

**General Instructions (detailed instructions provided in the instruction guide):**

Refer to the instruction guide as you complete the THC Costing Instrument.

Use your best judgment on where to enter expenses. Please note: accounting and reporting practices may differ across THC and continuity clinics.

- For guidance on General Instructions, see page 2 of the instruction guide.
- For guidance on Basic Information, see page 3 of the instruction guide.
- For additional guidance from the GW evaluation team, email thc\_eval@gwu.edu

**Basic Information**

<b>Teaching Health Center Graduate Medical Education Costing Instrument</b>	
<b>Please Enter:</b>	
<b>Name of Residency Program you are providing information on in this Costing Instrument:</b>	
<b>THC Program Specialty:</b>	
<b>Residency Accreditation:</b>	
<b>Type of Sponsoring Institution for the Residency Program:</b>	
<b>Were you previously accredited by AOA while a THC (Y/N)?</b>	
<b>Number of continuity clinic(s):</b>	
<b>Number of exam rooms in the continuity clinic(s):</b>	
<b>Name(s) of the continuity clinic(s) that you are providing financial information on:</b>	
<b>Licensure(s) for the continuity clinic(s) that you are providing financial information on (please specify if FQHC, rural health clinic, etc., or multiple):</b>	
<b>State(s) in which the continuity clinic(s) are located:</b>	
<b>Reporting Period (most recent academic year):</b>	July 1 2018 - June 30 2019
<b>New or Expansion Program Under THC Grant:</b>	
<b>Accredited Class Size per Year (if expansion, include THC and non-THC residents):</b>	
<b>Contact Person:</b>	
<b>Contact Person's E-mail:</b>	
<b>Contact Person's Telephone:</b>	
<b>Signatory:</b>	
Thank you for your assistance in completing this residency program Costing Instrument. The information gathered here will be important to inform your THCGME program officers to better understand the costs of residency training programs and natural variations that occur between THC programs.	

<b>Name of Program:</b>	
<b>THC Program Specialty:</b>	
<b>Reporting Period:</b>	July 1 2018 - June 30 2019

**Clinic Patient Visits**  
*The purpose of this worksheet is to report the total number of visits at the continuity clinic(s) and the distribution of those visits according to whether they are precepted or non-precepted. This distribution will serve as the basis for apportioning clinic expenses and patient service revenues associated with the THC program.*

- For guidance on Clinic Patient Visits, see page 5 of the instruction guide.

Ambulatory Visits in the Continuity Clinic(s)							
Non-Precepted Visits	Residency Faculty Precepted Visits					Other Providers	Total
Residency Faculty	PGY-1 Residents	PGY-2 Residents	PGY-3 Residents	PGY-4 Residents	Resident Total (All PGYs)	All Other Non-Teaching Provider Visits	Total Visits
					0		0

Total visits provided in AY 2018-2019:	0
Of these visits, what percentage were provided as telehealth visits?	

Name of Program: \_\_\_\_\_  
 THC Program Specialty: \_\_\_\_\_  
 Reporting Period: July 1 2018 - June 30 2019

**Continuity Clinic(s) Patient Revenue**  
 The purpose of this worksheet is to collect information on the revenue generated by the continuity clinic(s) to determine the amount attributable to the residency program.  
 • For guidance on Continuity Clinic(s) Patient Revenue, see page 7 of the instruction guide.

	Continuity Clinic(s) Patient Revenue							Notes
	Total Visits	Full Charges This Period	Full Charges Per Visit	Net Revenue This Period	Net Revenue Per Visit	Amount Collected This Period	Amount Collected Per Visit	
<b>Payer</b>								
Total Medicaid			#DIV/0!		#DIV/0!		#DIV/0!	
Total Medicare			#DIV/0!		#DIV/0!		#DIV/0!	
Dual Eligible (Medicaid & Medicare)			#DIV/0!		#DIV/0!		#DIV/0!	
Workman's comp			#DIV/0!		#DIV/0!		#DIV/0!	
Military Tri-Care			#DIV/0!		#DIV/0!		#DIV/0!	
Other Public			#DIV/0!		#DIV/0!		#DIV/0!	
Total Private			#DIV/0!		#DIV/0!		#DIV/0!	
Self-Pay			#DIV/0!		#DIV/0!		#DIV/0!	
<b>Subtotals</b>		\$ -		\$ -		\$ -		
<b>Retroactive Settlements, Receipts, Paybacks:</b>								
Collections of Retroactive Payments								
Penalty/Payback								
<b>Total Adjusted Revenue</b>		\$ -		\$ -		\$ -		

