

Supporting Statement A

Initial and Reconciliation Application Forms to Report Graduate Medical Education Data and Full-Time Equivalent (FTE) Residents Trained by Hospitals Participating in the Children's Hospitals Graduate Medical Education Payment Program; and FTE Resident Assessment Forms to Report FTE Residents Trained by Organizations Participating in the Children's Hospitals and Teaching Health Center Graduate Medical Education Programs

OMB Control No. 0915-0247

Revision

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a request for approval from the Office of Management and Budget (OMB) for the revised Children's Hospital Graduate Medical Education (CHGME) Payment Program application and CHGME Payment Program and Teaching Health Center Graduate Medical Education (THCGME) Program full-time equivalent (FTE) resident assessment information collection request as submitted by the Health Resources and Services Administration (HRSA). The current CHGME Payment Program's application forms and CHGME Payment Program and THCGME Program full-time equivalent (FTE) resident assessment forms and exhibits OMB approval will expire on December 31, 2025.

In 1999, the CHGME Payment Program was enacted by Public Law 106-129, and most recently amended by the Dr. Benjy Frances Brooks Children's Hospital GME Support Reauthorization Act of 2018 (P.L. 115-241). In 2010, the Patient Protection and Affordable Care Act (P.L. 111-148) established the THCGME Program, Section 340H of the Public Health Service Act, most recently amended by the Consolidated Appropriations Act, 2021 (P.L. 116-260). The CHGME Payment Program and the THCGME Program provide federal funding to support graduate medical education

(GME) programs that train medical and dental residents. Specifically, the CHGME Payment Program supports residency programs at freestanding children's hospitals that train pediatric, pediatric subspecialty, and non-pediatric residents. The THCGME Program supports training for primary care residents in community-based ambulatory patient care settings. The statutes authorizing these programs state the payment amounts provided to these children's hospitals and teaching health centers shall be determined in part by the number of FTE residents reported on their initial and reconciliation applications.

As required by legislative mandate, the FTE resident assessment (audit) shall determine any changes to the FTE resident counts initially reported to the CHGME Payment Program and THCGME Program. This requirement is met in lieu of the Office of Management and Budget Single Audit Requirement.

The FTE resident assessment of CHGME Payment Program's participating children's hospitals is driven by Section 340E(e)(3) of the Public Health Service Act as amended, which states "the Secretary shall determine any changes to the number of residents reported by a hospital in the (initial) application of the hospital for the current fiscal year for both direct expense and indirect expense amounts." This implies that, prior to the end of the federal fiscal year for which children's hospitals have applied for CHGME Payment Program funding, the Secretary must determine (reconcile) any changes to the FTE resident counts reported by a hospital in its initial application for the current fiscal year.

Similarly, the THCGME Program payments are prospective payments, and Section 340H(h)(2) of the Public Health Service Act (42 U.S.C. 256h) provides for a reconciliation process through which payments may be recouped and may be adjusted at the end of the fiscal year. The statute states that the Secretary shall determine any changes to the number of residents reported by a teaching health center in the request to HRSA for the current fiscal year, to determine the final amount payable to the teaching health center for both direct expense and indirect expense amounts. Based on such determination, the Secretary shall recoup any overpayments made to pay any balance due to the extent possible.

Children's hospitals and teaching health centers funded by HRSA's CHGME Payment Program and THCGME Program, respectively, are required to report the number of FTE residents trained during the federal fiscal year. The FTE resident counts reported by children's hospitals in their reconciliation applications must be consistent with those verified by the CHGME fiscal intermediaries to be accepted by the Department. Hospitals must report any changes to their FTE resident counts for those cost report years reflected in their initial applications. Prior to the end of each fiscal year, the Department determines the final amount due to each participating children's hospital based upon the reconciliation application cycle and pays any balance due or recoups any overpayment made to/from each children's hospital. The form for determination of weighted and un-weighted FTE resident counts for the reconciliation application cycle is

the same as the initial application cycle. If this data is not collected, HRSA will have no means to monitor grantees, verify grantee reporting, or determine grantee eligibility for CHGME funding.

The fiscal intermediaries are contracted by HRSA to carry out an assessment of FTE resident counts reflected in participating children's hospitals and teaching health centers applications to determine any changes to the FTE resident counts initially reported. Fiscal intermediaries audit the data reported by the children's hospitals and the teaching health centers and report the verified FTE resident counts to HRSA. An assessment of the children's hospital and teaching health center data ensures that applicable laws, Medicare regulations, and HRSA policy and program requirements are followed when determining the number of full-time equivalent residents eligible for funding.

2. Purpose and Use of Information Collection

HRSA uses the application data to determine the amount of payments to each participating children's hospital. The administration of the CHGME Payment Program relies on the reporting and audit of the number of FTE residents in applicant children's hospitals' training programs to determine the amount of direct and indirect expense payments to participating children's hospitals. Direct expense payments and Indirect expense payments are derived from a formula that requires the reporting of FTE residents, as well as other variables reported by the participating children's hospitals, such as wage index, case mix index information, the number of inpatient discharges, and the number of inpatient beds.

Hospitals are required to submit information in an initial application for CHGME Payment Program funding which includes the number of FTE residents trained by the hospital. Auditors must verify and submit data on the number of full-time equivalent residents trained by the hospitals in an FTE resident assessment summary. Before the end of the fiscal year, participating hospitals are also required to complete a reconciliation application for CHGME Payment Program funding furnishing final FTE resident counts which reflect any changes to the number of residents reported by a hospital in its initial application. Audit results impact final payments made by the CHGME Payment Program to all eligible hospitals.

Furthermore, the Government Performance and Results Act (GPRA) of 1993 requires the collection of performance data from participating children's hospitals. These data are requested when the final number of FTE residents is reported before the end of the fiscal year.

In addition to using the FTE resident assessment forms and exhibits for the CHGME Payment Program audits, HRSA uses CHGME FTE resident assessment forms and exhibits for THCGME Program audits. HRSA has combined the FTE resident assessments of participating children's hospitals and teaching health centers into one audit contract to reduce costs to the federal government and to facilitate the fiscal

intermediary's review of those residents training in both children's hospitals and teaching health centers funded by HRSA. As part of the FTE resident assessment process, the fiscal intermediary must ensure resolution of overlaps identified in the FTE residents reported between CHGME children's hospitals and the THCGME teaching health centers. The overlap reports indicate when an FTE resident is claimed for CHGME payment during the same period of training time claimed for reimbursement from any other source of federal GME funding, to include the THCGME Program. The use of the same FTE resident assessment forms and exhibits during the audit of both the children's hospitals and teaching health centers is more efficient for fiscal intermediaries to complete that perform both CHGME and THCGME audits, and for HRSA to review.

HRSA does not propose changes to the current CHGME Payment Program application and the FTE resident assessment forms and exhibits to be used for the CHGME Payment Program and THCGME Program.

Below is a discussion of each application form and exhibit and accompanying guidance and instructions as well as the documentation required by the CHGME fiscal intermediaries related to the audit of CHGME funded hospitals for which approval is requested.

