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 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.

Childrer	i's Hospitals Graduate	Medical Ed	0	0	od and Unive	ighted D	aidant	
			D FTE C	etermination of Weight	eu anu Unwe	igilied R	esident	
Name of A	Applicant:							
City:		State:				Zip Code:		
Medicare	Provider Number:							
Fiscal Yea	r in which applying for fund	ding:	FFY					
Гуре of A	pplication (check box to the	left)	Initial /	Application	Reconcili	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 RESIDENT FTE CAP FOR THE HOSPITAL'S MOST RECENT COST REPORTING PERIOD				To be For CHO completed by Us hospital		GME FI se Only	
	ENI	DING ON OR	BEFORE DEC	EMBER 31, 1996	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 allopath	nic and osteopath	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 recently completed cost reporting period					<u>0.00</u>	<u>0.00</u>	
2.02	Total unweighted resident FTE count for the hospital's prior cost reporting period				<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
2.03	Total unweighted resident FT	E count for th	e hospital's penu	ltimate cost reporting period	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	
2.04	Rolling average of unweighte	ed resident FTI	E count		0.00	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 resider	nt FTE count f	rom 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 O	F WEIGHTE	DRESIDENT	FTE COUNTS	HOSPITAL DATA	MCR DATA	FI DATA	
3.01	Total weighted resident FTE reporting period	count for the h	ospital's most re	cently completed cost	<u>0.00</u>	0.00	<u>0.00</u>	
3.02	Total weighted resident FTE	count for the h	ospital's prior co	ost reporting period	<u>0.00</u>	0.00	<u>0.00</u>	
3.03	Total weighted resident FTE 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 resident FTE count					0.00	0.00	
3.05	Add On: Weighted resident FTE count meeting the criteria for an exception					0.00	0.00	
3.06	Adjusted rolling average of w	0.00	0.00	0.00				
3.07	Add On: Weighted resident				0.00	0.00	0.00	
3.08	Grand Total: Weighted res	ident FTE Co	ount		0.00	0.00	0.00	

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>
DETERMINATION OF FTE RES			DENT COUNT	ENT COUNT			For CHG Use
Section 4			ED COST REPORT	TING PERIOD	1996 CAP YEAR	§422 of the MMA	MCR DATA
4.01	Inclusive dates of the subject cost reporting period (From						
			ing period	(To)			
4.02	Status of MCR						
4.03	Unweighted residen the 1996 cap year)	t FTE count for allo	pathic and osteopathi	c programs (from	0.00		0.00
4.04		p) for the unweighted as due 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 unweight ns due to § 5503 of A	ed resident FTE cour CA	nt for allopathic and	0.00		0.00
4.05			eighted resident FTE affiliated programs		0.00		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		p) for the unweighted ns due to § 5506 of A	l resident FTE count CA (add-on)	for allopathic and	0.00		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 residen	t FTE count for allo	pathic and osteopathi	c programs.	0.00	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 residen initial residency per		pathic and osteopathi	c residents in their	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 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 F	*	hic and osteopathic p		0.00	0.00	0.00
4.14			al and podiatric prog	rams	0.00		0.00
4.15		t FTE count for dent		0.00		0.00	
4.16	Unweighted residen initial residency per		al and podiatric resid	lent beyond their	0.00		0.00
4.17		TE count for dental	and podiatric residen	ts beyond their	0.00		0.00
4.18			and podiatric program	ms	0.00		0.00
4.19	Total unweighted re		1 · · · F · O····		0.00	0.00	0.00
4.20	Total weighted resid				0.00	0.00	0.00

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		ck box to the left)		al Application		Rec	onciliation
<u></u>		ATION OF FTE RE		<u>II</u>	MCR	DATA	For CHC Use
Section 4	FOR THE H	HOSPITAL'S CENTLY COMPLE	1996 CAP YEAR	§422 of the MMA	1996 CAP YEAR		
4.01	Inclusive dates	of the subject cost re	porting period	(From) (To)		1/2011 D/2012	10/0
4.02	Status of MCR					xF	00/2
4.03		sident FTE count for	allopathic and osteopathic	programs	0.00		0.00
	and osteopathi	c programs due to 42	ghted resident FTE count f CFR 413.79(e) (add-on)	-	0.00		0.00
4.04d	and osteopathi	c programs due to § 4			0.00	_	0.00
4.04b	and osteopathi	Reduction (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to § 5503 of ACA					0.00
4.05	allopathic and	Adjustment (plus or minus) for the unweighted resident FTE count for llopathic and osteopathic programs for affiliated programs				-	0.00
4.05a	osteo) program	to the cap) for the UW FTE resident count for allopathic (and grams 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 nd osteopathic programs due to § 5506 of ACA (add-on)					0.00
4.06	FTE adjusted ca	p or 2013 CHGME Rea	uthorization cap due to Publi	c Law 113–98	0.00	0.00	0.00
	-		allopathic and osteopathic	programs.	0.00	0.00	0.00
4.08 4.09			allopathic and osteopathic	residents in	0.00	0.00	0.00
4.10	Unweighted re	V 1	allopathic and osteopathic	residents	0.00	0.00	0.00
4.11	their initial res	idency period	opathic an osteopathic resi	-	0.00	0.00	0.00
4.12	Weighted resid	lent FTE count for all	opathic osteopathic progra	ms	0.00	0.00	0.00
	following appl	Weighted resident FTE count for allopathic and osteopathic programs following application of the resident FTE adjusted cap				0.00	0.00
4.14	Unweighted re	sident FTE count for	dental and podiatric progra dental and podiatric reside	ams	0.00		0.00
4.15			dental and podiatric reside		0.00		0.00
4.16			ntal and podiatric residents		0.00		0.00
4.17			ntal and podiatric program		0.00		0.00
4.18	-			S	0.00	0.00	0.00
4.19	Total unweight	ted resident FTE coui	nt		0.00	0.00	0.00