Grants		Total Amount			
<b>FQHC Grant</b>					
<b>Other Federal Grants:</b>			<i>End Date of Grant</i>	<i>Is the grant likely to be renewed? (Y/N)</i>	<i>Notes</i>
Ryan White Part C HIV Early Intervention					
Other Federal Grants					
IHS/Tribal Funding					
Medicare and Medicaid EHR Incentive Payments for Eligible Providers					
<b>Non-Federal Grants Or Contracts:</b>					
State Government Grants and Contracts					
State/Local Indigent Care Programs					
Local Government Grants and Contracts					
<b>Total Grants</b>		\$ -			

Residency Program Funding		Total Amount			
<b>THCGME Payment</b>					
<b>Medicaid GME Payment</b>					
<b>Other Residency Program Support Payment</b>			<i>End Date of Grant</i>	<i>Is the grant likely to be renewed? (Y/N)</i>	<i>Notes</i>
Source					
Source					
Source					
Source					
<b>Sub-Total Residency Program Funding</b>	\$ -				
Donations					
<b>Total Residency Program Funding</b>	\$ -				

Name of Program:   
 THC Program Specialty:   
 Reporting Period: July 1 2018 - June 30 2019

**Faculty Salary and Benefits**

The purpose of this worksheet is to collect expense information on faculty who support THC residency training. The table below collects information on full-time equivalent (FTE) allocations for residency training to understand the cost of training a THC resident.

- Add rows if you have additional faculty by double clicking a Faculty cell, entering the respective faculty position name, and then the corresponding information.
- For guidance on Faculty Salary and Benefits, see page 10 of the instruction guide.

Faculty Salaries and Benefits	Specialty	Residency Faculty FTE Allocations							Notes	Salary and Benefit Allocations							
		Total FTE	Non-Precepted Visits	Precepted Visits	Resident Inpatient Service	Residency Related Clinic Admin	Non-Residency Related Clinic Admin	Residency Program Administration		Actual Salary	Actual Benefits	Non-Precepted Visits	Precepted Visits	Resident Inpatient Service	Residency Related Clinic Admin	Non-Residency Related Clinic Admin	Residency Program Administration
Example - Core Faculty	Internal Medicine	1.00	0.10	0.20	0.10	0.05	0.05	0.50		\$ 165,000	\$ 39,600	\$ 20,460	\$ 40,920	\$ 20,460	\$ 10,230	\$ 10,230	\$ 102,300
Program Director		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Associate Program Director		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Core Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Part time faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Part time faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Part time faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Part time faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Faculty		0.00										\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total</b>		<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Non-Teaching Providers FTE and Salaries**

Total Non-Teaching Provider FTE	
Total Salaries and Benefits	\$ -

<b>Name of Program:</b>	
<b>THC Program Specialty:</b>	
<b>Reporting Period:</b>	July 1 2018 - June 30 2019

**Residency Program Precepting Agreements**

*The purpose of this worksheet is to account for contracted specialists other than faculty who are paid by the THC program to provide educational experiences for THC residents. This includes specialists who are paid for by stipends or other remuneration but who are not salaried.*

- For guidance on Residency Program Precepting Agreements, see page 12 of the instruction guide.

