


















Conversation Record

Conversation Record Details	
Fiscal Year	
Medicare Provider Number	
Organization Name	
★ Conversation Date (mm/dd/yyyy)	<input type="text"/> 
★ Conversation Type	<input type="text" value="Select One"/> ▼
If Other Conversation Type, Specify	<input type="text"/>
★ Subject	<input type="text" value="Select One"/> ▼
If Other Subject, Specify	<input type="text"/>
★ Assessment Review Type	<input type="text" value="Select One"/> ▼
Online Forms and Exhibits	
★ Exhibit C CHGME FI Summary of Issues (DC/DR/FR)	<input type="text"/> 
★ Exhibit N CHGME Notes To Future Auditors (DC/DR/FR)	<input type="text"/> 
★ Exhibit O(1) CHGME FI Adjustment Report	<input type="text"/> 
★ Exhibit O(2) CHGME HRSA 99-1 Form	<input type="text"/> 
★ Exhibit S Final Medicare FI Assessment Letter/"Top Memorandum" to GPO (DC/DR/FR)	<input type="text"/> 
★ Provider Summary Sheet Summary sheet required by HRSA outlining information on each separate provider	<input type="text"/> 
★ Field Reviews Only Exit Memo Minutes of the final exit conference meetings	<input type="text"/> 
Hard Copy Exhibit Documents	
★ Exhibit F CHGME FI Introductory/Request Letter to Hospital (DC/DR/FR)	<input type="text"/> 
★ Exhibit O(1) Signed first page of the CHGME FI Adjustment Report (DC/DR/FR)	<input type="text"/> 
★ Exhibit P(1) CHGME FI Adjustment Letter to Hospital (Summary Assessment) (DC/DR/FR)	<input type="text"/> 
★ Exhibit P(2) Management Letter to Hospital (DR/FR) (if applicable)	<input type="text"/> 
★ Exhibit T Reopening Request Letter to Medicare Fiscal Intermediary (DC/DR/FR)	<input type="text"/> 
★ Exhibit T(1) Reopening Request Letter to CHGME Fiscal Intermediary (DC/DR/FR)	<input type="text"/> 
★ Medicare Cost Report CMS-2552-10 Worksheet E-4	<input type="text"/> 
★ FI Other	<input type="text"/> 
★ 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"/> 

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.