These include forms for the following items:

- 1) the collection of data directly related to the administration of the CHGME Payment Program,
- 2) the reporting of performance measures as required by the GPRA of 1993, and
- 3) the collection of data directly related to the audit of the information submitted by CHGME Payment Program and THCGME Program funded hospitals including for the CHGME Payment Program reconciliation application and to be used for purposes of payment.

Application Forms for Use by CHGME Participating Hospitals

- *Application Cover Letter (Initial and Reconciliation):* This letter includes a brief description of the application submitted and an explanation of issues that may require attention, as well as a list of the documents included for review by CHGME Payment Program. This letter is a document the children's hospital uploads as an attachment to the CHGME Payment Program application and is not a HRSA form nor a template provided to the children's hospitals. A copy of the form/template has not been included in this OMB clearance package because each letter uploaded varies depending on the applicant children's hospital.
- *HRSA 99 (Initial and Reconciliation): Demographic and Contact Information.* This form is used to identify the applicant hospital's Medicare Provider Number, Tax Identification Number, Unique Entity Identifier (EIU) number, and the appropriate hospital liaisons for application processing and auditing purposes. This

form is the initial part of each application.

- *HRSA 99-1 (Initial): Determination of Weighted and Un-weighted FTE Resident Counts.* This form must be completed as a component of the initial application. Information is requested on the hospital's number of FTE resident unweighted and weighted counts for the current, previous, penultimate and base (1996) Medicare cost report (MCR) periods.
- *HRSA 99-1 (Reconciliation): Determination of Weighted and Un-weighted FTE Resident Counts.* This form must be completed as a component of the reconciliation application. Information is requested on the hospital's number of FTE resident unweighted and weighted counts for the current, previous, penultimate and base (1996) MCR periods.

Per section 340E(c)(1) of the Public Health Service Act, payments for direct expenses relating to the hospital's approved GME programs for a fiscal year are equal to the product of (a) an updated national per resident amount for direct GME with wage adjustment and a labor share for each children's hospital's area applied to a standard wage-related portion, and (b) the average number of FTE residents as determined under Section 1886(h)(4) of the Social Security Act.

- *HRSA 99-2 (Initial): Determination of Indirect Medical Education Data Related to the Teaching of Residents.* This form must be completed as a component of the initial application. Information is requested on the hospital's number of inpatient days, number of inpatient discharges, number of available beds, case-mix index (CMI) and intern/resident to bed (IRB) ratio for the current, previous, penultimate and base (1996) MCR periods.
- *HRSA 99-2 (Reconciliation): Determination of Indirect Medical Education Data Related to the Teaching of Residents.* This form must be completed as a component of the reconciliation application. Information is requested on the hospital's number of inpatient days, number of inpatient discharges, number of available beds, CMI and IRB ratio for the current, previous, penultimate and base (1996) MCR periods.

Per section 340E(d) of the Public Health Service (PHS) Act, the Secretary must determine the amounts of IME payments by taking into account factors identified in section 340E(d)(2)(A) of the PHS Act --- variations in case mix, and the number of FTE residents in the hospital's approved GME training programs for a fiscal year.

- *HRSA 99-4 (Reconciliation): Government Performance and Results Act (GPRA) Tables.* This form is required for the collection of information per the GPRA of 1993, as well as §5504 of the Affordable Care Act of 2010 (ACA). It is requested before the end of the fiscal year when the reconciliation application cycle occurs and the HRSA 99-1 and HRSA 99-2 are resubmitted reflecting changes, if any, to the FTE resident counts reported by the children's hospitals in their initial applications for CHGME

Payment Program funding.

- *HRSA 99-5 (Initial and Reconciliation): Application Checklist.* This form is a checklist developed in response to numerous requests by participating children's hospitals to provide them with a checklist that they could use to ensure that their application for CHGME Payment Program funding was complete before submitting it to the CHGME Payment Program for consideration. The checklist identifies all required forms and supporting documentation, where appropriate, that an applicant children's hospital must submit to the CHGME Payment Program to be considered for funding.
- *CFO Form Letter (Initial and Reconciliation):* This letter includes a brief description of the application resubmitted with corrections and an explanation of changes made as well as a list of the revised documents included for further review by CHGME Payment Program. This letter is a document that the children's hospital uploads as an attachment to the CHGME Payment Program application and is not a HRSA form nor a template provided to the children's hospitals. A copy of the form/template has not been included in this OMB clearance package because each letter uploaded varies depending on the applicant children's hospital.
- *Exhibit 2 (Initial and Reconciliation): GME Affiliation Agreement(s) for an Aggregate Cap.* GME Affiliation Agreement(s) for an Aggregate Cap, if available, as well as the email confirmation receipt to the Centers for Medicare & Medicaid Services and proof of submission to the Medicare Administrative Contractor (MAC). This agreement is a document that the children's hospital uploads as an attachment to the CHGME Payment Program application and is not a HRSA form nor a template provided to the children's hospitals. A copy of the form/template has not been included in this OMB clearance package because each agreement uploaded varies depending on the applicant children's hospital.
- *Exhibit 3 (Initial and Reconciliation): CMS Form 2552-10, Worksheet E-4 (formerly named Worksheet E-3, Part IV, and Worksheet E-3, Part VI), if applicable.* The Worksheet E-4 includes documentation submitted along with the cost report, specifically the Intern and Resident Information System (IRIS) Files to support the FTE resident counts reported on the worksheet. This worksheet and the supporting documentation are documents that the children's hospital uploads as an attachment to the CHGME Payment Program application and/or provides directly to the fiscal intermediary and is not a HRSA form nor a template provided to the children's hospitals. A copy of the form/template has not been included in this OMB clearance package, because each worksheet and supporting documentation varies depending on the applicant children's hospital.
- *Exhibit 4 (Initial and Reconciliation):* Letter from CMS, must be included if hospital claims an addition to their resident cap. This letter is a copy of the letter sent to the provider by CMS informing the hospital of an increase and/or reduction in the FTE

resident cap due to Section 422 of MMA, Section 5503 and 5506 of the ACA, or other applicable law or regulation. This letter is a document that the children's hospital uploads as an attachment to the CHGME Payment Program application and is not a HRSA form nor a template provided to the children's hospitals. A copy of the form/template has not been included in this OMB clearance package because each letter uploaded varies depending on the applicant children's hospital.

FTE Resident Assessment Forms Used by CHGME and THCGME Fiscal Intermediaries

On October 22, 2003, the Secretary published a Federal Register Notice (Vol. 68, No. 204, page 60396) which established the FTE Resident Assessment Program to ensure this determination is made for FTE resident counts submitted by all children's hospitals applying for CHGME Payment Program support. This determination is done by conducting a comprehensive assessment of the FTE resident counts claimed by children's hospitals in their initial applications for CHGME Payment Program funding.

