

# **Teaching Health Center Graduate Medical Education (THCGME) Payment Reconciliation Tool Instructions**

## **(1) Name of Recipient**

In Box 1, put the name of award recipient as it appears on the most recent Notice of Grant Award (NGA).

## **(2) HRSA THCGME 3-Digit Resident Position Identifier**

The 3-digit resident position identifier is intended to separately track THCGME supported residency positions.

To create the 3-digit resident position identifier for Box 2, first pair a letter for each position awarded (starting with A and sequentially going to Z for each THCGME position). Next add the two digits of the initial funding Fiscal Year to the letter. For example, in a program awarded two FTE positions in FY 2011, the positions would be labeled A11 and B11.

This 3-digit resident position identifier will remain the same for a residency position throughout the funding period. If, for any reason, a resident position becomes vacant and is filled by another resident, the 3-digit resident position identifier will remain the same for the new resident.

## **(3) FTE paid by THC with THCGME funding**

In Box 3, put the total amount of a FTE resident position paid for by the THC. This should be reported as a percentage (e.g., if 80% of a resident FTE is paid by the THC, please report as 0.8). Include all the time that the THC funded the resident's DME and IME costs. Do not include portions of an FTE that will be reimbursed by CMS or other federal GME funding sources.

## **(4) FTE paid by Another Source**

In Box 4, put the amount of FTE paid for by another source (such as Medicare, Children's Hospital GME, Primary Care Residency Expansion). This should be reported as a percentage (using the example from (3), if 20% of a resident FTE is paid by other sources, please report as 0.2). The sum of Boxes 3 and 4 should be 1.0 (or 100%). THCGME payments can supplement but not duplicate payments from other sources.

## **(5) To the best of your knowledge, did the resident in this position rotate at a hospital below its Medicare resident cap?**

For Box 5, respond "Yes or NO". If the resident occupying the position trained at any hospital that was under its Medicare resident cap respond "Yes". If the hospital was not under its Medicare resident cap respond "No".

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**(6) Explain any Changes or Deviations from the number of FTEs funded on your last NGA?**

In Box 6, provide a narrative for each separate residency position. Explain any changes or deviations in the FTE count from the count listed on the last NGA. This could include unpaid leave, a resident quitting, etc. If you have no changes to report respond "NA".