CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM

APPLICATION FORM HRSA 99-1

Public Burden Statement

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0247. Public reporting burden for this collection of information is estimated to average 26.5 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

Childrer	n's Hospitals Graduate Medic	5	nent Program etermination of Weight	ed and Unwe	ighted Ro	esident	
		FTE C			0		
	Applicant:				7:- Code		
City: Modicaro	State: Provider Number:				Zip Code:		
	r in which applying for funding:	FFY					
	pplication (check box to the left)		Application	Reconcili	ation Appl	ication	
Are you a	new children's hospital that has no place 'n' for no or 'y' for yes in the	completed three full	<u> </u>		PP		
	DETERMINATION OF RESIDEN FOR THE HOSPITAL'S N	T FTE CAP IOST RECENT COS		To be completed by hospital	For CHG Use	ME FI Only	
	ENDING O	HOSPITAL DATA	MCR DATA	FI DATA			
1.01	Inclusive dates of the subject cost rep	(From)	10/01/1995				
		(То)	09/30/1996				
1.02	Status of MCR			S/R/P			
1.03	Unweighted resident FTE count for a cap year)	ic programs (from the 1996	0.00	0.00	0.00		
Section 2	AVERAGE OF UNWE	HOSPITAL DATA	MCR DATA	FI DATA			
2.01	Total unweighted resident FTE count reporting period	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>			
2.02	Total unweighted resident FTE count	sident FTE count for the hospital's prior cost reporting period			<u>0.00</u>	<u>0.00</u>	
2.03	Total unweighted resident FTE count	for the hospital's penul	ltimate cost reporting period	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
2.04	Rolling average of unweighted reside	ng average of unweighted resident FTE count			0.00	0.00	
2.05	Add On: Unweighted resident FTE o	lent FTE count meeting the criteria for an exception			0.00	0.00	
2.06	Adjusted rolling average of unweight	unweighted resident FTE count			0.00	0.00	
2.07	Add On: Unweighted resident FTE o	d resident FTE count from MMA §422			0.00	0.00	
2.08	Grand Total: Unweighted resident	FTE Count		0.00	0.00	0.00	
Section 3	AVERAGE OF WEI	GHTED RESIDENT	FTE COUNTS	HOSPITAL DATA	MCR DATA	FI DATA	
3.01	Total weighted resident FTE count for reporting period	r the hospital's most re	cently completed cost	<u>0.00</u>	0.00	<u>0.00</u>	
3.02	Total weighted resident FTE count fo	r the hospital's prior co	ost reporting period	<u>0.00</u>	0.00	<u>0.00</u>	
3.03	Total weighted resident FTE count fo	r the hospital's penultir	nate cost reporting period	<u>0.00</u>	0.00	<u>0.00</u>	
3.04	Rolling average of weighted resident	FTE count		0.00	0.00	0.00	
3.05	Add On: Weighted resident FTE cou	nt meeting the criteria	for an exception	0.00	0.00	0.00	
3.06	Adjusted rolling average of weighted	resident FTE count		0.00	0.00	0.00	
3.07	Add On: Weighted resident FTE cou			0.00	0.00	0.00	
3.08	Grand Total: Weighted resident F	TE 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 Co Name of Applicant: n 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) Initial Application **Reconciliation** *I* For CHG **HOSPITAL DATA** DETERMINATION OF FTE RESIDENT COUNT Use Section 4 FOR THE HOSPITAL'S 1996 CAP §422 of the MCR MOST RECENTLY COMPLETED COST REPORTING PERIOD YEAR MMA DATA (From) 4.01 Inclusive dates of the subject cost reporting period (To) 4.02 Status of MCR Unweighted resident FTE count for allopathic and osteopathic programs (from 4.03 the 1996 cap year) 0.00 0.00 Addition (to the cap) for the unweighted resident FTE count for allopathic and 4.04 osteopathic programs due to 42 CFR 413.79(e) (add-on) 0.00 0.00 **Reduction** (to the cap) for the unweighted resident FTE count for allopathic and 4.04a osteopathic programs due to § 422 of the MMA 0.00 0.00 **Reduction** (to the cap) for the unweighted resident FTE count for allopathic and 4.04b osteopathic programs due to § 5503 of ACA 0.00 0.00 Adjustment (plus or minus) for the unweighted resident FTE count for 4.05 allopathic and osteopathic programs for **affiliated programs** 0.00 0.00 Addition (to the cap) for the unweighted resident FTE count for allopathic and 4.05a osteopathic programs due to § 5503 of ACA 0.00 0.00 Addition (to the cap) for the unweighted resident FTE count for allopathic and 4.05b osteopathic programs due to § 5506 of ACA (add-on) 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 Unweighted resident FTE count for allopathic and osteopathic residents in their 4.09 initial residency period 0.00 0.00 0.00 Unweighted resident FTE count for allopathic and osteopathic residents beyond 4.10 their initial residency period 0.00 0.00 0.00 Weighted resident FTE count for allopathic an osteopathic residents beyond their 4.11 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 Weighted resident FTE count for allopathic and osteopathic programs following 4.13 application of the resident FTE adjusted cap 0.00 0.00 0.00 Unweighted resident FTE count for dental and podiatric programs 4.14 0.00 0.00 Unweighted resident FTE count for dental and podiatric residents in their initial 4.15 residency period 0.00 0.00 Unweighted resident FTE count for dental and podiatric resident beyond their 4.16 initial residency period 0.00 0.00 Weighted resident FTE count for dental and podiatric residents beyond their 4.17 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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		ck box to the left)		Initial Application		Rec	onciliation
iype of <i>m</i>							For CH
	DETERMINA	TION OF FTE RE	SIDENT COUNT		MCR	DATA	Use
Section 4	FOR THE H	IOSPITAL'S	TED COST REPOR	TING PERIOD	1996 CAP YEAR	§422 of the MMA	1996 CAP YEAR
4.01	Inclusive dates	of the subject cost re	norting noried	(From)	10/01	/2011	10/0
4.01	Inclusive dates of the subject cost reporting period (To					09/3	
4.02	Status of MCR				A	F	
4.03			allopathic and osteop	athic programs	0.05		0.05
	(from the 1996	15 /			0.00		0.00
4.04		Addition (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to 42 CFR 413.79(e) (add-on)					0.00
			, , ,	,	0.00		0.00
4.04a		Reduction (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 422 of the MMA					0.00
4.04b	Reduction (to	the cap) for the unwe	ighted resident FTE o	ount for allopathic			
4.04D	and osteopathic	c programs due to § 5	-	0.00		0.00	
4.05	Adjustment (p allopathic and	olus or minus) for the osteopathic programs	unweighted resident for affiliated progra	FTE count for ms	0.00		0.00
4.05a		ition (to the cap) for the unweighted resident FTE count for allopathic osteopathic programs due to § 5503 of ACA			0.00		0.00
4.05b			weighted resident FTE count for allopathic b § 5506 of ACA (add-on)				0.00
4.06	FTE adjusted c	1 0			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 lesse	r of lines 4.06 and 4.0	7		0.00	0.00	0.00
4.09		Inter the lesser of lines 4.06 and 4.07 Inweighted resident FTE count for allopathic and osteopathic residents in heir initial residency period					0.00
4.10		sident FTE count for itial residency period	allopathic and osteop	athic residents	0.00	0.00	0.00
4.11	Weighted resid their initial resi		opathic an osteopathi	c residents beyond	0.00	0.00	0.00
4.12	Weighted resid	lent FTE count for all	opathic osteopathic p	rograms	0.00	0.00	0.00
4.13		lent FTE count for all ication of the resident	opathic and osteopath FTE adjusted cap	ic programs	0.00	0.00	0.00
4.14	Unweighted re	sident FTE count for	dental and podiatric p	orograms	0.00		0.00
4.15					0.00		0.00
4.16			dental and podiatric r ntal and podiatric resi		0.00		0.00
4.17					0.00		0.00
4.18			ntal and podiatric pro	grams	0.00		0.00
4.19	Tatal una vai alu	ted resident FTE cour	*		0.00	0.00	0.00