Beginning in fiscal year (FY) 2003, the CHGME Payment Program contracted with its own fiscal intermediaries to assess the FTE resident counts submitted by participating children's hospitals in their initial applications for CHGME Payment Program funding. This assessment of FTE resident counts is performed for all children's hospitals regardless of the type of MCR filed. The following information, forms and supporting documentation are collected:

- *HRSA 99-1 (Supplemental) (FTE Resident Assessment): Determination of Weighted and Un-weighted FTE resident Counts.* This form must be completed as a component of the FTE resident assessment. Information is requested on the hospital's number of FTE resident unweighted and weighted counts for the current, previous, penultimate, and base (1996) MCR periods.
- *Conversation Record (FTE Resident Assessment):* This is a summary of the actions taken during the audit, including the sampling technique used during reviews and details of which exhibits were submitted.
- *Exhibit C (FTE Resident Assessment): CHGME Fiscal Intermediary Summary of Issues.* This form details any issues encountered during the assessment that affected the audit process or the final FTE resident counts.
- *Exhibit E (FTE Resident Assessment):* Fiscal Intermediary Introductory Request Letter to MAC which would request hospital information prior to the commencement of the audit. This letter introduces the fiscal intermediary to the MAC and is a formal request to the MAC for documentation to support FTE residents claimed on the children's hospital's application and the teaching health center's affiliated hospital Medicare Cost Report. This exhibit is a document that the fiscal intermediary uploads as an attachment to the FTE resident assessment package and is not a

HRSA form nor a template provided to the fiscal intermediary. A copy of the form/template has not been included in this OMB clearance package because each exhibit uploaded varies depending on the applicant children's hospital audited.

- *Exhibit F (FTE Resident Assessment): Fiscal Intermediary Introductory Request Letter to Teaching Provider.* This letter introduces the CHGME fiscal intermediary to the hospital and is a formal request to the hospital for documentation to support FTE residents claimed on the hospital's initial application. This exhibit is a document that the fiscal intermediary uploads as an attachment to the FTE resident assessment package and is not a HRSA form nor a template provided to the fiscal intermediary. A copy of the form/template has not been included in this OMB clearance package, because each exhibit uploaded varies depending on the applicant children's hospital audited.
- *Exhibit N (FTE Resident Assessment): Points for Future Audits.* This form facilitates continuity of communication from one CHGME fiscal intermediary to the next, and helps the Program and auditors track and follow up on any issues with each hospital in a timely manner.
- *Exhibit O(1) (FTE Resident Assessment): CHGME Fiscal Intermediary Assessment Summary (Adjustment).* This form lists the reasons for any increases or decreases in FTE resident counts reported by the hospital and briefly explains the reason the adjustment occurred.
- *Exhibit O(2) (FTE Resident Assessment): CHGME HRSA 99-1.* This form compiles the FTE resident counts reported by the hospital, filed CMS, and audited by the CHGME fiscal intermediary.
- *Exhibit P (FTE Resident Assessment): CHGME Fiscal Intermediary Adjustment Letter to the Hospital.* This letter provides a summary of the FTE resident assessment findings to the respective children's hospitals.
- *Exhibit P(2) (FTE Resident Assessment): CHGME Management Recommendation Letter to the Hospital.* This letter is given to a hospital outlining certain conditions encountered during the audit and the recommended actions to avoid similar CHGME Payment Program assessment findings during future audits. This exhibit is a document that the fiscal intermediary uploads as an attachment to the FTE resident assessment package and is not a HRSA form nor a template provided to the fiscal intermediary. A copy of the form/template has not been included in this OMB clearance package because each exhibit uploaded varies depending on the applicant children's hospital audited.
- *Exhibit S (FTE Resident Assessment): Final MAC Adjustment and Overlap Resolution Letter.* This letter is sent to notify the MAC of the completion of the FTE resident assessment for each respective hospital and to provide a summary report of

the audit findings.

- *Exhibit T (FTE Resident Assessment): Reopening Request Letter to MAC.* This letter requests the FTE resident assessment finding be incorporated into the Medicare process, where applicable. This exhibit is a document that the fiscal intermediary uploads as an attachment to the FTE resident assessment package and is not a HRSA form nor a template provided to the fiscal intermediary. A copy of the form/template has not been included in this OMB clearance package because each exhibit uploaded varies depending on the applicant children's hospital audited.
- *Exhibit T(1) (FTE Resident Assessment): Reopening Request Letter to CHGME Fiscal Intermediary.* This letter serves as a record for the CHGME fiscal intermediary of the request made to the MAC to incorporate FTE resident assessment findings into the Medicare process, where applicable. This exhibit is a document that the fiscal intermediary uploads as an attachment to the FTE resident assessment package and is not a HRSA form nor a template provided to the fiscal intermediary. A copy of the form/template has not been included in this OMB clearance package because each exhibit uploaded varies depending on the applicant children's hospital audited.
- *Exhibit 1 (FTE Resident Assessment): Summary of GME Affiliation Agreement(s).* This work paper reconciles the GME Affiliation Agreement(s) and summarizes calculations that support final counts reflected in HRSA 99-1. This exhibit is a document that the fiscal intermediary uploads as an attachment to the FTE resident assessment package and is not a HRSA form nor a template provided to the fiscal intermediary. A copy of the form/template has not been included in this OMB clearance package because each exhibit uploaded varies depending on the applicant children's hospital audited.
- *Exhibit 2 (FTE Resident Assessment): GME Affiliation Agreement(s) for an Aggregate Cap.* GME Affiliation Agreement(s) for an Aggregate Cap, if available, as well as the email confirmation receipt to CMS and proof of submission to the Medicare MAC. This exhibit is a document that the fiscal intermediary uploads as an attachment to the FTE resident assessment package and is not a HRSA form nor a template provided to the fiscal intermediary. A copy of the form/template has not been included in this OMB clearance package because each exhibit uploaded varies depending on the applicant children's hospital audited.
- *Exhibit 3 (FTE Resident Assessment): CMS Form 2552-10, Worksheet E-4 (formerly named Worksheet E-3, Part IV, and Worksheet E-3, Part VI), if applicable.* This exhibit is a document that the fiscal intermediary uploads as an attachment to the FTE resident assessment package and is not a HRSA form nor a template provided to the fiscal intermediary. A copy of the form/template has not been included in this OMB clearance package because each exhibit uploaded varies depending on the applicant children's hospital audited.

- *Exhibit 4 (FTE Resident Assessment)*: Letter from CMS, must be included if hospital claims an addition to their resident cap. This letter is a copy of the letter sent to the provider by CMS informing the hospital of an increase and/or reduction in the FTE resident cap due to Section 422 of MMA, Section 5503 and 5506 of the ACA, if applicable. This exhibit is a document that the fiscal intermediary uploads as an attachment to the FTE resident assessment package and is not a HRSA form nor a template provided to the fiscal intermediary. A copy of the form/template has not been included in this OMB clearance package because each exhibit uploaded varies depending on the applicant children's hospital audited.

3. Use of Improved Information Technology and Burden Reduction

The HRSA application forms are currently available electronically via the HRSA Electronic Handbooks (EHBs) to allow for the submission of the applications from the children's hospitals. Review and assessment of the results are collected and recorded electronically to increase efficiency and accuracy and to reduce costs.

