Department of Health and Human Services
Health Resources and Services Administration

OMB No. 0915-0247
Expiration Date: 0X/XX/20XX

CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM

APPLICATION FORM HRSA 99-5

Public Burden Statement

Children's Hospitals Graduate Medical Education Payment Program
Application Checklist

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**

Application Forms and Supporting Documentation	This Column to be Completed by the Applicant Hospital	This Column to be Completed by the CHGME PP
	Is the Listed Item Completed and Attached?	
Forms and Supporting Documentation Required to be Submitted by All Participating Hospitals		
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 include all required forms and supporting documentation s presented in the original package.	☐ Yes ☐ No	☐ Yes ☐ No
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 assistance and/or clarification.**		
Cover letter detailing any issues that may impact the processing or approval of the children's hospital's application for CHGME PP funding.	☐ Yes ☐ No	☐ Yes ☐ No
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 hospital filed a full MCR.	☐ Yes ☐ No	☐ Yes ☐ No
Affiliation Agreement for an Aggregate Cap 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).	☐ Yes ☐ No	☐ Yes ☐ No
CMS Letter(s) addressing changes to the Hospital's 1996 Base Year Cap as a result of §422 of the MMA and/or §5503 of the ACA (increases and/or decreases).	☐ Yes ☐ No	☐ Yes ☐ No
Payment Information Form 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.	☐ Yes ☐ No	☐ Yes ☐ No