




















# Conversation Record

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