supervision: A required faculty activity involving the oversight and direction of patient care activities that are provided by residents.

Combined Specialty Programs: Programs recognized by two or more separate specialty boards to provide GME in a particular combined specialty (e.g., internal medicine/pediatrics). Each combined specialty program is made up of two or three programs, accredited separately by the ACGME at the same institution.

Competencies: Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs.

Consortium: An association of two or more organizations or institutions that have come together to pursue common objectives (e.g., GME).

Consumer Assessments of Healthcare Providers and Systems (CAHPS): A broad collection of surveys that can be used to obtain consumer valuations of their experience with providers, facilities, health plans and other healthcare services.

Cultural Competence: Possessing interpersonal and communication skills that result in effective information exchange with children and families from all cultural backgrounds and diverse communities.

Curriculum: The program design and sequencing of educational experiences; must include didactic and clinical components as well as direct experience in progressive responsibility for patient management.

Designated Institutional Official (DIO): The individual in a sponsoring institution who has the authority and responsibility for the graduate medical education programs.

Duty-Hours: All clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic assignments such as conferences.

Elective: An educational experience approved for inclusion in the program curriculum and selected by the resident in consultation with the program director.

EPSDT: The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) service is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. The EPSDT program assures the availability and accessibility of required health care resources and helps Medicaid recipients and their parents or guardians effectively use these resources.

Faculty: Any individuals who have received a formal assignment to teach resident physicians. In some institutions appointment to the medical staff of the hospital constitutes appointment to the faculty. Faculty includes both those employed by program facilities as well as "voluntary" faculty with institutional affiliations who may precept residents for community-based or continuity experiences.

FTE (Full Time Equivalent): The total time necessary to fill a full-time residency position for the academic year. The denominator for the FTE equivalent should include all time spent in the normal work day, pager call, and in-house call.

> **FTE Approved Positions:** Number of positions for which the program is accredited.
>
> **FTE Positions Recruited To Fill:** Number of positions that the program sought to fill through the National Resident Matching Program for initial residency programs such as general pediatrics or other recruiting mechanisms for pediatric subspecialties such as pediatric cardiology.
>
> **FTE Positions Filled:** Number of positions filled within the program. Note that this does not refer to the number of people in the program but rather the number of positions filled. Two persons sharing a position in a 50%/50% split count as one FTE.

Graduate Medical Education (GME): The period of didactic and clinical education in a medical specialty which follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine, also referred to as residency education.

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Health Plan Employer Data and Information Set (HEDIS): A standardized set of measures developed by the National Committee for Quality Assurance to provide a common set of quality measures for purchasers, consumers and health plans to use for making comparisons among health care plans.

Hospital Service Area: The geographic areas (i.e., zip codes) from which the facility draws its patient population.

In-House Call: Duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

Institution: An organization having 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, an educational foundation).

Institutional Review: The process undertaken by the ACGME to determine whether a sponsoring institution offering GME programs is in substantial compliance with the Institutional Requirements.

Internal Review: A self-evaluation process undertaken by sponsoring institutions to judge whether its ACGME-accredited programs are in substantial compliance with accreditation requirements.

In-Training Examination: Formative examinations developed to evaluate resident progress in meeting the educational objectives of a residency program. These examinations may be offered by certification boards or specialty societies and are administered by the training program.

JCAHO: Joint Commission on Accreditation of Healthcare Organizations is an organization focused on improving the safety and quality of care provided to the public. It accomplishes this goal by accrediting healthcare organizations and offering healthcare improvement services.

Major Participating Institution: A residency review committee (RRC)-approved participating institution to which the residents rotate for a required educational experience. Generally, to be designated as a major participating institution, in a 1-year program, residents must spend at least 2 months in a required rotation; in a 2-year program, the rotation must be 4 months; and in a program of 3 years or longer, the rotation must be at least 6 months.

Medical Error: The failure of a planned action to be completed as intended or the use of the wrong plan to achieve an aim.

Medical Home: Well-trained physicians, known to the family and patients, who provide accessible, continuous, comprehensive, family-centered, and well coordinated medical care.

Medical School Affiliation: A formal relationship between a medical school and a sponsoring institution.

Medically Needy Children: Children vulnerable due to their medical condition are those with rare, complex, and/or chronic medical conditions that may lead to the need for a diversity of services that may not be readily available in most communities.

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Objective Structured Clinical Examination (OCSE): Multi-station examination that tests a trainee's focused history and physical examination skills and basic clinical reasoning and interpretation.

Outside Institution: Training programs that send graduate medical trainees (i.e., residents or fellows) to your facility as a required or optional educational experience or rotation of their training.

Pager Call: A call taken from outside the assigned institution.

Pediatric Medical Subspecialties: Those pediatric subspecialties certified by the American Board of Pediatrics. Training in these subspecialties occurs after completion of a general pediatrics or an internal medicine/pediatrics residency training program.

Pediatric Non-Medical Subspecialties: Pediatric subspecialties in fields outside of pediatrics (i.e., certified by a board other than the American Board of Pediatrics or not yet offering certification). This includes pediatric surgical subspecialties, pediatric dermatology, etc.

Post Graduate-Year Level (PGY): Refers to a resident's current year of accredited GME. This designation may or may not correspond to the resident's particular year in a program. For example, a resident in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics). This resident would be classified as a PGY4. Graduate Level years are generally abbreviated as PGY#, where # represents the year of training.

Program: A structured educational experience in graduate medical education designed to conform to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.