4. Efforts to Identify Duplication and Use of Similar Information

Contract work was performed to specifically identify existing data sources and to determine their appropriateness for the administration of the CHGME Payment Program. The evaluation concluded that CMS collects similar information from children's hospitals and the hospitals affiliated with teaching health centers, however the existing data are not verified by CMS or currently collected by other entities for the reasons given below.

Children's hospitals vary in the completeness and accuracy of the FTE resident count data they furnish to the CMS data systems, and only some of the eligible children's hospitals submit Medicare cost reports or FTE resident data to CMS. Also, CMS is not required to assess the FTE resident counts reported on Medicare cost reports due to a freestanding children's hospital's Medicare GME reimbursement is usually below CMS' threshold for conducting audits. The CHGME Payment Program requires the reporting of audited past and current resident FTE count data to be able to make accurate GME payments during each fiscal year. Teaching health centers do not report FTE resident data to CMS.

Possible alternative data sources were reviewed (as described below) and found not to be satisfactory for the purpose of the CHGME Payment Program.

- The American Board of Pediatrics collects FTE resident counts on most of the pediatric residents training in children's hospitals. However, the weighting factors used to determine the counts are significantly different from the Medicare rules that must be used by the CHGME Payment Program. Furthermore, the American Board of Pediatrics collects information by programs rather than by hospitals, and it does

not collect counts on FTEs of other specialties. Moreover, American Board of Pediatrics data are unlikely to include residents who rotate into the children's hospital from programs in other hospitals.

- The Civilian Health and Medical Program of the Uniformed Services obtains resident counts from some children's hospitals for the purpose of reimbursement. However, the weighting rules and reporting periods differ from that of the Medicare and CHGME Payment Program.
- The Association of American Medical Colleges uses the GME Track@ system, which supplants the resident count survey previously used by the American Medical Association and Association of American Medical Colleges. The system requests resident data from teaching hospitals and programs to be furnished between July and September each year. However, these numbers are not counted or weighted according to Medicare rules. Furthermore, the system does not produce accurate counts on a timely basis, as the counts can be modified as late as March of the following year.

Based upon the justification described in the three points above, the hospital may not want to certify such alternative counts as accurate, since they are not necessarily under the hospital's control and could be difficult for the hospital to verify.

Similarly, the THCGME Program FTE resident assessment data audited is not available from any other sources.

5. Impact on Small Businesses or Other Small Entities

This project does not have a significant impact on small businesses or other small entities. No small businesses will be involved in this data collection.

6. Consequences of Collecting the Information Less Frequently

The annual reporting of information is necessary to calculate payment amounts for the fiscal year. The number of FTE residents, case mix, and hospital utilization data are expected to change annually. The audit and annual reporting of corrections to previously reported information is necessary to complete the statutorily dictated reconciliation process for the CHGME Payment Program and the THCGME Program. GPRA statute also requires the annual reporting of performance data.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This collection is consistent with the guidelines under 5 CFR 1320.5(d)(2). The request fully complies with the regulation.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on May 28, 2025, vol. 90, No. 101; pp. 22496-97. HRSA received two public comments on the 60-day Federal Register Notice. A 30-day Federal Register Notice was published in the *Federal Register* on September 29, 2025, vol. 90, No. 186; pp. 46612-14.

Both comments received during the 60-day FRN comment period included support for the CHGME Payment Program and its efforts to reduce the reporting burden for its participating children's hospitals through its plans to adopt Centers for Medicare & Medicaid Services' direct graduate medical education methodology for determining the weighted FTE count for children's hospitals participating in the CHGME Payment Program.

Commenters also expressed concern with the time and costs associated with tracking residents, gathering the data, and completing forms. Commenters encouraged HRSA to increase the use of automation, improve the efficiency of their processes to improve accuracy, reduce duplication, ensure the efficient use of hospital resources, and enable the CHGME hospitals to focus their resources on their training programs. Commenters also recommended HRSA implement clear guidelines and definitions; streamline data requests to encompass the most relevant information; use Medicare cost report data where appropriate ; improve the data submission software; and fully utilize automation when possible.

HRSA appreciates these comments; however, they are not directly related to the data gathered as part of this notice. The data collection instruments associated with this notice collect hospital level data and aggregate FTE resident counts. Commenters mentioned the collection of burdensome, sensitive data directly from residents, which is due to HRSA in July – a very busy time for teaching hospitals. These comments appear to be directed at the CHGME annual performance report forms (OMB No. 0906-0086), which have a July deadline, and require the collection of sensitive data directly from residents. The annual performance report forms collect more comprehensive individual level information rather than the aggregate information on FTEs in this data collection.

HRSA clarifies that the submission dates for the forms included in this notice are as follows:

1. The reconciliation applications forms are due in early May;
2. The FTE assessment data is required during the Fall and Winter of each fiscal year; and
3. The initial application forms have a late August or early September submission date.

The data gathered as part of this notice is hospital level data and aggregate FTE resident counts. Because the comments received are outside the scope of this final notice, HRSA is not addressing comments pertaining to the annual performance report

forms and data collection.

Section 8B:

In June 2025, seven (7) CHGME Payment Program participating children's hospitals and CHGME Payment Program and THCGME Program contracted fiscal intermediaries (auditors) reviewed the CHGME and THCGME materials for the burden estimate and for the clarity of instructions and forms. Based on their feedback, the total 9,980.40 burden hours for all forms and exhibits have not changed from the burden hours provided in the published 60-day FRN.

9. Explanation of any Payment/Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

Personally identifiable information will be collected. Information will be retrieved by a unique identifier as part of the submission of Hospital Application Forms: Exhibit 3 (Initial and Reconciliation). Exhibit 3 refers to the CMS Form 2552-10, Worksheet E-4, which includes documentation submitted by participating children's hospitals along with the cost report, specifically the Intern and Resident Information System (IRIS) records to support the FTE resident counts reported on the worksheet. The CHGME fiscal intermediary compiles and maintains these records about individuals who are medical and dental residents in participating children's hospitals. These records are retrieved by personal identifiers and therefore constitute a "system of records" as defined by the Privacy Act at 5 U.S.C. 552a(a)(5). HRSA has a System of Records Notice going through the clearance process, Graduate Medical Education (GME) Full-Time Equivalent (FTE) Resident Assessment Records – 09-15-0070 – New.

Access to the IRIS records is strictly limited to authorized HHS and contractor personnel whose duties require such access (i.e., who have a valid, business need-to-know). HHS and contractor personnel accessing the records have been trained in the Privacy Act and information security requirements. Controls to secure the data and protect paper and electronic records, buildings, and related infrastructure against threats associated with their physical environment include the use of the HHS Personal Identity Verification (PIV) card or other US federal government identification badge, HRSA key cards, security guards, cipher locks, biometrics, and closed-circuit TV. Electronic media are kept on secure servers or computer systems. Controls are employed to minimize the possibility of unauthorized access, use, or dissemination of the data in the system. They include user identification, password protection, firewalls, virtual private network, encryption, intrusion detection system, common access cards, smart cards, biometrics, and public key infrastructure. Computer records are accessible only through a series of code or keyword commands available from and under the direct control of the System Manager or delegated employees. These records are secured by a multi-level security

system which is capable of controlling access to the individual data field level. Persons having access to the computer database can be restricted to a confined application which permits only a narrow “view” of the data.

