

## THCGME Reconciliation Tool Instructions

### (1) HRSA THCGME 3-Digit Resident Position Identifier

The 3-digit resident/fellow position identifier is intended to uniquely track each THCGME supported resident/fellow for payment reconciliation. This 3-digit resident position identifier should remain the same for each resident/fellow throughout the duration of the resident's/fellow's training.

To create a new 3-digit resident position identifier for Box 1, first pair a letter for each position awarded (starting with A and sequentially going to Z for each THCGME position). Next, add the two digits of the initial funding Academic Year to the letter. For example, if a program supported two new residents/fellows in AY 2022-2023, the residents would be labeled A22 and B22. If, for any reason, a training position becomes vacant and is filled by another resident/fellow, the new resident/fellow does not take the position identifier of the resident/fellow who left. A new 3-digit identifier should be created for the resident/fellow that fills the vacancy. Also, if a resident/fellow joins the program in the latter part of the academic year, their identifier should contain the prior calendar year. For example, if a resident/fellow joins the program in January 2023 and is assigned letter 'J' their identifier will be 'J22' as 2022 is when the Academic Year began.

In instances where the THC resident/fellow count is greater than 26, the resident identifier should be 4-digits. To create the 4-digit resident/fellow position identifier for Box 1, first pair a letter for each position awarded (starting with AA and sequentially going to ZZ for each THCGME position). Next, add the two digits of the initial funding Academic Year to the letter. For example, if a program awarded twenty-eight FTE positions in AY 2022-2023, the twenty-seventh and twenty-eighth positions would be labeled AA22 and AB22.

### (2) FTE paid by THC with THCGME funding

Residents/Fellows are counted as FTEs based on the total time necessary to fill a full-time residency slot for one year. A resident FTE is measured in terms of time trained during a residency year. It is NOT necessarily a measure of individual residents who are training. Therefore, the THC can count multiple residents towards one FTE. In Box 2, input the total amount of a FTE resident position paid for by the THC. Include all the time that the THCGME program funded the resident's/fellow's DME and IME costs. Do not include portions of an FTE that will be claimed by Medicare, Children's Hospital GME or Primary Care Residency Expansion. **Please enter "1" if the resident/fellow has utilized the entire FTE for the reporting period.**

### (3) FTE paid by Another Source

In Box 3, input the amount of FTE paid for by another source (such as Medicare, Children's Hospital GME, Primary Care Residency Expansion) for the reporting period. **THCGME payments can supplement but not duplicate payments from other sources.** If the FTE is completely utilized, the total time reported for each position should be equal to "1". For example, if resident A22 was supported by THCGME funding for half of the time he/she was training from July 1, 2022- June 30, 2023 and by Medicare for the other half, you should record "0.5" in Box 2 (FTE paid by THC) and "0.5" in Box 3 (FTE paid by Another Sources).

**(4) Did the resident in this position rotate at a hospital below its Medicare resident cap?**

For Box 4, respond "Yes" if the resident/fellow occupying the position trained at any hospital that was under its Medicare resident cap. If the hospital was over its Medicare resident cap respond "No".

**(5) Explain any Changes or Deviations from the number of FTEs funded on your last NOA.**

In Box 5, explain any changes or deviations from the number of FTEs funded on the Notice of Award (NOA). This could include unpaid leave, a resident resigning, etc. If you have no changes to report, respond "N/A."

**(6) If there are any changes or deviations from the number of FTE(s) funded on your last NOA, please indicate the dates that the resident was absent during the reporting period.**

In Box 6, indicate the date range that the resident(s)/fellow(s) were absent during the reporting period, if applicable. These dates could include late starts, unpaid leave, a resident resignation, etc. If you have no dates to report, respond "N/A."