<b>Preceptorships</b>	<b>Total Amount of Agreements Paid by the Residency Program</b>	
Assistant Program Director		
Medical Student Clerkship Director		
Simulation Lead		
Clinic Director		
Behavioral Health		
Community Preceptors		
Critical Care		
Emergency Medicine		
Family Medicine		
General Adult Medicine/Internal Medicine		
General Pediatrics		
General Surgery		
Geriatrics		
Gynecology		
Hospitalist		
Neurology		
OB/GYN		
Obstetrics		
Psychiatry		
Radiology		
Additional Preceptorships		<b>Notes</b>
Additional Preceptorships		
Additional Preceptorships		
Additional Preceptorships		
Additional Preceptorships		
Additional Preceptorships		
Additional Preceptorships		
Additional Preceptorships		
Additional Preceptorships		
Additional Preceptorships		
Additional Preceptorships		
Additional Preceptorships		
Additional Preceptorships		
<b>Total</b>	\$ -	



Name of Program:   
 THC Program Specialty:   
 Reporting Period: July 1 2018 - June 30 2019

**Residency Program Administrative Expenses and In-Kind Donations**

The purpose of this worksheet is to identify the full range of administrative expenses associated with educational and academic activities. Do not report expenses associated with administration in the continuity clinic(s) here. Report expenses associated with administration in the continuity clinic(s) on the Clinic Admin worksheet.

• For guidance on Residency Program Administrative Expenses and In-Kind Donations, see page 14 of the instruction guide.

Residency Program Administrative Personnel paid by the THC					Residency Program Administrative Personnel Provided In-Kind to the THC				
Admin Support Salaries	Total FTE	Actual Salary	Actual Benefits	Residency Program Cost	Admin Support Salaries	Total FTE	Actual Salary	Actual Benefits	Residency Program Cost
Program Coordinator	0.00			\$ -	Program Coordinator	0.00			\$ -
Provide Title and Role	0.00			\$ -	Provide Title and Role	0.00			\$ -
Provide Title and Role	0.00			\$ -	Provide Title and Role	0.00			\$ -
Provide Title and Role	0.00			\$ -	Provide Title and Role	0.00			\$ -
Provide Title and Role	0.00			\$ -	Provide Title and Role	0.00			\$ -
Provide Title and Role	0.00			\$ -	Provide Title and Role	0.00			\$ -
Provide Title and Role	0.00			\$ -	Provide Title and Role	0.00			\$ -
Provide Title and Role	0.00			\$ -	Provide Title and Role	0.00			\$ -
<b>Total</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>Total</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**Residency Program Administrative Expenses**

Residency Program Administrative Expenses paid by the THC	Residency Program Administrative Expenses Provided In-Kind to the THC	Notes:
Total Residency Square Footage	Total Residency Square Footage	
Total Amount	Total Amount	
Education/Didactic Costs:	Education/Didactic Costs:	
Resident Education Stipends	Resident Education Stipends	
Resident Required Training	Resident Required Training	
Simulation Center Costs	Simulation Center Costs	
Education Supplies	Education Supplies	
Medical/Dental School or OPTI fees	Medical/Dental School or OPTI fees	
General Educational Allowance	General Educational Allowance	
Licensing/Certification Fees:	Licensing/Certification Fees:	
Licensing Examination Fees	Licensing Examination Fees	
In-Service Examination Fees	In-Service Examination Fees	
Board Certification Fees	Board Certification Fees	
Board Preparation Costs	Board Preparation Costs	
Resident Licensing Fees	Resident Licensing Fees	
State Medical Licenses	State Medical Licenses	
Resident Training Licenses	Resident Training Licenses	
DEA Licenses	DEA Licenses	
DATA-2000 Waivers	DATA-2000 Waivers	
Other Licensing Fees	Other Licensing Fees	
<b>Program Fees and Costs:</b>	<b>Program Fees and Costs:</b>	
Accreditation Fees	Accreditation Fees	
NRMP/Match Participation Fees	NRMP/Match Participation Fees	
Recruitment Costs	Recruitment Costs	
Graduation Costs	Graduation Costs	
Faculty/Staff Development	Faculty/Staff Development	
Travel	Travel	
Away Rotation Housing	Away Rotation Housing	
General Liability Insurance	General Liability Insurance	
Academic Malpractice Insurance	Academic Malpractice Insurance	
Legal and Accounting	Legal and Accounting	
Consortium Expenses (if applicable)	Consortium Expenses (if applicable)	
Rent/Occupancy	Rent/Occupancy	
<b>Supplies:</b>	<b>Supplies:</b>	
Mobile Communications Devices	Mobile Communications Devices	
Laptops/Tablets	Laptops/Tablets	
Telemedicine or Tele-education	Telemedicine or Tele-education	
IT Costs	IT Costs	
White Coats/Uniforms	White Coats/Uniforms	
Printing and Postage	Printing and Postage	
Office Supplies	Office Supplies	
<b>Other:</b>	<b>Other:</b>	
Other Expense Type	Other Expense Type	
Other Expense Type	Other Expense Type	
Other Expense Type	Other Expense Type	
Other Expense Type	Other Expense Type	
Other Expense Type	Other Expense Type	
Other Expense Type	Other Expense Type	
Other Expense Type	Other Expense Type	
Other Expense Type	Other Expense Type	
Other Expense Type	Other Expense Type	
<b>Total</b>	<b>Total</b>	