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Type of Ap	plication (check	box to the left)	I	nitial Application		tion Application	
					HOSPITAL DATA	For CHGM	E FI Only
Section 5			RESIDENT COU ST REPORTING		1996 Cap Year	MCR DATA	FI DATA
5.01	Inclusive dates of	the subject cost re	porting period	(From)	10/01/2009	10/01/2009	_
5.02	Status of MCR			(To)	09/30/2010 S	09/30/2010 S	S
5.02		ont ETE count for	allopathic and ostee	anathic programs	5	3	3
5.03	(from the 1996 ca	p year)	_		0.00	0.00	0.00
5.04	allopathic and oste	eopathic programs	ghted resident FTE due to 42 CFR 41	3.79(e) (add-on)	0.00	0.00	0.00
5.04a	allopathic and oste	eopathic programs	ighted resident FTI due to § 422 of th	e MMA	0.00	0.00	0.00
5.04b			ighted resident FTI due to § 5503 of A		0.00	0.00	0.00
5.05			unweighted resider for affiliated prog		0.00	0.00	0.00
5.05a	Addition (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 5503 of ACA				0.00	0.00	0.00
5.05b	Addition (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 5506 of ACA (add-on)			0.00	0.00	0.00	
5.06	FTE adjusted cap	1 1 0			0.00	0.00	0.00
5.07	Unweighted reside	ent FTE count for	0.00	0.00	0.00		
5.08	Enter the lesser of	lines 5.06 and 5.0)7		0.00	0.00	0.00
5.09		ent FTE count for	allopathic and ostee	opathic residents	0.00	0.00	0.00
5.10		ent FTE count for	allopathic and oste	opathic residents	0.00	0.00	0.00
5.11		FTE count for all	opathic an osteopat	hic residents	0.00	0.00	0.00
5.12		v 1	opathic osteopathic	r programs	0.00	0.00	0.00
5.13	Weighted resident	FTE count for all	opathic and osteopathic to be adjusted cap	1 0	0.00	0.00	0.00
5.14	0 11		dental and podiatrie	c programs	0.00	0.00	0.00
5.15	0	ent FTE count for	dental and podiatrie	1 0	0.00	0.00	0.00
5.16	, , , , , , , , , , , , , , , , , , ,	ent FTE count for	dental and podiatrie	c resident beyond	0.00	0.00	0.00
5.17		FTE count for de	ntal and podiatric r	esidents beyond	0.00	0.00	0.00
5.18		v 1	ntal and podiatric p	rograms	0.00	0.00	0.00
5.19	Total unweighted				0.00	0.00	0.00

