

Conversation Record

Conversation Record Details	
Fiscal Year	
Medicare Provider Number	
Organization Name	
★ Conversation Date (mm/dd/yyyy)	<input type="text"/>
★ Conversation Type	Select One <input type="button" value="v"/>
If Other Conversation Type, Specify	<input type="text"/>
★ Subject	Select One <input type="button" value="v"/>
If Other Subject, Specify	<input type="text"/>
★ Assessment Review Type	Select One <input type="button" value="v"/>
Online Forms and Exhibits	
★ Exhibit C CHGME FI Summary of Issues (DC/DR/FR)	<input type="text"/> <input type="button" value="v"/>
★ Exhibit N CHGME Notes To Future Auditors (DC/DR/FR)	<input type="text"/> <input type="button" value="v"/>
★ Exhibit O(1) CHGME FI Adjustment Report	<input type="text"/> <input type="button" value="v"/>
★ Exhibit O(2) CHGME HRSA 99-1 Form	<input type="text"/> <input type="button" value="v"/>
★ Exhibit S Final Medicare FI Assessment Letter/"Top Memorandum" to GPO (DC/DR/FR)	<input type="text"/> <input type="button" value="v"/>
★ Provider Summary Sheet Summary sheet required by HRSA outlining information on each separate provider	<input type="text"/> <input type="button" value="v"/>
★ Field Reviews Only Exit Memo Minutes of the final exit conference meetings	<input type="text"/> <input type="button" value="v"/>
Hard Copy Exhibit Documents	
★ Exhibit F CHGME FI Introductory/Request Letter to Hospital (DC/DR/FR)	<input type="text"/> <input type="button" value="v"/>
★ Exhibit O(1) Signed first page of the CHGME FI Adjustment Report (DC/DR/FR)	<input type="text"/> <input type="button" value="v"/>
★ Exhibit P(1) CHGME FI Adjustment Letter to Hospital (Summary Assessment) (DC/DR/FR)	<input type="text"/> <input type="button" value="v"/>
★ Exhibit P(2) Management Letter to Hospital (DR/FR) (if applicable)	<input type="text"/> <input type="button" value="v"/>
★ Exhibit T Reopening Request Letter to Medicare Fiscal Intermediary (DC/DR/FR)	<input type="text"/> <input type="button" value="v"/>
★ Exhibit T(1) Reopening Request Letter to CHGME Fiscal Intermediary (DC/DR/FR)	<input type="text"/> <input type="button" value="v"/>
★ Medicare Cost Report CMS-2552-10 Worksheet E-4	<input type="text"/> <input type="button" value="v"/>
★ FI Other	<input type="text"/> <input type="button" value="v"/>
★ Additional Follow-up/Action Required	<input checked="" type="radio"/> Yes <input type="radio"/> No
★ Approval Required	<input checked="" type="radio"/> Yes <input type="radio"/> No
Recorder's Comments (Comments are required if additional follow-up and/or actions are necessary)	<input type="text"/> <input type="button" value="v"/>