Data will be kept private to the extent allowed by the law.

11. Justification for Sensitive Questions

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour and Cost Burden

The estimated burden hours are reflected in the following table:

12A. Estimated Annualized Burden Hours

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Hospitals	Application Cover Letter (CHGME Initial and Reconciliation)	60	2	120	0.33	39.6
Hospitals	HRSA 99 Form (CHGME Initial and Reconciliation)	60	2	120	0.33	39.6
Hospitals	HRSA 99-1 Form (CHGME Initial)	60	1	60	26.50	1,590.0
Hospitals	HRSA 99-1 Form (CHGME Reconciliation)	60	1	60	6.50	390.0
Hospitals	HRSA 99-1 (Supplemental) (CHGME FTE Resident Assessment Only)	30	2	60	3.67	220.2

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Hospitals	HRSA 99-2 Form (CHGME Initial)	60	1	60	11.33	679.8
Hospitals	HRSA 99-2 Form (CHGME Reconciliation)	60	1	60	3.67	220.2
Hospitals	HRSA 99-4 Form (CHGME Reconciliation)	60	1	60	12.50	750.0
Hospitals	HRSA 99-5 Form (Initial and Reconciliation)	60	2	120	0.33	39.6
Hospitals	CFO Form Letter (CHGME Initial and Reconciliation)	60	2	120	0.33	39.6
Hospitals	Exhibit 2 (CHGME Initial and Reconciliation)	60	2	120	0.33	39.6
Hospitals	Exhibit 3 (CHGME Initial and Reconciliation)	60	2	120	0.33	39.6
Hospitals	Exhibit 4 (CHGME Initial and Reconciliation)	60	2	120	0.33	39.6
Auditors	Conversation Record (CHGME FTE Resident Assessment Only)	30	2	60	3.67	220.2

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Auditors	Exhibit C (CHGME and THCGME FTE Resident Assessment)	30	4	120	3.67	440.4
Auditors	Exhibit E (CHGME and THCGME FTE Resident Assessment)	30	4	120	3.67	440.4
Auditors	Exhibit F (CHGME and THCGME FTE Resident Assessment)	30	4	120	3.67	440.4
Auditors	Exhibit N (CHGME and THCGME FTE Resident Assessment)	30	4	120	3.67	440.4
Auditors	Exhibit O(1) (CHGME and THCGME FTE Resident Assessment)	30	4	120	3.67	440.4
Auditors	Exhibit O(2) (HRSA 99-1) (CHGME FTE Resident Assessment Only)	30	2	60	26.5	1590.0
Auditors	Exhibit P (Reconciliation Tool) (CHGME and THCGME FTE Resident Assessment)	30	4	120	3.67	440.4

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Auditors	Exhibit P(2) (CHGME and THCGME FTE Resident Assessment)	30	4	120	3.67	440.4
Auditors	Exhibit S (CHGME and THCGME FTE Resident Assessment)	30	4	120	3.67	440.4
Auditors	Exhibit T (CHGME FTE Resident Assessment Only)	30	2	60	3.67	220.2
Auditors	Exhibit T(1) (CHGME FTE Resident Assessment Only)	30	2	60	3.67	220.2
Auditors	Exhibit 1 (CHGME FTE Resident Assessment Only)	30	2	60	0.33	19.8
Auditors	Exhibit 2 (CHGME FTE Resident Assessment Only)	30	2	60	0.33	19.8
Auditors	Exhibit 3 (CHGME FTE Resident Assessment Only)	30	2	60	0.33	19.8

Type of Respondent	Form Name	Number of Respondents	Number of Responses per Respondent	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
Auditors	Exhibit 4 (CHGME FTE Resident Assessment Only)	30	2	60	0.33	19.8
Total		90*	-	180**	-	9,980.40***

* The total number of respondents is 90 because children's hospitals (60) and fiscal intermediaries (30) complete the forms.

** The total number of responses is 180 because children's hospitals (60) and fiscal intermediaries for the CHGME audits (60) and the THCGME audits (60) are completing the forms. Because ROCIS automatically totals the responses, it will show up as 2,640 responses in ROCIS.

*** Amount in ROCIS is 9,980, due to rounding.

Basis for estimates:

Hospital Respondents

- *Application Cover Letter (Initial and Reconciliation):* Each participating hospital must complete and submit a cover letter with the submission of the application to the CHGME Payment Program. The number of respondents (60) submitting the letter is based on responses from hospitals which complete the CHGME application annually.

The hours per response (0.33 hours) for an initial application are based upon program experience working with the hospitals and discussion with hospitals (60 hospitals x 1 application x 0.33 hours per response = 19.8 total burden hours).

The hours per response (0.33 hours) for the reconciliation application are based upon program experience working with the hospitals and discussions with the hospitals (60 hospitals x 1 reconciliation application x 0.33 hours per response = 19.8 total burden hours).

A total of 39.60 burden hours (2 responses per hospital x 19.8) for initial application.

- *HRSA 99 (Initial and Reconciliation): Demographic and Contact Information.* Each participating hospital must complete and submit a HRSA 99 to apply for annual funding under the CHGME Payment Program. The number of respondents (60) completing the form is based on responses from hospitals which complete the HRSA 99 semiannually.

The hours per response (0.33 hours) for an initial application are based upon program experience working with the hospitals and discussion with hospitals (60 hospitals x 1 initial application x 0.33 hours per response = 19.8 total burden hours).

The hours per response (0.33 hours) for the reconciliation application are based upon program experience working with the hospitals and discussions with the hospitals (60 hospitals x 1 reconciliation application x 0.33 hours per response = 19.8 total burden hours).

A total of 39.6 burden hours (2 responses per hospital x 19.8) for initial and reconciliation application.

- *HRSA 99-1 (Initial) and HRSA 99-1 (Reconciliation): Determination of Weighted and Un-weighted FTE Resident Counts.* Each participating hospital must complete and submit a HRSA 99-1 to apply for annual funding under the CHGME Payment Program. The number of respondents (60) completing the form is based on responses from hospitals which complete the HRSA 99-1 semiannually.

The hours per response (26.5 hours) for an initial application are based upon program experience working with the hospitals and discussion with hospitals (60 hospitals x 1 initial application x 26.5 hours per response = 1,590 total burden hours).

The hours per response (6.5 hours) for the reconciliation application are based upon program experience working with the hospitals and discussions with the hospitals (60 hospitals x 1 reconciliation application x 6.5 hours per response = 390 total burden hours).

