CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM

OMB No. 0915-0247

Expiration Date: XX/XX/20XX

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 14N-39, Rockville, Maryland, 20857.

Department of Health and Human Services OMB No. 0915-0247 Health Resources and Services Administration Expiration Date: XX/XX/20XX

Children's Hospitals Graduate Medical Education Payment Program **Determination of Weighted and Unweighted Resident** FTE Counts Name of Applicant: City: Zip Code: State: **Medicare Provider Number:** Fiscal Year in which applying for funding: **FFY** Type of Application (check box to the left) Initial Application 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 COS	completed by hospital	Use Only		
	ENDING ON OR BEFORE DEC	HOSPITAL DATA	MCR DATA	FI DATA	
1.01	Inclusive dates of the subject cost reporting period	(From)	10/01/1995		
		(To)			
	Status of MCR		S/R/P		0.00
1.03	Unweighted resident FTE count for allopathic and osteopath cap year)	ic programs (from the 1996	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 reporting period	recently completed cost	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
2.04	Rolling average of unweighted resident FTE count			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

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For CHGME FI

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Department of Health and Human Services Health Resources and Services Administration OMB No. Expiration Date: X3

Children's Hospitals Graduate Medical Education Payment Program

Children	's Hospitals Grad	uate Medical Edu	cation Payment F Determination	Program on of Weighted an	d Unweigh	ted Residen	t FTE Co
Name of A	pplicant:	0					
City:	0	State:	0				Zip Code:
Medicare 1	Provider Number:	0					
Fiscal Yea	r in which applying	for funding:	FFY			1	
Type of Ap	oplication (check be	ox to the left)		_Initial Application		Reco	nciliation 1
Section 4	DETERMINATION OF FTE RESIDENT COUNT				HOSPITAL DATA		For CHG Use
Section 4	FOR THE HOSPITAL'S MOST RECENTLY COMPLETED COST REPORTING PERIOD					§422 of the MMA	MCR DATA
4.01	Inclusive dates of th	e subject cost report	ing period	(From) (To)			
4.02	Status of MCR						
4.03	Unweighted residen the 1996 cap year)	t FTE count for allop	oathic and osteopathi	c programs (from	0.00		0.00
4.04		o) for the unweighted as due to 42 CFR 41		for allopathic and	0.00		0.00
4.04a		ap) for the unweightens due to § 422 of the		nt for allopathic and	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 or 2013 CHGME Reauthorization cap due to Public Law 113–98			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 li	nes 4.06 and 4.07			0.00	0.00	0.00
4.09	Unweighted residen initial residency per	t FTE count for allop iod	oathic and osteopathi	c residents in their	0.00	0.00	0.00
4.10	Unweighted residen their initial residenc	t FTE count for allop y period	oathic and osteopathi	c residents beyond	0.00	0.00	0.00
4.11	Weighted resident F initial residency per		hic an osteopathic re	sidents beyond their	0.00	0.00	0.00
4.12	Weighted resident F	TE count for allopat	hic osteopathic prog	rams	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			programs following	0.00	0.00	0.00
4.14	Unweighted residen	t FTE count for dent	al and podiatric prog	grams	0.00		0.00
4.15	Unweighted residen residency period	t FTE count for dent	al and podiatric resid	lents in their initial	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			nts beyond their	0.00		0.00
4.18	Weighted resident F	TE count for dental	and podiatric progra	ms	0.00		0.00
4.19	Total unweighted resident FTE count 0.00 0.00				0.00		
4.20	Total weighted resid	lent FTE count			0.00	0.00	0.00

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OMB No. 09
Expiration Date: X2

Type of A	oplication (check box to the left)	i	nitial Application		Rec	onciliation
	DETERMINATION OF FTE RESIDENT COUNT			MCR DATA		For CHC Use
Section 4	FOR THE HOSPITAL'S MOST RECENTLY COMPLETED COST REPORTING PERIOD				§422 of the MMA	1996 CAP YEAR
4.01	Inclusive dates of the subject cost repo	rting period	(From)		/2011	10/0
4.02	Status of MCR		(To)	09/30/2012 AF		09/30
4.03	Unweighted resident FTE count for all (from the 1996 cap year)	opathic and osteopa	thic programs	0.00		0.00
4.04	Addition (to the cap) for the unweight and osteopathic programs due to 42 CI			0.00		0.00
4.04a	Reduction (to the cap) for the unweigh and osteopathic programs due to § 422		unt for allopathic	0.00		0.00
4.04b	Reduction (to the cap) for the unweight and osteopathic programs due to § 550		unt for allopathic	0.00		0.00
4.05	Adjustment (plus or minus) for the un allopathic and osteopathic programs fo	r affiliated progran	ns	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 or 2013 CHGME Reauthorization cap due to Public Law 113–98		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		residents beyond	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 Unweighted resident FTE count for dental and podiatric residents in their		0.00		0.00	
4.15	in their weighted resident FTE count for dental and podiatric residents in their white resident states are the count for dental and podiatric resident beyond		0.00		0.00	
4.16	Weightiblessiden Fy Decign for dental and podiatric residents beyond their			0.00		0.00
4.17	initial residency period Weighted resident FTE count for dental and podiatric programs			0.00		0.00
4.18 4.19	Weighted resident FTE count for dental and podiatric programs Total unweighted resident FTE count		0.00	0.00	0.00	
4.19	Total weighted resident FTE count			0.00	0.00	0.00