Program Director: The one physician designated to oversee and organize the activities for an educational program. The Program Director is responsible for the implementation of the Program Requirements for a specific specialty.

Program Year: Refers to the current year of education within a specific program; this designation may or may not correspond to the resident's graduate year level. For example, a general pediatrics resident in his first year of training is in PGY1.

Publicly Funded/Insured: Those patients whose medical insurance comes from a public program such as Medicaid, SCHIP, Indian Health Service, TriCare, state governments and local governments.

Quality of Care: The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Quality Characteristics: According the Institute of Medicine, quality care is safe, effective, patient-centered, timely, efficient, and equitable.

Required/Mandatory: Educational experiences within a residency program designated for completion by all residents.

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Resident Projects: A mentored, hands-on experience in community-linked endeavors to prepare residents to be lifelong active leaders in improving and advocating for child health in the community.

Resident: A physician in an accredited graduate medical education program. (See additional definitions below. Categorical residents, transitional year residents, interns, chief residents, and fellows are all considered residents.)

Categorical Resident: A resident who enters a program with the objective of completing the entire program.

Transitional Year Residents: Those in a transitional-year program (see: **Transitional-Year Program**).

Intern: Historically, a designation for individuals in the first year of GME, which is no longer used by the ACGME (i.e., residents in PGY1).

Chief Resident: Typically, a position in the final year of the residency (e.g., surgery) or in the year after the residency is completed (e.g., internal medicine and pediatrics).

Fellow: A physician in a program of graduate medical education accredited by the ACGME or other accrediting body who has completed the requirements for eligibility for first board certification in the specialty. Such physicians are also termed subspecialty residents (e.g., residents in pediatric cardiology or neonatology).

Rotation: An educational experience of planned activities in selected settings developed to meet the goals and objectives of the program. The CHGME Payment Program has adopted the definition of a rotation as stated by the ACGME to be a site where "an educational experience of planned activities in selected settings developed to meet the goals and objectives of the program" (ACGME Website, 2006).

Rotation Sites / Other Participating Institutions: Those institutions to which residents rotate for a specific educational experience for at least one month, but which do not require prior RRC approval. Subsections of institutions, such as departments, clinics, or units in a hospital do not qualify as participating institutions.

Rotation sites are facilities or locations outside of the resident's primary training institution that provide experiences and training beyond that available at their home institution (GME Training Programs in CHGME-Funded Hospitals, 2007).

Scholarly Activity: An opportunity for residents and faculty to participate in research and the scholarship of discovery, dissemination, application and active participation in clinical discussions and conferences.

Screening Questions: Questions used to determine which GME programs must complete the Annual Report. Screening questions appear in the HRSA 100-1.

Self-Pay: Out-of-pocket payments made by patients for hospital services.

Sponsoring Institution: The institution (or entity) that assumes the ultimate financial and academic responsibility for a GME program.

The CHGME Payment Program has adopted the definition of a sponsoring institution as stated by the Accreditation Council for Graduate Medical Education (ACGME) to be an "institution that assumes the ultimate financial and academic responsibility for a program of graduate medical education (GME)."[1] ACGME designates the following institutional requirements for a Sponsoring Institution:

i. A residency program must operate under the authority and control of a sponsoring institution.
ii. There must be a written statement of institutional commitment to GME that is supported by the governing authority, the administration, and the teaching staff.
iii. Sponsoring institutions must be in substantial compliance with the Institutional Requirements and must ensure that their ACGME-accredited programs are in substantial compliance with the Program Requirements and the applicable Institutional Requirements.

An institution's failure to comply substantially with the Institutional Requirements may jeopardize the accreditation of all of its sponsored residency programs.[2]

State Children's Health Insurance Program (SCHIP): Health insurance coverage for low income children that is jointly financed by the federal and state governments and administered by the states.

Subspecialty Program: A structured educational experience following completion of a prerequisite specialty program in graduate medical education designed to conform to the Program Requirements of a particular subspecialty.

Systems-based practice: Practice with an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimum value.

Training Experiences: Required and elective rotations within and outside the institution in which residents participate to meet the requirements of their training program.

Transformative Learning Techniques: Learning techniques that incorporate reflective exercise, role-play, mini-presentations, buzz groups, brainstorming, and case method.

Transitional-Year Program: A one-year educational experience in GME, which is structured to provide a program of multiple clinical disciplines; it is designed to facilitate the choice of and/or

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[1] http://www.acgme.org/adspublic/default.asp
[2] http://www.acgme.org/acWebsite/irc/irc_IRCpr07012007.pdf

preparation for a specialty. The transitional year is *not* a complete graduate education program in preparation for the practice of medicine.

Underserved Children: Those who face substantial financial, socio-cultural, geographic, disease, or medical barriers that limit access to appropriate health care. Underserved children may fall into one or more groups:

Financially underserved children include those in poverty and the working poor, the uninsured and underinsured, and those at risk for significant out-of-pocket expenditures.

Children underserved for socio-cultural reasons include those from families with uneducated or teenage parents, single-headed households, those in families that are unstable due to substance abuse or domestic violence, immigrant children and those from different cultures, children from families with language barriers, and children from homeless families.

Children underserved for geographic reasons include rural residents and those who lack transportation to services or face other geographic barriers to accessing care.

Children underserved due to their medical condition are those with rare, complex, and/or chronic medical conditions that may lead to the need for a diversity of services that may not be readily available in most communities.

WIC: The Special Supplemental Nutrition Program for Women, Infants, and Children which serves low-income women, infants, & children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.