- *HRSA 99-2 (Initial) and HRSA 99-2 (Reconciliation): Determination of Indirect Medical Education Data Related to the Teaching of Residents.* Each participating hospital must complete and submit a HRSA 99-2 to apply for annual funding under the CHGME Payment Program. The number of respondents (60) completing the form is based on responses from hospitals which complete the HRSA 99-2 semiannually.

The hours per response (11.33 hours) for an initial application are based upon program experience working with the hospitals and discussion with hospitals (60 hospitals x 1 initial application x 11.33 hours per response = 679.8 total burden hours).

The hours per response (3.67 hours) for the reconciliation application are based upon program experience working with the hospitals and discussions with the hospitals (60 hospitals x 1 reconciliation application x 3.67 hours per response = 220.20 total burden hours).

- *HRSA 99-4 (Reconciliation): Government Performance and Results Act Tables.* Under the GPRA of 1993 and as part of the annual application requirements, each participating hospital must complete and submit a HRSA 99-4. The number of

respondents (60) completing the form is based on responses from hospitals which complete the HRSA 99-4 annually.

The hours per response (12.5 hours) are based upon program experience working with the hospitals and discussion with hospitals (60 hospitals x 1 reconciliation application x 12.5 hours per response = 750 total burden hours).

- *HRSA 99-5 (Initial and Reconciliation): Application Checklist.* Each participating hospital must complete and submit a HRSA 99-5 to apply for annual funding under the CHGME Payment Program. The number of respondents (60) completing the form is based on responses from hospitals which complete the HRSA 99-5 semiannually.

The hours per response (0.33 hours) for an initial application are based upon program experience working with the hospitals and discussion with hospitals (60 hospitals x 1 initial application x 0.33 hours per response = 19.8 total burden hours).

The hours per response (0.33 hours) for the reconciliation application are based upon program experience working with the hospitals and discussions with the hospitals (60 hospitals x 1 reconciliation application x 0.33 hours per response = 19.8 total burden hours).

A total of 39.6 burden hours (2 responses per hospital x 19.8) for initial and reconciliation application.

- *CFO Form Letter (Initial and Reconciliation).* Each participating hospital must complete and submit a CFO Form Letter with the revised applications submitted to the CHGME Payment Program for all audited hospitals. The number of respondents (60) submitting the letter is based on responses from hospitals which complete the CHGME application semiannually.

The hours per response (0.33 hours) for an initial application are based upon program experience working with the hospitals and discussion with hospitals (60 hospitals x 1 application x 0.33 hours per response = 19.8 total burden hours).

The hours per response (0.33 hours) for the reconciliation application are based upon program experience working with the hospitals and discussions with the hospitals (60 hospitals x 1 reconciliation application x 0.33 hours per response = 19.8 total burden hours).

A total of 39.6 burden hours (2 responses per hospital x 19.8) for initial and reconciliation application.

- *Exhibit 2 (Initial and Reconciliation): GME Affiliation Agreement(s) for an Aggregate Cap.* Each participating hospital must submit a current copy of the hospital's

affiliation agreement(s) for the current year, prior year, penultimate years and base year with the CHGME initial and reconciliation application. The number of respondents (60) completing the form is based on the number of children's hospitals participating in the CHGME Payment Program.

The hours per response (0.33 hours) for an initial application are based upon program experience working with the hospitals and discussion with the 60 hospitals x 0.33 hours x 1 responses = 19.80 total burden hours).

The hours per response (0.33 hours) for the reconciliation application are based upon program experience working with the hospitals and discussions with the hospitals (60 hospitals x 1 reconciliation application x 0.33 hours per response = 19.8 total burden hours).

A total of 39.6 burden hours (2 responses per hospital x 19.8) for initial and reconciliation application.

- *Exhibit 3 (Initial and Reconciliation): Worksheet E-4 (formally known as Worksheet E-3, Part IV).* Each participating hospital must submit a copy of the Worksheet E-4 (formally known as Worksheet E-3, Part IV) and its accompanying supporting documentation for the current year, prior year, penultimate years and base year with the CHGME initial and reconciliation application. The number of respondents (60) completing the form is based on the number of children's hospitals participating in the CHGME Payment Program.

The hours per response (0.33 hours) for an initial application are based upon program experience working with the hospitals and discussion with the 60 hospitals x 0.33 hours x 1 responses = 19.80 total burden hours).

The hours per response (0.33 hours) for the reconciliation application are based upon program experience working with the hospitals and discussions with the hospitals (60 hospitals x 1 reconciliation application x 0.33 hours per response = 19.8 total burden hours).

A total of 39.6 burden hours (2 responses per hospital x 19.8) for initial and reconciliation application.

- *Exhibit 4 (Initial and Reconciliation): Letter from CMS,* must be included if hospital claims an addition to their resident cap. Each participating hospital must submit a current copy of the MMA letter from CMS, Section 5503 letter from CMS and other correspondence from CMS that affect the FTE resident counts reported with the CHGME initial and reconciliation application. The number of respondents (60) completing the form is based on the number of children's hospitals participating in the CHGME Payment Program.

The hours per response (0.33 hours) for an initial application are based upon program experience working with the hospitals and discussion with the 60 hospitals x 0.33 hours x 1 responses = 19.80 total burden hours).

The hours per response (0.33 hours) for the reconciliation application are based upon program experience working with the hospitals and discussions with the hospitals (60 hospitals x 1 reconciliation application x 0.33 hours per response = 19.8 total burden hours).

A total of 39.6 burden hours (2 responses per hospital x 19.8) for initial and reconciliation application.

Auditor Respondents

- *HRSA 99-1 (Supplemental) (FTE Resident Assessment): Determination of Weighted and Un-weighted FTE resident Counts.* Each auditor must complete and submit a HRSA 99-1 with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME fiscal intermediaries assigned to perform audits for the children's hospitals receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 2 FTE resident assessments x 3.67 hours per response = 220.2 total burden hours).

A total of 220.2 burden hours (2 responses per auditor) for the FTE resident assessment.

- *Conversation Record (FTE Resident Assessment):* Each assigned auditor must complete and submit a conversation record with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME fiscal intermediaries assigned to perform audits for the children's hospitals receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 2 FTE resident Assessment x 3.67 hours per response = 220.20 total burden hours).

- *Exhibit C (FTE Resident Assessment): CHGME Fiscal Intermediary Summary of Issues.* Each auditor must complete and submit a summary of issues with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME and THCGME fiscal intermediaries assigned to perform audits for the children's hospitals and teaching health centers receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 4 FTE resident Assessment x 3.67 hours per response = 440.40 total burden hours).

- *Exhibit E (FTE Resident Assessment): Fiscal Intermediary Introductory Request Letter to MAC* which would request hospital information prior to the commencement of the audit. This letter introduces the fiscal intermediary to the MAC and is a formal request to the MAC for documentation to support FTE residents claimed on the children's hospital's application and the teaching health center's affiliated hospital Medicare Cost Report.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 4 FTE resident Assessment x 3.67 hours per response = 440.40 total burden hours).

