

Exhibit P: Summary Sheet

Children's Hospitals Graduate Medical Education Payment Program - Determination of Weighted and Unweighted Resident FTE Counts

Section 1	Determination of Resident FTE CAP for the Hospital's Most Recent Cost Reporting Period Ending On or Before December 31, 1996	Hospital Data	MCR Data	Final (F) Assessment
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* Type of Review Conducted (if a DC or DR was conducted and led to an FR indicate so): Select One <input type="button" value="v"/>				
1.01	Inclusive dates of the subject cost reporting period	From: To:	From: To:	From: To:
1.02	Status of MCR			
1.03	Unweighted resident FTE count for allopathic and osteopathic programs (from the 1996 cap year)			

Adjustments to the 1996 cap via Section 422 of the MMA? Increase: Decrease

Section 4	Determination of FTE Resident Count for the Hospital's Most Recently Completed Cost Reporting Period	Hospital Data	MCR Data	Final (F) Assessment
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* Type of Review Conducted (if a DC or DR was conducted and led to an FR indicate so): Select One <input type="button" value="v"/>				
4.01	Inclusive dates of the subject cost reporting period	From: To:	From: To:	From: To:
4.02	Status of MCR			
4.19	Total unweighted resident FTE count			
4.20	Total weighted resident FTE count			

Section 5	Determination of FTE Resident Count for the Hospital's Prior Cost Reporting Period	Hospital Data	MCR Data	Final (F) Assessment
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* Type of Review Conducted (if a DC or DR was conducted and led to an FR indicate so): Select One <input type="button" value="v"/>				
5.01	Inclusive dates of the subject cost reporting period	From: To:	From: To:	From: To:
5.02	Status of MCR			
5.19	Total unweighted resident FTE count			
5.20	Total weighted resident FTE count			

Section 6	Determination of FTE Resident Count for the Hospital's Penultimate Cost Reporting Period	Hospital Data	MCR Data	Final (F) Assessment
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* Type of Review Conducted (if a DC or DR was conducted and led to an FR indicate so): Desk Check <input type="button" value="v"/>				
6.01	Inclusive dates of the subject cost reporting period	From: To:	From: To:	From: To:
6.02	Status of MCR			
6.19	Total unweighted resident FTE count			
6.20	Total weighted resident FTE count			

* Was sampling performed during this assessment cycle?


Yes No

If yes, please provide description of the sampling technique and the sample size (i.e. 75 of 180 resident FTEs sampled) 

Comments: No comments available

* Was a 100% review performed on any aspect of this review during this assessment cycle?

Yes No

If yes, please provide description (e.g., biographical data, rotations, etc., and reason(s) for 100% review) 

Comments: No comments available