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 6.5 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.

Childrer	i's Hospitals Graduate	Medical Ed	0	0	od and Unive	ighted D	aidant
			D FTE C	etermination of Weight	eu anu Unwe	ighted Ro	esident
Name of A	Applicant:						
City:		State:				Zip Code:	
Medicare	Provider Number:						
	r in which applying for fun		FFY				
<u> </u>	pplication (check box to the			Application		iation Appl	ication
	new children's hospital that llace 'n' for no or 'y' for yes			Medicare cost reporting per	iods?		
Section 1	DETERMINATION OF RI FOR THE HOSPIT	To be completed by hospital	For CHG Use	ME FI Only			
	ENI	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 con cap year)	unt for allopatl	nic and osteopath	ic programs (from the 1996	0.00	0.00	0.00
Section 2	AVERAGE OF	HOSPITAL DATA	MCR DATA	FI DATA			
2.01	Total unweighted resident FT reporting period	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>			
2.02	Total unweighted resident FT	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>			
2.03	Total unweighted resident FT	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>			
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	#REF!	#REF!
2.08	Grand Total: Unweighted resident FTE Count				0.00	#REF!	#REF!
Section 3	AVERAGE OF WEIGHTED RESIDENT FTE COUNTS			HOSPITAL DATA	MCR DATA	FI DATA	
3.01	Total weighted resident FTE reporting period	al weighted resident FTE count for the hospital's most recently completed cost orting period				0.00	<u>0.00</u>
3.02	Total weighted resident FTE	count for the hospital's prior cost reporting period			<u>0.00</u>	0.00	<u>0.00</u>
3.03	Total weighted resident FTE	E count for the hospital's penultimate cost reporting period			<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
3.04	Rolling average of weighted	lling 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	0.00	#REF!	#REF!			
3.08	Grand Total: Weighted res	ident FTE Co	ount		0.00	#REF!	#REF!

Children	's Hospitals Grad	uate Medical Edu		Program on of Weighted an	d Unweigh	ted Residen	t FTE Co
Name of A	Applicant:	0					
City:	0	State:	0				Zip Code:
Medicare	Provider Number:	0					
Fiscal Yea	r in which applying	for funding:	FFY				
Type of A	pplication (check bo	ox to the left)		Initial Application		Reco	nciliation <i>i</i>
Casting A		ON OF FTE RESI	DENT COUNT		HOSPITA	AL DATA	For CHG Use
Section 4			ED COST REPORT	ING PERIOD	1996 CAP YEAR	§422 of the MMA	MCR DATA
4.01	Inclusive dates of th	e subject cost report	(From)				
4.01		le subject cost report	ing period	(To)			
4.02	Status of MCR						
4.03	Unweighted (UW) r programs (from the		or allopathic and oste	eopathic (osteo)	0.00		0.00
4.04		p) for the unweighted the to 42 CFR 41	l resident FTE count 3.79(e) (add-on)	for allopathic and	0.00		0.00
4.04a		ap) for the unweight ns due to § 422 of th	ed resident FTE cour e MMA	nt for allopathic and	0.00		0.00
4.04b		ap) for the unweightens due to § 5503 of A	ed resident FTE cour CA	nt for allopathic and	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
4.05a	Addition (to the cap) for the UW FTE resident count for allopathic (and osteo) programs due to §5503 of ACA, § 126, 127, and/or 131 of the CAA						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
4.06	FTE adjusted cap or 2	013 CHGME Reauthor	rization cap due to Pub	lic Law 113–98	0.00	0.00	0.00
4.07	Unweighted resident FTE count for allopathic and osteopathic programs.					0.00	0.00
4.08	Enter the lesser of li	ines 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 residen their initial residenc		pathic and osteopathi	c residents beyond	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 F	l resident FTE count for allopathic osteopathic programs				0.00	0.00
4.13	Weighted resident FTE count for allopathic oscopathic programs following application of the resident FTE adjusted cap					0.00	0.00
4.14		ident FTE count for dental and podiatric programs					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
4.17	Weighted resident FTE count for dental and podiatric residents beyond their initial residency period						0.00
4.18			and podiatric progra	ms	0.00		0.00
4.19	Total unweighted re		0		0.00	0.00	0.00
4.20	Total weighted resid		0.00	0.00	0.00		