- *Exhibit F (FTE Resident Assessment): Fiscal Intermediary Introductory Request Letter to Teaching Provider to Hospital.* Each auditor must include a copy of the introductory request letter to the hospital with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME and THCGME fiscal intermediaries assigned to perform audits for the children's hospitals and teaching health centers receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 4 FTE resident Assessment x 3.67 hours per response = 440.40 total burden hours).

- *Exhibit N (FTE Resident Assessment): Points for Future Audits.* Each auditor must complete and submit a document which includes points for future CHGME auditors with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME and THCGME fiscal intermediaries assigned to perform audits for the children's hospitals and teaching health centers receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 4 FTE resident Assessment x 3.67 hours per response = 440.40 total burden hours).

- *Exhibit O(1) (FTE Resident Assessment): CHGME Fiscal Intermediary Assessment Summary (Adjustment).* Each auditor must complete and submit an Exhibit O(1) with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME and THCGME fiscal intermediaries assigned to perform audits for the children's hospitals and teaching health centers receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 4 FTE resident Assessment x 3.67 hours per response = 440.40 total burden hours).

- *Exhibit O(2) (FTE Resident Assessment): CHGME HRSA 99-1.* Each auditor must complete and submit an Exhibit O(2) with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME fiscal intermediaries assigned to perform audits for the children's hospitals receiving funding.

The hours per response (30 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 2 FTE resident Assessment x 30 hours per response = 1,800 total burden hours).

- *Exhibit P (FTE Resident Assessment): CHGME Fiscal Intermediary Adjustment Letter to the Hospital.* Each auditor must include a copy of the CHGME fiscal intermediary adjustment letter to the hospital with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME and THCGME fiscal intermediaries assigned to perform audits for the children's hospitals and teaching health centers receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 4 FTE resident Assessment x 3.67 hours per response = 440.40 total burden hours).

- *Exhibit P(2) (FTE Resident Assessment): CHGME Management Recommendation Letter to the Hospital.* Each auditor must include a copy of the CHGME management recommendation letter to the hospital with the FTE resident assessment reported to the CHGME Payment Program for audited hospitals (if applicable). The number of respondents (30) completing the form is based on the number of CHGME and THCGME fiscal intermediaries assigned to perform audits for the children's hospitals and teaching health centers receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 4 FTE resident Assessment x 3.67 hours per response = 440.40 total burden hours).

- *Exhibit S (FTE Resident Assessment): Final Medicare Administrative Contact (MAC) Letter/ "Top Memorandum".* Each auditor must include a copy of the "Top Memorandum" sent to the MAC with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME and THCGME fiscal intermediaries assigned to perform audits for the children's hospitals and teaching

health centers receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 4 FTE resident Assessment x 3.67 hours per response = 440.40 total burden hours).

- *Exhibit T (FTE Resident Assessment): Reopening Request Letter to MAC.* Each auditor must include a copy of the reopening request letter to the MAC with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME fiscal intermediaries assigned to perform audits for the children's hospitals receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 2 FTE resident Assessment x 3.67 hours per response = 220.20 total burden hours).

- *Exhibit T (1) (FTE Resident Assessment): Reopening Request Letter to CHGME Fiscal Intermediary.* Each auditor must include a copy of the Reopening Request Letter to CHGME fiscal intermediary with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME fiscal intermediaries assigned to perform audits for the children's hospitals receiving funding.

The hours per response (3.67 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 2 FTE resident Assessment x 3.67 hours per response = 220.20 total burden hours).

- *Exhibit 1 (FTE Resident Assessment): Summary of GME Affiliation Agreement(s).* Each auditor must complete and submit a current copy of the summary of GME affiliation agreement (s) with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME fiscal intermediaries assigned to perform audits for the children's hospitals receiving funding.

The hours per response (0.33 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 2 FTE resident Assessment x 0.33 hours per response = 19.8 total burden hours).

- *Exhibit 2 (FTE Resident Assessment): GME Affiliation Agreement(s) for an Aggregate Cap.* Each auditor must submit a current copy of the hospital's affiliation agreement(s) for the current year, prior year, penultimate years and base year with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME fiscal intermediaries assigned to perform audits for the

children's hospitals receiving funding.

The hours per response (0.33 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 2 FTE resident assessments x 0.33 hours per response = 19.8 total burden hours).

- *Exhibit 3 (FTE Resident Assessment): Worksheet E-4 (formally known as Worksheet E-3, Part IV).* Each auditor must submit a copy of the Worksheet E-4 (formally known as Worksheet E-3, Part IV) for the current year, prior year, penultimate years and base year with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME fiscal intermediaries assigned to perform audits for the children's hospitals receiving funding.

The hours per response (0.33 hours) are based upon program experience with the FTE resident assessment and discussion with the auditors (30 auditors x 2 FTE resident Assessment x 0.33 hours per response = 19.8 total burden hours).

- *Exhibit 4 (FTE Resident Assessment): MMA letter from CMS,* must be included if hospital claims MMA - Each auditor must submit a current copy of the MMA letter from CMS, Section 5503 letter from CMS and other correspondence from CMS that affect the FTE resident counts reported with the FTE resident assessment reported to the CHGME Payment Program for all audited hospitals. The number of respondents (30) completing the form is based on the number of CHGME fiscal intermediaries assigned to perform audits for the children's hospitals receiving funding.

The hours per response (0.33 hours) for an initial application are based upon program experience with the FTE resident assessment and discussion with the auditors (30 hospitals and auditors x 2 FTE resident assessment x 0.33 hours per response = 19.8 total burden hours).

12B. Estimated Annualized Burden Costs

Type of Respondent	Form Name	Total Burden Hours	Wage Rate (\$/hr.)	Total Hour Costs (\$)
Hospitals	Application Cover Letter (CHGME Initial and Reconciliation)	39.60	\$117.48	\$4,652.21
Hospitals	HRSA 99 Form (CHGME Initial and Reconciliation)	39.60	\$117.48	\$4,652.21

Type of Respondent	Form Name	Total Burden Hours	Wage Rate (\$/hr.)	Total Hour Costs (\$)
Hospitals	HRSA 99-1 Form (CHGME Initial)	1,590	\$117.48	\$186,793.20
Hospitals	HRSA 99-1 Form (CHGME Reconciliation)	390	\$117.48	\$45,817.20
Hospitals	HRSA 99-2 Form (CHGME Initial)	679.80	\$117.48	\$79,862.90
Hospitals	HRSA 99-2 Form (CHGME Reconciliation)	220.20	\$117.48	\$25,869.10
Hospitals	HRSA 99-4 Form (CHGME Reconciliation)	750	\$117.48	\$88,110.00
Hospitals	HRSA 99-5 Form (Initial and Reconciliation)	39.6	\$117.48	\$4,652.21
Hospitals	CFO Form Letter (CHGME Initial and Reconciliation)	39.6	\$117.48	\$4,652.21
Hospitals	Exhibit 2 (CHGME Initial and Reconciliation)	39.6	\$117.48	\$4,652.21
Hospitals	Exhibit 3 (CHGME Initial and Reconciliation)	39.6	\$117.48	\$4,652.21
Hospitals	Exhibit 4 (CHGME Initial and Reconciliation)	39.6	\$117.48	\$4,652.21
Total	-	3,907.20	-	\$459,017.87

Source: National Median Hourly Wage Rate for Administrative Services Managers (11-3012) based on the United States Department of Labor, Bureau of Labor Statistics, NAICS, Sector 62 Health Care and Social Assistance, NAICS 622000 - Hospitals (<https://data.bls.gov/oes/#/industry/622000>). Hourly wage doubled to account for benefits. The National estimate for the median hourly wage rate is used, as opposed to adjusting for locality, since hospitals are located across the United States.