Overhead	Question	Response
	Is there an administrative overhead component charged to your residency program? How is the administrative overhead charge determined? For example, if your sponsoring organization or institution assigns a 5% overhead to your THC grant for administrative purposes include those costs here.	

<b>Name of Program:</b>	
<b>THC Program Specialty:</b>	
<b>Reporting Period:</b>	July 1 2018 - June 30 2019

**Clinic Administrative Expenses**

For this worksheet, we will collect information on all administrative expenses attributable to the resident continuity clinic(s) and separated from all other costs related to the residency program. The definition of a continuity clinic will align with ACGME requirements: a continuity clinic is a setting in which residents develop a continuous, long-term therapeutic relationship with a panel of patients, with the resident serving as the primary physician for this panel.

- For guidance on Clinic Administrative Expenses, see page 19 of the instruction guide.

**Resident Continuity Clinic(s) Administrative Expenses**

	<b>Total Amount</b>	<b>Notes</b>
Administrative Personnel Salaries/Benefits		
Purchased Admin Services		
Office Supplies		
Recruitment		
Staff Development		
Travel		
IT Infrastructure		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
<b>Total Clinic Admin Expenses</b>	<b>\$ -</b>	

<b>Overhead</b>	<b>Total Amount</b>	<b>Notes</b>
Administrative Overhead		
Finance and Accounting Overhead		
Physical Plant		
IT Overhead		
Other Expense Type		
Other Expense Type		
Other Expense Type		
<b>Total Overhead</b>	<b>\$ -</b>	



<b>Name of Program:</b>	
<b>THC Program Specialty:</b>	
<b>Reporting Period:</b>	July 1 2018 - June 30 2019

**Clinical Operations Expenses**

*The purpose of this worksheet is to collect information on the total operational expenses of the continuity clinic(s) in relation to the continuity clinic(s) visits and revenue.*

- For guidance on Clinical Operations Expenses, see page 21 of the instruction guide.

**Clinic Square Footage**

	<b>Total Amount</b>
<b>Square Footage</b>	

**Clinic Operations Expenses**

<b>Type of Expense</b>	<b>Total Amount</b>	<b>Notes</b>
Clinical Support Personnel Salaries/Benefits		
Purchased Medical/Dental Services		
Medical/Dental Supplies		
Medical/Dental Equipment		
Licensing Fees		
Malpractice Insurance		
EHR licenses/Maintenance		
Uniforms		
Occupancy		
Depreciation		
Other Expense Type		
Other Expense Type		
Other Expense Type		
Other Expense Type		
<b>Total</b>	<b>\$ -</b>	

<b>Name of Program:</b>	
<b>THC Program Specialty:</b>	
<b>Reporting Period:</b>	July 1 2018 - June 30 2019

**Inpatient Revenue and Expenses**

*The purpose of this worksheet is to determine the costs incurred by a THC when its residents train in a hospital, and any associated payments made by the hospital back to the THC for inpatient care services performed by the THC residents. Please do not repeat information in this worksheet elsewhere in the THC Costing Instrument.*

- For guidance on Inpatient Revenue and Expenses, see page 23 of the instruction guide.

