## 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.

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

Children's H	ospitals Graduate	Medical Ed	ucation Paym	ient Progi	am			
	•				ion of Weighte	ed and Unwe	ighted Re	sident
		1	FTE C	nints				
Name of Applic	ant:							
City:		State:					Zip Code:	
Medicare Provi	der Number:							
Fiscal Year in v	which applying for fun	ding:	FFY					
Type of Applica	Initial A	Application		Reconciliation Application				
	children's hospital tha			Medicare co	st reporting peri	ods?		
(Please place 'n' for no or 'y' for yes in the cell to the right)								

			For CHGME FI		
	DETERMINATION OF RESIDENT FTE CAP	completed by	Use Only		
Section 1	FOR THE HOSPITAL'S MOST RECENT COS	hospital			
	ENDING ON OR BEFORE DEC	EMBER 31, 1996	HOSPITAL	MCR	FI
		DATA	DATA	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 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
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 criteri	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 I	HOSPITAL DATA	MCR DATA	FI DATA	
3.01	Total weighted resident FTE count for the hospital's most recreporting period	0.00	0.00	0.00	
3.02	Total weighted resident FTE count for the hospital's prior co	0.00	0.00	0.00	
3.03	Total weighted resident FTE count for the hospital's penultin	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	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	#REF!	#REF!	
3.08	Grand Total: Weighted resident FTE Count		0.00	#REF!	#REF!

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Children	's Hospitals Grad	luate Medical Edu		rogram on of Weighted and	d Unweigh	ted Residen	t FTE Co
Name of A	pplicant:	0					
City:	0	State:	0				Zip Code:
	Provider Number:						
	r in which applying	<u> </u>	FFY			1	
Type of A	pplication (check be	ox to the left)		_Initial Application		Reco	nciliation 1
Section 4	DETERMINATI FOR THE HOS	ON OF FTE RESII	HOSPITAL DATA		For CHG Use		
Section 4		NTLY COMPLETI	1996 CAP YEAR	§422 of the MMA	MCR DATA		
4.01	Inclusive dates of th	ne subject cost report	ing period	(From) (To)			
4.02	Status of MCR						
4.03	Unweighted (UW) programs (from the	resident FTE count fo 1996 cap year)	or allopathic and oste	eopathic (osteo)	0.00		0.00
4.04		p) for the unweighted ns due to <b>42 CFR 41</b>		for allopathic and	0.00		0.00
4.04a		cap) for the unweightens due to <b>§ 422 of th</b>		nt for allopathic and	0.00		0.00
4.04b	osteopathic progran	cap) for the unweightens due to <b>§ 5503 of A</b>	<b>CA</b>	•	0.00		0.00
4.05	<b>Adjustment</b> (plus or minus) for the unweighted resident FTE count for allopathic and osteopathic programs for <b>affiliated programs</b>						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	<b>Addition</b> (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 2	2013 CHGME Reauthor	rization cap due to <b>Pub</b>	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	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				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
4.14	Unweighted resident FTE count for dental and podiatric programs				0.00		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	Weighted resident FTE count for dental and podiatric programs						0.00
4.19	Total unweighted resident FTE count 0.00 0.00						0.00
4.20	Total weighted resi	dent FTE count			0.00	0.00	0.00