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Department of Health and Human Services Health Resources and Services Administration

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	which applying for fu	l°	FFY				
	cation (check box to t	0		Initial Application	Reconciliation	Application	
i jpe or rippi			HOSPITAL DATA	For CHGME F	I U		
	DETERMINATIO	ON OF FTE RESIDEN		Only			
Section 5		COST REPO	ORTING PERIOD		1996 Cap Year	MCR DATA	FI DATA
5.01	Inclusive dates of the subject cost reporting period			(From) (To)	10/01/2009 09/30/2010	10/01/2009 09/30/2010	
5.02	Status of MCR		1		S	S	S
5.03	Unweighted resident l year)	TE count for allopathi	c and osteopathic progra	ms (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 allop	oathic 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) for the unweighted re 3 of ACA	0.00	0.00	0.00		
5.05		minus) for the unweigh for affiliated program	0.00	0.00	0.00		
5.05a	Addition (to the cap) §5503 of ACA, § 126	0.00	0.00	0.00			
5.05b	Addition (to the cap) programs due to § 550	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 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 l period	TE count for allopathi	nts in their initial residency	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 FT	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 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 resid period				0.00	0.00	0.00
5.16	Unweighted resident FTE count for dental and podiatric resident beyond period			ond their initial residency	0.00	0.00	0.00
5.17	Weighted resident FT period	E count for dental and j	podiatric residents beyon	nd their initial residency	0.00	0.00	0.00
5.18	Weighted resident FT	E count for dental and j	oodiatric programs		0.00	0.00	0.00
5.19	Total unweighted resident FTE count				0.00	0.00	0.00
5.20	Total weighted reside	nt FTE count		0.00	0.00	0.00	

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Children's I	Hospitals Graduate N	Iedical Education Pay Deter	yment Program mination of Weightee	d and Unweighted Re	sident FTE Counts			
Name of Ap	plicant:	0						
City:	0	State: 0 Zip Code: 0						
	rovider Number:	0						
	in which applying for		FFY					
Type of App	plication (check box t	o the left)	Initial Applicati	on			on Application	
Section 6	Section 6 DETERMINATION OF FTE RESIDENT COUNT FOR THE HOSPITAL'S PENULTIMATE COST REPORTING PERIOD					For CHGME F	I Use Only	
			KEI OKTING I EKI	OD	1996 Cap Year	MCR DATA	FI DATA	
6.01	Inclusive dates of the	subject cost reporting	10/01/2008	10/01/2008				
		09/30/2009	09/30/2009					
6.02	Status of MCR							
6.03	Unweighted resident cap year)	FTE count for allopath	ic and osteopathic prog	grams (from the 1996	0.00	0.00	0.00	
6.04		for the unweighted res due to 42 CFR 413.7 9		lopathic and	0.00	0.00	0.00	
6.04a		o) for the unweighted r due to § 422 of the M		allopathic and	0.00	0.00	0.00	
6.04b	Reduction (to the cap osteopathic programs	c) for the unweighted r due to § 5503 of ACA	esident FTE count for a	allopathic and	0.00	0.00	0.00	
6.05	Adjustment (plus or osteopathic programs	minus) for the unweigl for affiliated program	0.00	0.00	0.00			
6.05a		p) for the UW FTE r 503 of ACA, § 126,	0.00	0.00	0.00			
6.05b		for the unweighted res due to § 5506 of ACA	0.00	0.00	0.00			
6.06	FTE adjusted cap or 2	TE adjusted cap or 2013 CHGME Reauthorization cap due to Public Law 113–98				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 an osteopathic residents beyond their initial residency period				0.00	0.00	0.00	
6.12	Weighted resident FT	E 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 a	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						0.00	
6.18		E 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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