

Exhibit S: Final Medicare FI Assessment Letter (Top Memorandum)

1.1.1. Exhibit S: Findings

Current MCR Period FYE:			
★ Add Finding			
FYE Year Type	Select One ▼		
Finding	<input type="text"/>		
<input type="button" value="Add Item"/>			
Serial Number	FYE Year Type	Finding	Options
			Edit ▼
			Edit ▼
			Edit ▼

1.1.2. Exhibit S: Recommendations/Conditions

Current MCR Period FYE:			
★ Add Recommendation/Condition			
Recommendation/Condition	<input type="text"/>		
<input type="button" value="Add Item"/>			
Serial Number	Recommendation/Condition		Options
			Edit ▼


1.1.3. Exhibit S: Field Review Activities

Current MCR Period FYE:			
★ Add Field Review Activity			
Field Review Type	Select One ▼		
Field Review Activity	<input type="text"/>		
<input type="button" value="Add Item"/>			
Serial Number	Field Review Type	Field Review Activity	Options
			Edit ▼
			Edit ▼

1.1.4. Exhibit S: Medicare Intermediary

Current MCR Period FYE:

Medicare Intermediary Information

★ Cover Letter Date (mm/dd/yyyy)	<input type="text"/>	
★ Assessment Review Type	<input type="text" value="Select One"/>	
★ Salutation	<input type="text" value="Select One"/>	
Other Salutation	<input type="text"/>	
★ First Name	<input type="text"/>	
★ Last Name	<input type="text"/>	
Title	<input type="text"/>	
Department	<input type="text"/>	
★ Company	<input type="text"/>	
★ Address Line 1	<input type="text"/>	
Address Line 2	<input type="text"/>	
★ City	<input type="text"/>	
★ State	<input type="text" value="Select State"/>	
★ Zip Code	<input type="text"/> - <input type="text"/>	
★ Letter Signature Name	<input type="text"/>	
★ Letter Signature Title	<input type="text"/>	
★ Subcontractor Name For CC Letter	<input type="text"/>	
★ Subcontractor Title For CC Letter	<input type="text"/>	
★ FI Contact Telephone Number	<input type="text"/> <input type="text"/> - <input type="text"/> Ext. <input type="text"/>	
FI Alternate Telephone Number	<input type="text"/> <input type="text"/> - <input type="text"/> Ext. <input type="text"/>	
FI Alternate Contact Name	<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.