Type of Respondent	Form Name	Total Burden Hours	Wage Rate (\$/hr.)	Total Hour Costs (\$)
Auditors	Conversation Record (CHGME FTE Resident Assessment Only)	220.2	\$107.32	\$23,631.86
Auditors	HRSA 99-1 (Supplemental)	220.2	\$107.32	\$23,631.86

Type of Respondent	Form Name	Total Burden Hours	Wage Rate (\$/hr.)	Total Hour Costs (\$)
	(CHGME FTE Resident Assessment Only)			
Auditors	Exhibit C (CHGME and THCGME FTE Resident Assessment)	440.40	\$107.32	\$47,263.73
Auditors	Exhibit E (CHGME and THCGME FTE Resident Assessment)	440.40	\$107.32	\$47,263.73
Auditors	Exhibit F (CHGME and THCGME FTE Resident Assessment)	440.40	\$107.32	\$47,263.73
Auditors	Exhibit N (CHGME and THCGME FTE Resident Assessment)	440.40	\$107.32	\$47,263.73
Auditors	Exhibit O(1) (CHGME and THCGME FTE Resident Assessment)	440.40	\$107.32	\$47,263.73
Auditors	Exhibit O(2) (HRSA 99-1) (CHGME FTE Resident Assessment Only)	1,590	\$107.32	\$170,638.80
Auditors	Exhibit P (Reconciliation Tool) (CHGME and THCGME FTE Resident Assessment)	440.40	\$107.32	\$47,263.73

Type of Respondent	Form Name	Total Burden Hours	Wage Rate (\$/hr.)	Total Hour Costs (\$)
Auditors	Exhibit P(2) (CHGME and THCGME FTE Resident Assessment)	440.40	\$107.32	\$47,263.73
Auditors	Exhibit S (CHGME and THCGME FTE Resident Assessment)	440.40	\$107.32	\$47,263.73
Auditors	Exhibit T (CHGME FTE Resident Assessment Only)	220.20	\$107.32	\$23,631.86
Auditors	Exhibit T(1) (CHGME FTE Resident Assessment Only)	220.20	\$107.32	\$23,631.86
Auditors	Exhibit 1 (CHGME FTE Resident Assessment Only)	19.8	\$107.32	\$2,124.94
Auditors	Exhibit 2 (CHGME FTE Resident Assessment Only)	19.8	\$107.32	\$2,124.94
Auditors	Exhibit 3 (CHGME FTE Resident Assessment Only)	19.8	\$107.32	\$2,124.94
Auditors	Exhibit 4 (CHGME FTE Resident Assessment Only)	19.8	\$107.32	\$2,124.94
Total	-	6,073.20	\$107.32	\$651,775.82

Source: <https://www.bls.gov/oes/current/oes111011.htm>. National Hourly 75th Percentile Wage Rate for Accountants and Auditors (13-2011) based on the United States Department of Labor, Bureau of Labor Statistics, NAICS, Sector 54 Professional, Scientific and Technical Services, NAICS 541000 - Professional, Scientific and Technical Services, (<https://data.bls.gov/oes/#/industry/541000>). Hourly wage doubled to account for benefits. The 75th Percentile hourly wage rate is used, as opposed to Median hourly wage rate, since auditors are senior level employees with specialized expertise and several years of experience. The National estimate for hourly rate is used, as opposed to adjusting for locality, since auditors are located across the United States.

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Capital costs and start-up costs are minimal since implementation of the program occurred in FY 2000. There are no operational or maintenance costs. Other than their time, there is no cost to respondents.

14. Annualized Cost to Federal Government

The total cost to the Federal Government for this information collection includes the costs associated with contracted auditors are estimated to be **\$698,577.62** [\$651,775.82 (contracted auditor estimated costs to collect the information as described in table above) + \$46,801.80 (Federal Staff Time costs shown below)] as follows:

The cost to the Federal Government is relative to the review and audit of two applications (1 initial application and 1 reconciliation application) and two FTE assessments (1 per hospital and 1 per teaching health center). Wage has been multiplied by 1.5 to account for overhead costs.

The Federal Staff costs to the Federal Government for this information collection are estimated to be **\$46,801.80** as follows:

Federal Staff Time

- Review incoming initial application and reconciliation application from the children's hospitals and FTE resident assessment final reports from auditors to (1) ensure application packages are complete and (2) include all required forms, signatures, and supporting documentation.

[GS13/1 (includes locality payment for Washington DC metropolitan area) @ \$86.67/hour X 60 applications/assessments X 4 reviews X 15 minutes (.25 hours) per application.] **\$5,200.20**

- Audit complete initial and reconciliation applications from the children's hospitals and FTE resident assessment final reports from CHGME and THCGME fiscal intermediaries to ensure that (1) the forms were completed in accordance with stated guidance and instructions and (2) data reported is logical and consistent with supporting documentation and information previously reported to the CHGME Payment Program and THCGME Program. Communicate with hospitals and CHGME fiscal intermediaries, as needed, to resolve discrepancies.

[GS13/1 @ \$86.67/hour X 60 applications/assessments X 4 reviews X 2 hours per application] **\$41,601.60**

15. Explanation for Program Changes or Adjustments

The current burden inventory is 9880.40 hours, and this request is for 9980.40 hours. There was an increase in the burden for HRSA 99-2 (Initial) because the average burden per response went up from 9.67 hours to 11.33 hours.

16. Plans for Tabulation, Publication, and Project Time Schedule

HRSA currently publishes aggregate CHGME Payment Program application data to demonstrate [performance highlights and accomplishments](#), to meet the GPRA reporting requirements, inform [Congressional Budget Justifications](#), and respond to Freedom of Information Act requests and inquiries from OMB and Congress. Additional publication of information and data are not currently planned, however HRSA may want to publish additional aggregate highlights from our CHGME hospitals in the future. Data will also be analyzed for internal administrative purposes and for tracking the performance indicators. The FTE resident assessment data is tabulated by the auditors as part of the FTE resident assessment contract and provided to HRSA. HRSA does not publish the FTE resident tabulated data at this time but may want to publish aggregate audited data in the future to provide more detailed information on the types of residency programs and residents supported by the CHGME Payment Program and the THCGME Program.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB number and Expiration date will be displayed on every page of every form/instrument.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.