

interim rate request form - GME only

Medicare provider number:

Provider name:

FYE from: to:

Rate review period if different from FYE:

Direct graduate medical education cost information

If new program, attach documentation of its approval by appropriate agency.

1. Intern & resident FTEs for the current year from your records:

1996 FTE cap

Unweighted FTEs for allopathic & osteopathic programs

Weighted FTEs for primary care physicians in an allo/osteopathic program

Weighted FTEs for all other physicians in an allo/osteopathic program

Weighted FTEs for dental and podiatric residents

2. Medicare Part A inpatient days (hospital and subunits)

3. Total inpatient days (excluding Nursery and including subunits)

4. Medicare Utilization (line 2/line 3)

5. Medicare Part A Reasonable Cost

6. Medicare Part B Reasonable Cost

7. Total Medicare Cost (line 4 + line 5)

8. Ratio of Part A to Total (line 5/line 7)

9. Ratio of Part B to Total (line 6/line 7)

Contact person for interim rate

Telephone number

Fax number

email address

Person certifying that the information provided is accurate to the best of your knowledge:

Send this information:

By email to InterimReimbReviews@fcso.com - please include the provider number in the subject line

By fax: (904) 791-8441

By mail:

JN PARD Reimbursement
First Coast Service Options Inc.
2020 Technology Parkway, Suite 100
Mechanicsburg, PA 17050-9419

(Do not mail a copy if you have faxed or emailed the information)