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Department of Health and Human Services Health Resources and Services Administration

Name of Appl	icant:	0					
City:	0	State:	0			Zip Code:	0
v	vider Number:	0	0			zip couc:	
	which applying for fu	inding:	FFY				
Type of Appli	cation (check box to	the left)		Initial Application	Reconciliation	n Application	
					HOSPITAL DATA	For CHGME F	I U
Section 5	DETERMINATIO	ON OF FTE RESIDE		Onl	ly		
Section 5		COST REP	ORTING PERIOD		1996 Cap Year	MCR DATA	FI DATA
5.01	Inclusive dates of the	subject cost reporting p	period	(From) (To)	10/01/2009 09/30/2010	10/01/2009 09/30/2010	
5.02	Status of MCR				S	S	S
5.03	Unweighted resident l year)	FTE count for allopathi	c and osteopathic progra	ims (from the 1996 cap	0.00	0.00	0.00
5.04		for the unweighted res FR 413.79(e) (add-on)	ident FTE count for allo	pathic and osteopathic	0.00	0.00	0.00
5.04a	Reduction (to the cap programs due to § 422	o) for the unweighted re 2 of the MMA	sident FTE count for all	opathic and osteopathic	0.00	0.00	0.00
5.04b	Reduction (to the cap programs due to § 550		sident FTE count for all	opathic and osteopathic	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		ident FTE count for allo	pathic and osteopathic	0.00	0.00	0.00
5.06	FTE adjusted cap or 2	2013 CHGME Reauthor	rization cap due to Publ i	c Law 113–98	0.00	0.00	0.00
5.07	Unweighted resident	FTE count for allopathi	c and osteopathic progra	ims.	0.00	0.00	0.00
5.08	Enter the lesser of line	es 5.06 and 5.07			0.00	0.00	0.00
5.09	Unweighted resident I period	FTE count for allopathi	c and osteopathic reside	nts in their initial residency	0.00	0.00	0.00
5.10	Unweighted resident residency period	FTE count for allopathi	c and osteopathic reside	nts beyond their initial	0.00	0.00	0.00
5.11	Weighted resident FT residency period	E count for allopathic a	n osteopathic residents l	beyond their initial	0.00	0.00	0.00
5.12	Weighted resident FT	E count for allopathic of	osteopathic programs		0.00	0.00	0.00
5.13	Weighted resident FT the resident FTE adju		and osteopathic program	s following application of	0.00	0.00	0.00
5.14	Unweighted resident	FTE count for dental ar	nd podiatric programs		0.00	0.00	0.00
5.15	Unweighted resident I period	FTE count for dental ar	their initial residency	0.00	0.00	0.00	
5.16	Unweighted resident I period	FTE count for dental ar	ond their initial residency	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						
5.18	Weighted resident FT	E count for dental and	podiatric programs		0.00	0.00	0.00
5.19	Total unweighted resi				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:)
	rovider Number:	0	1				
	in which applying for		FFY				
Type of App	lication (check box t	o the left)	Initial Applicati	on			on Application
Section 6			ENT COUNT FOR TI		HOSPITAL DATA	For CHGME F	I Use Only
	12				1996 Cap Year	MCR DATA	FI DATA
6.01	Inclusive dates of the	subject cost reporting	period	(From)	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	sident FTE count for al 9(e) (add-on)	lopathic and	0.00	0.00	0.00
6.04a		p) for the unweighted r due to § 422 of the M	esident FTE count for a MA	allopathic and	0.00	0.00	0.00
6.04b		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 minus) for the unweighted resident FTE count for allopathic and osteopathic programs for affiliated programs				0.00	0.00	0.00
6.05a	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	0.00	0.00
6.05b	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
6.06	FTE adjusted cap or 2	r 2013 CHGME Reauthorization cap due to Public Law 113–98			0.00	0.00	0.00
6.07	· ·		ic and osteopathic prog		0.00	0.00	0.00
6.08	-	-	1 1 0	, ,	0.00	0.00	0.00
6.09	Enter the lesser of lines 6.06 and 6.07 Unweighted resident FTE count for allopathic and osteopathic residents in their initial residency period				0.00	0.00	0.00
6.10	Unweighted resident initial residency perio		ic and osteopathic resid	dents beyond their	0.00	0.00	0.00
6.11	Weighted resident FT residency period	E count for allopathic	an osteopathic resident	s beyond their initial	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		E count for allopathic ident FTE adjusted cap	and osteopathic progra	ms following	0.00	0.00	0.00
6.14	Unweighted resident	FTE count for dental a	nd podiatric programs		0.00	0.00	0.00
6.15	Unweighted resident residency period	Unweighted resident FTE count for dental and podiatric residents in their initial			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 residency period 0.00						0.00
6.18		E count for dental and	podiatric programs		0.00	0.00	0.00
6.19	Total unweighted resi		1 1 0 - 2		0.00	0.00	0.00
6.20	Total weighted reside				0.00	0.00	0.00

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