

Exhibit P: Summary Sheet

Children's Hospitals Graduate Medical Education Payment Program - Determination of Weighted and Unweighted Resident FTE Counts				
Section 1	Determination of Resident FTE CAP for the Hospital's Most Recent Cost Reporting Period Ending On or Before December 31, 1996	Hospital Data	MCR Data	Final (FI) Assessment
* Type of Review Conducted (if a DC or DR was conducted and led to an FR indicate so): Select One				
1.01	Inclusive dates of the subject cost reporting period	From: To:	From: To:	From: To:
1.02	Status of MCR			
1.03	Unweighted resident FTE count for allopathic and osteopathic programs (from the 1996 cap year)			
Adjustments to the 1996 cap via Section 422 of the MMA?			Increase:	Decrease
Section 4	Determination of FTE Resident Count for the Hospital's Most Recently Completed Cost Reporting Period	Hospital Data	MCR Data	Final (FI) Assessment
* Type of Review Conducted (if a DC or DR was conducted and led to an FR indicate so): Select One				
4.01	Inclusive dates of the subject cost reporting period	From: To:	From: To:	From: To:
4.02	Status of MCR			
4.19	Total unweighted resident FTE count			
4.20	Total weighted resident FTE count			
Section 5	Determination of FTE Resident Count for the Hospital's Prior Cost Reporting Period	Hospital Data	MCR Data	Final (FI) Assessment
* Type of Review Conducted (if a DC or DR was conducted and led to an FR indicate so): Select One				
5.01	Inclusive dates of the subject cost reporting period	From: To:	From: To:	From: To:
5.02	Status of MCR			
5.19	Total unweighted resident FTE count			
5.20	Total weighted resident FTE count			
Section 6	Determination of FTE Resident Count for the Hospital's Penultimate Cost Reporting Period	Hospital Data	MCR Data	Final (FI) Assessment
* Type of Review Conducted (if a DC or DR was conducted and led to an FR indicate so): Desk Check				
6.01	Inclusive dates of the subject cost reporting period	From: To:	From: To:	From: To:
6.02	Status of MCR			
6.19	Total unweighted resident FTE count			
6.20	Total weighted resident FTE count			
* Was sampling performed during this assessment cycle?				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, please provide description of the sampling technique and the sample size (i.e. 75 of 180 resident FTEs sampled)				
Comments: No comments available				
* Was a 100% review performed on any aspect of this review during this assessment cycle?				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
If yes, please provide description (e.g., biographical data, rotations, etc., and reason(s) for 100% review)				
Comments: No comments available				

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.