Inpatient Resident Service(s) Revenue		Notes
Revenue Category	Amount Received <i>from</i> Hospital	
Direct payments		
Agreed upon payments		
Medicare pass-through		
State Medicaid		
Call and coverage		
Other		
Other		
Other		
<b>Total</b>	\$ -	

Inpatient Resident Service(s) Expenses		Notes
Expense Category	Amount Paid <i>to</i> Hospital	
Faculty costs		
Staffing and support costs		
Facility costs		
Indirect costs		
Overhead		
In-kind		
Other		
Other		
Other		
<b>Total</b>	\$ -	

<b>Name of Program:</b>	
<b>THC Program Specialty:</b>	
<b>Reporting Period:</b>	July 1 2018 - June 30 2019

**Additional Information About Your THC and Continuity Clinic(s)**

*The purpose of this worksheet is to provide additional information about your continuity clinic(s) or health center that could affect THC financing, operations, and sustainability.*

- For guidance on Additional Information About Your THC and Continuity Clinic(s), see page 25 of the instruction guide.

Question	Response
1. What aspects of your THC residency program do you think are unique and innovative?	1. 2. 3.
2. What are the biggest challenges related to funding/financial security for your residency program?	1. 2. 3.
3. What are the biggest challenges around resident staffing for your residency program?	1. 2. 3.
4. What are the biggest challenges around faculty staffing for your residency program?	1. 2. 3.
5. What are the biggest regulatory/reimbursement challenges for your residency program?	1. 2. 3.
6. Did your routine ongoing expenses (e.g. faculty administrative costs, education costs, etc.) increase as a result of now meeting ACGME accreditation standards?	1. 2. 3.
7. Describe some of your most successful strategies to recruit THC residents who are likely to practice in underserved and rural areas?	1. 2. 3.
8. What lessons have you learned in your THC program that might be useful for new THC's?	1. 2. 3.
9. Describe benefits to your continuity clinic(s) or health center associated with your residency program? For example, has the THC program helped with staff recruitment and retention? Has it created new staffing models for your organization? Has the volume or capacity at your continuity clinic(s) or health center increased?	1. 2. 3.
10. Describe the relationship between the supply of residents and the supply of advanced practice clinicians in the continuity clinic(s)? How has staffing of advanced practice clinicians grown or decreased as a result of having THC residents?	1. 2. 3.
11. How does training residents affect your continuity clinic(s) or health center's finances and administrative responsibilities? • Are more or fewer patients seen as a result of having residents in the clinic(s)? • Are additional staff needed to support the residents? • Has the physical infrastructure needed to be changed to accommodate classroom space, computers, equipment, supplies or other program needs? • Are there additional reporting requirements as a result of the residency program and the THC program specifically?	1. 2. 3.
12. Is your continuity clinic(s) or health center planning to expand, either physically or in the number of patients you serve? If yes, can you describe your plans? Has there recently been an expansion?	1. 2. 3.
13. Does your continuity clinic(s) or health center participate in value-based purchasing, alternative payment models, accountable care organizations, or other payment and delivery reforms that affect overall financing and operations or changes to your Medicaid PPS rate? If yes, explain.	1. 2. 3.
14. Describe any significant changes in the payer mix at your continuity clinic(s) or health center that have occurred in the last five years? Note the impact of these changes in revenues.	1. 2. 3.
15. Describe any significant changes in your Medicaid PPS rate or ambulatory service rate at your continuity clinic(s) or health center that have occurred over the past five years? Note the impact of these changes in revenues.	1. 2. 3.
16. What primary care initiatives are being implemented in your continuity clinic(s) or health center and how are the residents integrated into and trained in these initiatives? For example, in what ways are residents involved in patient centered medical homes, quality improvement, leadership opportunities, and interdisciplinary/team-based care?	1. 2. 3.

**Public Burden Statement:** The purpose of this collection is to determine an appropriate THCGME Program payment for indirect medical expenses (IME) as well as to update, as deemed appropriate, the per resident amount used to determine the Program's payment for direct medical expenses (DME). An evaluation will be conducted using a standardized THCGME Costing Instrument to gather data from all THCs participating in the THCGME Program. 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 information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is required to obtain a benefit as required by Section 5508 of the Affordable Care Act of 2010 amended section 340H of the Public Health Service Act to establish the Teaching Health Center Graduate Medical Education (THCGME) Program in which the Secretary has the authority to determine an appropriate THCGME program payment. Public reporting burden for this collection of information is estimated to average 10 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 14N136B, Rockville, Maryland, 20857 or [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).