Department of Health and Human Services
Health Resources and Services Administration

OMB N0. 0915-0247
Expiration Date: XX/XX/20XX

CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM

APPLICATION FORM HRSA 99-1

Public Burden Statement

OMB N0. 0915-0247
Expiration Date: XX/XX/20XX

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

Name of Applicant:					
City:		**State:**		**Zip Code:**	
Medicare Provider Number:					
Fiscal Year in which applying for funding:		**FFY**			
Type of Application (check box to the left)		**_____Initial Application**		**_____Reconciliation Application**	
Are you a new children's hospital that has not completed three full Medicare cost reporting periods? (Please place 'n' for no or 'y' for yes in the cell to the right)					

Section 1	**DETERMINATION OF RESIDENT FTE CAP FOR THE HOSPITAL'S MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE DECEMBER 31, 1996**		**To be completed by hospital**	**For CHGME FI Use Only**	
			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 count for allopathic and osteopathic programs (from the 1996 cap year)		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		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	0.00
2.03	Total unweighted resident FTE count for the hospital's penultimate cost reporting period		0.00	0.00	0.00
2.04	Rolling average of unweighted resident FTE 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 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 FTE COUNTS**		**HOSPITAL DATA**	**MCR DATA**	**FI DATA**
3.01	Total weighted resident FTE count for the hospital's most recently completed cost reporting period		0.00	0.00	0.00
3.02	Total weighted resident FTE count for the hospital's prior cost reporting period		0.00	0.00	0.00
3.03	Total weighted resident FTE count for the hospital's penultimate cost reporting period		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 for an exception		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 Graduate Medical Education Payment Program
Determination of Weighted and Unweighted Resident FTE Co

Name of Applicant:	**0**			
City:	**0**	**State:**	**0**	**Zip Code:**
Medicare Provider Number:	**0**			
Fiscal Year in which applying for funding:		**FFY**		
Type of Application (check box to the left)		**_____Initial Application**		**_____Reconciliation A**

Section 4	**DETERMINATION OF FTE RESIDENT COUNT FOR THE HOSPITAL'S MOST RECENTLY COMPLETED COST REPORTING PERIOD**		**HOSPITAL DATA**		**For CHG Use**
			1996 CAP YEAR	**§422 of the MMA**	**MCR DATA**
4.01	Inclusive dates of the subject cost reporting period	*(From)*			
		(To)			
4.02	Status of MCR				
4.03	Unweighted (UW) resident FTE count for allopathic and osteopathic (osteo) programs (from the 1996 cap year)		0.00		0.00
4.04	**Addition** (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to **42 CFR 413.79(e)** (add-on)		0.00		0.00
4.04a	**Reduction** (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to **§ 422 of the MMA**		0.00		0.00
4.04b	**Reduction** (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to **§ 5503 of ACA**		0.00		0.00
4.05	**Adjustment** (plus or minus) for the unweighted resident FTE count for allopathic and osteopathic programs for **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		0.00
4.05b	**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
4.06	FTE adjusted cap or 2013 CHGME Reauthorization cap due to **Public 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	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		0.00
4.17	Weighted resident FTE count for dental and podiatric residents beyond their initial residency period		0.00		0.00
4.18	Weighted resident FTE count for dental and podiatric programs		0.00		0.00
4.19	Total unweighted resident FTE count		0.00	0.00	0.00
4.20	Total weighted resident FTE count		0.00	0.00	0.00

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Determination of Weighted and Unweighted Resident FTE Counts

Name of Applicant:	**0**				
City:	**0**	**State:**	**0**	**Zip Code:**	**0**
Medicare Provider Number:	**0**				
Fiscal Year in which applying for funding:		**FFY**			
Type of Application (check box to the left)		**____Initial Application**		**_____Reconciliation Application**	

