

# THCGME Reconciliation Tool Instructions

## 1. HRSA THCGME 3-Digit Resident Position Identifier

The 3-digit resident position identifier is intended to uniquely track each THCGME supported resident for payment reconciliation. This 3-digit resident position identifier should remain the same for each resident 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 2024-2025, the residents would be labeled A24 and B24. If, for any reason, a training position becomes vacant and is filled by another resident, the new resident does not take the position identifier of the resident who left. A new 3-digit identifier should be created for the resident that fills the vacancy. Also, if a resident joins the program in the latter part of the academic year, their identifier should contain the prior calendar year. For example, if a resident joins the program in January 2025 and is assigned letter 'H' their identifier will be 'H24' as 2024 is when the Academic Year began.

In instances where the THC resident count is greater than 26, the resident identifier should be 4-digits. To create the 4-digit resident 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 2024-2025, the twenty-seventh and twenty-eighth positions would be labeled AA24 and AB24.

## 2. FTE paid by THC with THCGME funding

- a. In Box 2, input the total amount of an FTE resident position used or claimed by the THC. Include all the time that the THCGME program funded the resident's DME and IME costs. Do not include portions of an FTE that will be claimed by Medicare, Children's Hospital GME. **Please enter "1" if the resident has utilized the entire FTE for the reporting period.**
- b. 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.

## 3. FTE paid by Another Source

In Box 3, input the amount of FTE paid for by another source (such as Medicare, Veteran's Affairs or Children's Hospital GME) for the academic year. **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 A24 was supported by THCGME funding for half of the time they was training from July 1, 2024- June 30, 2025 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 occupies 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) 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."

Public Burden Statement: This data collection instrument will gather information relating to the number of resident full-time equivalents (FTEs) in Teaching Health Centers (THC) training programs in order to reconcile payments for both direct and indirect expenses. 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 information collection is 0915-0342 and it is valid until XX/XX/202X. This information collection is mandatory (Section 340H(e) of the PHS Act [42 U.S.C. 256h(e)]). Public reporting burden for this collection of information is estimated to average xx 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 14NWH04, Rockville, Maryland, 20857.