

CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM

APPLICATION FORM HRSA 99-4

Public Burden Statement

Public Burden Statement: The purpose of this information collection is to obtain performance data for the following: HRSA Grantees and cooperative agreement recipients, public health, and applications. In addition, these data will facilitate the ability to demonstrate alignment between BHW programs and CHGME Payment Program's participating children's hospitals. 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 0915-0247 and it is valid until 12/31/2025. Public reporting burden for this collection of information is estimated to average 3.7 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857.

Children's Hospitals Graduate Medical Education Payment Program Government Performance and Results Act (GPRA) Tables												
Name of Applicant:		#REF!										
City:	#REF!	State:	#REF!	Zip Code:	#REF!							
Medicare Provider Number:		#REF!										
Fiscal Year in which applying for funding:				FFY	#REF!							
Type of Application (check box to the left)				For submission with Reconciliation Application only.								

Table 1. Number of FTE Residents Enrolled in Approved Residency Programs Supported by or Rotating at the Children's Hospital

Number of FTE Residents Enrolled in Approved Residency Programs		Family Medicine Residents	General Internal Medicine Residents	Preventive Medicine Residents	Geriatric Medicine Residents	Osteopathic General Practice Residents	General Surgery Residents	All Other Non-Pediatric Residents	General Pediatric Residents	Subspecialty Pediatric Residents (Fellows)	Total Non-Pediatric Residents	Total
1.01	Sponsored by the Children's Hospital and Rotating at the Children's Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.02	Sponsored by the Children's Hospital and Rotating at Non-Provider sites	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.03	Sponsored by Other Hospitals and Rotating at the Children's Hospital	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.04	Sum of Lines 1.01 through 1.03 (above)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1.05	Sponsored by the Children's Hospital and Rotating at Other Hospitals	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

(Rev. 04-2016)

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Table 2. Hospital's Total and Operating Margins	
Total Margins	
Operating Margins	

Table 3. Hospital's Allowable Operating Expenses	
Total Allowable Operating Expenses	

Table 4. Hospital's Revenue, Gross Revenue and Expenses Attributed to Patient Care		
Revenue and Expense Type	Inpatient	Outpatient
1. Hospital's gross revenue attributed to Medicaid & SCHIP		
2. Hospital's gross revenue attributed to Medicare		
3. Hospital's gross revenue attributed to self-pay		
4. Hospital's gross revenue attributed to other sources		
5. Hospital's total gross revenue attributed to patient care	\$0.00	\$0.00
6. Hospital's total expenses attributed to uncompensated care		
7. Hospital's total expenses attributed to charity care		