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Children's Ho	spitals Graduate Med			Unweighted Resident FTE	Counts		
Name of Appl	icant:	0					
City:	0	State:	0			Zip Code: 0)
	vider Number:	0					
	which applying for fu		FFY				
Type of Appli	cation (check box to t	he left)		Initial Application	Reconciliation		
Section 5	DETERMINATIO			HOSPITAL'S PRIOR	HOSPITAL DATA	For CHGME FI Only	
Section 5		COST REPO		1996 Cap Year	MCR DATA	FI DATA	
5.01	5.01 Inclusive dates of the subject cost reporting period			(From)	10/01/2009	10/01/2009	
E 02	Status of MCD			(To)	09/30/2010	09/30/2010	
5.02	Status of MCR		1 4 11 .	(f d 1006	S	S	S
5.03	year)	TE count for allopathi	c and osteopatnic progra	ams (from the 1996 cap	0.00	0.00	0.00
5.04		for the unweighted resi F R 413.79(e) (add-on)	dent FTE count for allo	pathic and osteopathic	0.00	0.00	0.00
5.04a	Reduction (to the cap) programs due to § 422		sident FTE count for all	opathic and osteopathic	0.00	0.00	0.00
5.04b	Reduction (to the cap) programs due to § 550	0.00	0.00	0.00			
5.05	Adjustment (plus or nosteopathic 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 or 2013 CHGME Reauthorization cap due to Public Law 113–98				0.00	0.00	0.00
5.07	Unweighted resident F	TE count for allopathi	c and osteopathic progra	ams.	0.00	0.00	0.00
5.08	Enter the lesser of line	s 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 FTI	E count for allopathic o	steopathic 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 F	TE count for dental an	d 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 FTI	E count for dental and	oodiatric programs		0.00	0.00	0.00
5.19	Total unweighted resid				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: City: 0 State: 0 Zip Code: 0 **Medicare Provider Number:** Fiscal Year in which applying for funding: FFY Type of Application (check box to the left) **Initial Application** Reconciliation Application HOSPITAL DATA | For CHGME FI **Use Only** DETERMINATION OF FTE RESIDENT COUNT FOR THE HOSPITAL'S Section 6 PENULTIMATE COST REPORTING PERIOD MCR DATA FI DATA 1996 Cap Year 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 Unweighted resident FTE count for allopathic and osteopathic programs (from the 1996 6.03 0.00 0.00 0.00 **Addition** (to the cap) for the unweighted resident FTE count for allopathic and 6.04 osteopathic programs due to **42 CFR 413.79(e)** (add-on) 0.00 0.00 0.00 **Reduction** (to the cap) for the unweighted resident FTE count for allopathic and 6.04a osteopathic programs due to § 422 of the MMA 0.00 0.00 0.00 **Reduction** (to the cap) for the unweighted resident FTE count for allopathic and 6.04b osteopathic programs due to § 5503 of ACA 0.00 0.00 0.00 **Adjustment** (plus or minus) for the unweighted resident FTE count for allopathic and 6.05 osteopathic programs for **affiliated programs** 0.00 0.00 0.00 **Addition** (to the cap) for the unweighted resident FTE count for allopathic and 6.05a osteopathic programs due to § 5503 of ACA 0.00 0.00 0.00 **Addition** (to the cap) for the unweighted resident FTE count for allopathic and 6.05b osteopathic programs due to § 5506 of ACA (add-on) 0.00 0.00 0.00 6.06 FTE adjusted cap or 2013 CHGME Reauthorization cap due to **Public Law 113–98** 0.00 0.00 0.00 Unweighted resident FTE count for allopathic and osteopathic programs. 6.07 0.00 0.00 0.00 6.08 Enter the lesser of lines 6.06 and 6.07 0.00 0.00 0.00 Unweighted resident FTE count for allopathic and osteopathic residents in their initial 6.09 residency period 0.00 0.00 0.00 Unweighted resident FTE count for allopathic and osteopathic residents beyond their 6.10 initial residency period 0.00 0.00 0.00 Weighted resident FTE count for allopathic an osteopathic residents beyond their initial 6.11 residency period 0.00 0.00 0.00 Weighted resident FTE count for allopathic osteopathic programs 0.00 0.00 0.00 6.12 Weighted resident FTE count for allopathic and osteopathic programs following 6.13 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 Unweighted resident FTE count for dental and podiatric residents in their initial 6.15 residency period 0.00 0.00 0.00 Unweighted resident FTE count for dental and podiatric resident beyond their initial 6.16 residency period 0.00 0.00 0.00 Weighted resident FTE count for dental and podiatric residents beyond their initial 6.17 residency period 0.00 0.00 0.00 0.00 6.18 Weighted resident FTE count for dental and podiatric programs 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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