Department of Health and Human Services
Health Resources and Services Administration

OMB No. 0915-0247
Expiration Date: XX/XX/20XX

# CHILDREN'S HOSPITALS GRADUATE MEDICAL EDUCATION PAYMENT PROGRAM

# APPLICATION FORM HRSA 99-5

## 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.

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# Children's Hospitals Graduate Medical Education Payment Program
# Application Checklist

**Name of Applicant:**

**Medicare Provider Number:**

**FFY in which Applying for CHGME PP Funding:** **FFY**

**Type of Application (check box to the left):** **Initial Application** **Reconciliation Application**

| Application Forms and Supporting Documentation | This Column to be Completed by the Applicant Hospital | This Column to be Completed by the CHGME PP |
|---|---|---|
| | Is the Listed Item Completed and Attached? | |
| **Forms and Supporting Documentation Required to be Submitted by All Participating Hospitals** | | |
| HRSA-99 (2 pages) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| HRSA 99-1 (4 pages) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| HRSA 99-2 (1 page) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| HRSA 99-3 (6 pages) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| HRSA 99-4 (2 pages) – Required at Reconciliation only | ☐ Yes ☐ No | ☐ Yes ☐ No |
| HRSA 99-5 (1 page) | ☐ Yes ☐ No | ☐ Yes ☐ No |
| | ☐ ☐ | ☐ ☐ |
| **Additional Supporting Documentation**<br>**The forms and supporting documentation listed below may not applicable to all hospitals. Hospitals should contact their CHGME PP regional manager for assistance and/or clarification.** | | |
| Cover letter detailing any issues that may impact the processing or approval of the children's hospital's application for CHGME PP funding. | ☐ Yes ☐ No | ☐ Yes ☐ No |
| CMS 2552-96 MCR Worksheet E-3, Part IV(s)<br>Required for each cost reporting period identified in the HRSA 99-1 in which the hospital filed a full MCR. | ☐ Yes ☐ No | ☐ Yes ☐ No |
| Affiliation Agreement for an Aggregate Cap<br>Required for each cost reporting period identified in the HRSA 99-1 in which the hospital established a Medicare GME Affiliation Agreement. Please ensure that the most recent version/update is provided (i.e., reflecting any adjustments made to the agreement during the academic year). | ☐ Yes ☐ No | ☐ Yes ☐ No |
| CMS Letter(s) addressing changes to the Hospital's 1996 Base Year Cap as a result of §422 of the MMA and/or §5503 of the ACA (increases and/or decreases). | ☐ Yes ☐ No | ☐ Yes ☐ No |