CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM

APPLICATION FORM HRSA 99-5

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 0.33 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 Application Checklist

11		
Name of Applicant:		
Medicare Provider		
Number:		
FFY in which Applying for CHGME PP Funding: FFY		
Type of Application (check box to the left):Initial Application	Reconciliation Application	n
Application Forms and Supporting Documentation	This Column to be	This Column to
	Completed by the Applicant	be Completed by the CHGME PP
	Hospital	
	Is the Listed Item	Completed and
	Attach	
Forms and Supporting Documentation Required to be Submitted by All Participating Hospital		
HRSA-99 (2 pages)	Yes No	Yes No
HRSA 99-1 (4 pages)	Yes No	Yes No
HRSA 99-2 (1 page)	Yes No	Yes No
HRSA 99-3 (6 pages)	Yes No	□Yes_No
HRSA 99-4 (2 pages) – Required at Reconciliation only	Yes No	Yes No
HRSA 99-5 (1 page)	Yes No	Yes No
Computer Disk Containing Completed HRSA Forms	Yes No	Yes No
One (1) Copy of the Hospital's Completed Application Package. The copy should	Yes No	Yes No
include all required forms and supporting documentation s presented in the original		
package.		
Additional Supporting Documentation		
The forms and supporting documentation listed below may not applicable to all hospitals.		
Hospitals should contact their CHGME PP regional manager for assis	tance and/or clarifica	t ion .
Cover letter detailing any issues that may impact the processing or approval of the children's bogsital's application for CHCME BB funding	Yes No	Yes No
children's hospital's application for CHGME PP funding. CMS 2552-96 MCR Worksheet E-3, Part IV(s)		
Required for each cost reporting period identified in the HRSA 99-1 in which the	Yes No	Yes No
hospital filed a full MCR.		
Affiliation Agreement for an Aggregate Cap	Yes No	Yes No
Required for each cost reporting period identified in the HRSA 99-1 in which the		
hospital established a Medicare GME Affiliation Agreement. Please ensure that the most recent version/update is provided (i.e., reflecting any adjustments made to the		
agreement during the academic year).		
CMS Letter(s) addressing changes to the Hospital's 1996 Base Year Cap as a result of	Yes No	Yes No
§422 of the MMA and/or §5503 of the ACA (increases and/or decreases).		
Payment Information Form	Yes No	Yes No
Applicable only to (1) hospitals, which have not previously participated in the		
CHGME PP and (2) hospitals in which financial institution information has changed since submission of its last application.		