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Children's Ho	spitals Graduate Med			Unweighted Resident FTE	Counts		
Name of Appli	cant:	0					
City:	0	State:	0			Zip Code:	0
	ider Number:	0					
Fiscal Year in	which applying for fu	nding:	FFY				
Type of Applic	ation (check box to the	he left)		Initial Application	Reconciliation	Application	
					HOSPITAL DATA	For CHGME F	
Section 5	DETERMINATIO		T COUNT FOR THE ORTING PERIOD	HOSPITAL'S PRIOR		Only	y
		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			()	S	S	S
	Unweighted resident F	TE count for allopathic	and osteopathic progra	ams (from the 1996 cap			
5.03	year)			(	0.00	0.00	0.00
5.04	Addition (to the cap) for programs due to 42 CI		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	<b>Reduction</b> (to the cap) programs due to § 550		sident FTE count for all	opathic and osteopathic	0.00	0.00	0.00
5.05		ninus) for the unweight for <b>affiliated program</b>	ed resident FTE count f	for allopathic and	0.00	0.00	0.00
5.05a	Addition (to the cap) f §5503 of ACA, § 126,	0.00	0.00	0.00			
5.05b	Addition (to the cap) f programs due to § 550	0.00	0.00	0.00			
5.06	FTE adjusted cap or 20	0.00	0.00	0.00			
5.07	Unweighted resident F	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 F period	0.00	0.00	0.00			
5.10	Unweighted resident F residency period	TE count for allopathic	and osteopathic reside	nts beyond their initial	0.00	0.00	0.00
5.11	Weighted resident FTI residency period	E count for allopathic a	n osteopathic residents	beyond their initial	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 the resident FTE adjus		s following application of	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 F period	their initial residency	0.00	0.00	0.00		
5.16	Unweighted resident F period	TE count for dental an	ond their initial residency	0.00	0.00	0.00	
5.17	Weighted resident FTI period	E count for dental and p	nd their initial residency	0.00	0.00	0.00	
5.18	Weighted resident FTI	E count for dental and p	odiatric programs		0.00	0.00	0.00
5.19	Total unweighted resid	lent FTE count			0.00	0.00	0.00
5.20	Total weighted residen	nt FTE count		0.00	0.00	0.00	

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Children's 1	Hospitals Graduate M		yment Program mination of Weighted	d and Unweighted Re	sident FTE Counts		
Name of Ap	plicant:	0					
City:	0	State:	0			Zip Code:	0
Medicare P	rovider Number:	0					
	in which applying for		FFYInitial Applicati				
Type of App	olication (check box to	o the left)	Reconciliation Application				
Section 6	DETERMINATION OF FTE RESIDENT COUNT FOR THE HOSPITAL'S PENULTIMATE COST REPORTING PERIOD					For CHGME F	I Use Only
			1996 Cap Year	MCR DATA	FI DATA		
6.01	Inclusive dates of the	subject cost reporting	10/01/2008	10/01/2008			
				(To)	09/30/2009	09/30/2009	
6.02	Status of MCR						
6.03	Unweighted resident leap year)	FTE count for allopath	ic and osteopathic prog	grams (from the 1996	0.00	0.00	0.00
6.04	<b>Addition</b> (to the cap) osteopathic programs	for the unweighted red due to <b>42 CFR 413.79</b>	sident FTE count for al <b>(e)</b> (add-on)	lopathic and	0.00	0.00	0.00
6.04a		o) for the unweighted r due to <b>§ 422 of the M</b>	esident FTE count for a MA	allopathic and	0.00	0.00	0.00
6.04b		o) for the unweighted r due to <b>§ 5503 of AC</b> A	esident FTE count for a	allopathic and	0.00	0.00	0.00
6.05	Adjustment (plus or osteopathic programs	0.00	0.00	0.00			
6.05a	Addition (to the caprograms due to §5	0.00	0.00	0.00			
6.05b	Addition (to the cap) osteopathic programs	0.00	0.00	0.00			
6.06	TE adjusted cap or 2013 CHGME Reauthorization cap due to <b>Public Law 113–98</b>				0.00	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		FTE count for allopath	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		E count for allopathic	0.00	0.00	0.00		
6.12		E count for allopathic	0.00	0.00	0.00		
6.13	Weighted resident FT	E count for allopathic dent FTE adjusted cap	0.00	0.00	0.00		
6.14	Unweighted resident	0.00	0.00	0.00			
6.15		FTE count for dental a	0.00	0.00	0.00		
6.16		FTE count for dental a	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 0.00						
6.18		E count for dental and	podiatric programs		0.00	0.00	0.00
6.19	Total unweighted resi		0.00	0.00	0.00		
6.20	Total weighted reside			0.00	0.00	0.00	

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