

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.

**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	(From)	10/01/1995		
		(To)	09/30/1996		
1.02	Status of MCR	S/R/P			
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	0.00	0.00	0.00	
2.02	Total unweighted resident FTE count for the hospital's prior cost reporting period	0.00	0.00	0.00	
2.03	Total unweighted resident FTE count for the hospital's penultimate cost reporting period	0.00	0.00	0.00	
2.04	Rolling average of unweighted resident FTE count	0.00	0.00	0.00	
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	0.00	0.00	0.00	
2.07	Add On: Unweighted resident FTE count from MMA §422	0.00	0.00	0.00	
2.08	Grand Total: Unweighted resident FTE Count	0.00	0.00	0.00	
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	0.00	0.00	0.00	
3.02	Total weighted resident FTE count for the hospital's prior cost reporting period	0.00	0.00	0.00	
3.03	Total weighted resident FTE count for the hospital's penultimate cost reporting period	0.00	0.00	0.00	
3.04	Rolling average of weighted resident FTE count	0.00	0.00	0.00	
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	0.00	0.00	0.00	
3.07	Add On: Weighted resident FTE count from MMA §422	0.00	0.00	0.00	
3.08	Grand Total: Weighted resident FTE Count	0.00	0.00	0.00	

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

Name of Applicant:	0		
City:	0	State:	0
Zip Code:			
Medicare Provider Number:	0		

Fiscal Year in which applying for funding:	FFY
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Type of Application (check box to the left)	<input type="checkbox"/> Initial Application	<input type="checkbox"/> Reconciliation /
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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 1996 cap year)	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
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		0.00
4.04b	Reduction (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 5503 of ACA	0.00		0.00
4.05	Adjustment (plus or minus) for the unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs	0.00		0.00
4.05a	Addition (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 5503 of ACA	0.00		0.00
4.05b	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
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

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

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		MCR DATA		For CHG Use
			1996 CAP YEAR	§422 of the MMA	1996 CAP YEAR
4.01	Inclusive dates of the subject cost reporting period	(From)	10/01/2011	10/01	
		(To)	09/30/2012	09/30	
4.02	Status of MCR	AF		F	
4.03	Unweighted resident FTE count for allopathic and osteopathic programs (from the 1996 cap year)	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	
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		0.00	
4.04b	Reduction (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 5503 of ACA	0.00		0.00	
4.05	Adjustment (plus or minus) for the unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs	0.00		0.00	
4.05a	Addition (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 5503 of ACA	0.00		0.00	
4.05b	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	
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 and 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	

**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: **0**

Medicare Provider Number: **0**

Fiscal Year in which applying for funding: **FFY**

Type of Application (check box to the left) Initial Application 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	FI DATA
5.01	Inclusive dates of the subject cost reporting period	(From)	10/01/2009	10/01/2009	
		(To)	09/30/2010	09/30/2010	
5.02	Status of MCR	S	S	S	
5.03	Unweighted resident FTE count for allopathic and osteopathic programs (from the 1996 cap year)	0.00	0.00	0.00	
5.04	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	
5.04a	Reduction (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 422 of the MMA	0.00	0.00	0.00	
5.04b	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	
5.05	Adjustment (plus or minus) for the unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs	0.00	0.00	0.00	
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	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 5.06 and 5.07	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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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: 0	
Medicare Provider Number:		0			
Fiscal Year in which applying for funding:		FFY			
Type of Application (check box to the left)		Initial Application		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)	10/01/2008	10/01/2008	
		(To)	09/30/2009	09/30/2009	
6.02	Status of MCR				
6.03	Unweighted resident FTE count for allopathic and osteopathic programs (from the 1996 cap year)		0.00	0.00	0.00
6.04	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
6.04a	Reduction (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 422 of the MMA		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)		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 6.06 and 6.07		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 and 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
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