Section 5	**DETERMINATION OF FTE RESIDENT COUNT FOR THE HOSPITAL'S PRIOR COST REPORTING PERIOD**		**HOSPITAL DATA**	**For CHGME FI Use Only**	
			1996 Cap Year	**MCR DATA**	**FI DATA**
5.01	Inclusive dates of the subject cost reporting period	*(From)*	*10/01/2009*	*10/01/2009*	
		(To)	*09/30/2010*	*09/30/2010*	
5.02	Status of MCR		S	S	S
5.03	Unweighted resident FTE count for allopathic and osteopathic programs (from the 1996 cap year)		0.00	0.00	0.00
5.04	**Addition** (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to **42 CFR 413.79(e)** (add-on)		0.00	0.00	0.00
5.04a	**Reduction** (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to **§ 422 of the MMA**		0.00	0.00	0.00
5.04b	**Reduction** (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to **§ 5503 of ACA**		0.00	0.00	0.00
5.05	**Adjustment** (plus or minus) for the unweighted resident FTE count for allopathic and osteopathic programs for **affiliated programs**		0.00	0.00	0.00
5.05a	**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
5.05b	**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
5.06	FTE adjusted cap or 2013 CHGME Reauthorization cap due to **Public Law 113–98**		0.00	0.00	0.00
5.07	Unweighted resident FTE count for allopathic and osteopathic programs.		0.00	0.00	0.00
5.08	Enter the lesser of lines 5.06 and 5.07		0.00	0.00	0.00
5.09	Unweighted resident FTE count for allopathic and osteopathic residents in their initial residency period		0.00	0.00	0.00
5.10	Unweighted resident FTE count for allopathic and osteopathic residents beyond their initial residency period		0.00	0.00	0.00
5.11	Weighted resident FTE count for allopathic an osteopathic residents beyond their initial residency period		0.00	0.00	0.00
5.12	Weighted resident FTE count for allopathic osteopathic programs		0.00	0.00	0.00
5.13	Weighted resident FTE count for allopathic and osteopathic programs following application of the resident FTE adjusted cap		0.00	0.00	0.00
5.14	Unweighted resident FTE count for dental and podiatric programs		0.00	0.00	0.00
5.15	Unweighted resident FTE count for dental and podiatric residents in their initial residency period		0.00	0.00	0.00
5.16	Unweighted resident FTE count for dental and podiatric resident beyond their initial residency period		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	0.00
5.18	Weighted resident FTE count for dental and podiatric programs		0.00	0.00	0.00
5.19	Total unweighted resident FTE count		0.00	0.00	0.00
5.20	Total weighted resident FTE count		0.00	0.00	0.00

Created in MS Excel 7.0

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

Name of Applicant:	**0**				
City:	**0**	**State:**	**0**	**Zip Code:**	**0**
Medicare Provider Number:	**0**				
Fiscal Year in which applying for funding:		**FFY**			
Type of Application (check box to the left)		**___Initial Application**		**_____Reconciliation Application**	

Section 6	**DETERMINATION OF FTE RESIDENT COUNT FOR THE HOSPITAL'S PENULTIMATE COST REPORTING PERIOD**		**HOSPITAL DATA**	**For CHGME FI Use Only**	
			1996 Cap Year	**MCR DATA**	**FI DATA**
6.01	Inclusive dates of the subject cost reporting period	*(From)*	*10/01/2008*	*10/01/2008*	
		(To)	*09/30/2009*	*09/30/2009*	
6.02	Status of MCR				
6.03	Unweighted resident FTE count for allopathic and osteopathic programs (from the 1996 cap year)		0.00	0.00	0.00
6.04	**Addition** (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to **42 CFR 413.79(e)** (add-on)		0.00	0.00	0.00
6.04a	**Reduction** (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to **§ 422 of the MMA**		0.00	0.00	0.00
6.04b	**Reduction** (to the cap) for the unweighted resident FTE count for allopathic and osteopathic programs due to **§ 5503 of ACA**		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 2013 CHGME Reauthorization cap due to **Public Law 113–98**		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	Unweighted resident FTE count for allopathic and osteopathic residents in their initial residency period		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	Weighted resident FTE count for allopathic an osteopathic residents beyond their initial residency period		0.00	0.00	0.00
6.12	Weighted resident FTE count for allopathic osteopathic programs		0.00	0.00	0.00
6.13	Weighted resident FTE count for allopathic and osteopathic programs following application of the resident FTE adjusted cap		0.00	0.00	0.00
6.14	Unweighted resident FTE count for dental and podiatric programs		0.00	0.00	0.00
6.15	Unweighted resident FTE count for dental and podiatric residents in their initial residency period		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	0.00
6.18	Weighted resident FTE count for dental and podiatric programs		0.00	0.00	0.00
6.19	Total unweighted resident FTE count		0.00	0.00	0.00
6.20	Total weighted resident FTE count		0.00	0.00	0.00