5.20 Total weighted resident FTE count	0.00	0.00	0.00

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Section 6 HOSPITAL'S PENULT						1996 Cap Year	FI DATA		
6.01	Inclusive dates of th	ne subject cost repoi	ting period	(.	From)	10/01/2008	10/01/2008		
			01		(To)	09/30/2009	09/30/2009		
6.02	Status of MCR								
6.03	Unweighted resider the 1996 cap year)		0.00	0.00	0.00				
6.04		p) for the unweighten ns due to 42 CFR 4	and	0.00	0.00	0.00			
6.04a		cap) for the unweigh grams due to § 422	ted resident FTE cou of the MMA	nt for allopathie	С	0.00	0.00	0.00	
6.04b	Reduction (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 5503 of ACA					0.00	0.00	0.00	
6.05	Adjustment (plus or minus) for the unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs					0.00	0.00	0.00	
6.05a	Addition (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 5503 of ACA				0.00	0.00	0.00		
6.05b	Addition (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 5506 of ACA (add-on)				and	0.00	0.00	0.00	
6.06	FTE adjusted cap					0.00	0.00	0.00	
6.07	Unweighted resider	ighted resident FTE count for allopathic and osteopathic programs.				0.00	0.00	0.00	
6.08	Enter the lesser of lines 6.06 and 6.07					0.00	0.00	0.00	
6.09	Unweighted resider initial residency per	heir	0.00	0.00	0.00				
6.10	Unweighted resider their initial residen		pathic and osteopath	ic residents bey	ond/	0.00	0.00	0.00	
6.11	Weighted resident I their initial residenc		thic an osteopathic r	esidents beyond	1	0.00	0.00	0.00	
6.12	Weighted resident I	FTE count for allopa	thic osteopathic prog	grams		0.00	0.00	0.00	
6.13		FTE count for allopa esident FTE adjuste	nthic and osteopathic l cap	programs follo	wing	0.00	0.00	0.00	
6.14			tal and podiatric pro	grams		0.00	0.00	0.00	
6.15			and podiatric resi	-	itial	0.00	0.00	0.00	
6.16	Unweighted resider initial residency per		tal and podiatric resi	dent beyond the	eir	0.00	0.00	0.00	
6.17	Weighted resident I initial residency per		l and podiatric reside	nts beyond thei	r	0.00	0.00	0.00	
6.18			l and podiatric progra	ams		0.00	0.00	0.00	
6.19	Total unweighted re					0.00	0.00	0.00	

6.20 Total weighted resident FTE count	0.00	0.00	0.00
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