

Conversation Record

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

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.