

FY _____

**HEALTH CARE RESPONSIBILITY ACT (HCRA)
MONTHLY CASELOAD AND APPEALS REPORT**

DIRECTIONS: Please complete this report form and submit **by the 15th** of the month following the month being reported to the Agency for Health Care Administration, Bureau of Managed Health Care at: 2727 Mahan Drive, Mail Stop 26, Tallahassee, FL 32308, via fax to (850) 414-6912 OR via email to HCRA@ahca.myflorida.com. Please contact the HCRA liaison at (850) 412-4300 if you have any questions.

Please Print or Type in Yellow Spaces and Section I. - III. Only

COUNTY NAME: _____

REPORT MONTH: _____

I. CASELOAD REPORT DISPOSITIONS

OUT OF COUNTY

IN COUNTY

- | | | |
|---|-------|-------|
| 1. Pending applications from prior months: | _____ | _____ |
| 2. Applications approved during reported month: | _____ | _____ |
| 3. Applications received during reported month: | _____ | _____ |
| 4. Applications denied during reported month (by reason) | _____ | _____ |
| a. Not a county resident: | _____ | _____ |
| b. Eligible for Medicaid or other government hospital programs: | _____ | _____ |
| c. Exceeds income limitations: | _____ | _____ |
| d. Exceeds asset limitations: | _____ | _____ |
| e. Failure to keep appointment(s): | _____ | _____ |
| f. Failure to provide information: | _____ | _____ |
| g. Not a U.S. citizen or legally admitted alien: | _____ | _____ |
| h. Resides in a public institution: | _____ | _____ |
| i. Has adequate insurance: | _____ | _____ |
| j. Out of funds (must be verified by Agency): | _____ | _____ |
| k. Other (name): _____ | _____ | _____ |
| l. Other (name): _____ | _____ | _____ |
| 5. Total applications denied during reported month: | _____ | _____ |
| 6. Applications pending at the end of the reported month: | _____ | _____ |

II. APPEALS DISPOSITIONS (both county level and administrative)

- | | | |
|--|-------|-------|
| 1. Pending appeals from prior months: | _____ | _____ |
| 2. Appeals received during reported month: | _____ | _____ |
| 3. Total appeals (sum II.1 + II.2): | _____ | _____ |
| 4. Appeals resolved during reported month: | _____ | _____ |
| a. Action up-held: | _____ | _____ |
| b. Action overturned: | _____ | _____ |
| 5. Appeals pending at the end of the reported month: | _____ | _____ |

III. PREPARED BY:

Name: _____ Title: _____

Email Address: _____ Phone: _____

Signature: _____ Date: _____

NOTES: _____

INSTRUCTIONS FOR COMPLETING THE MONTHLY CASELOAD AND APPEALS REPORT

Out-of-County = applications from hospitals outside the reporting county

In-County = applications from hospitals within the reporting county

1. Pending from prior Months _____ = # of applications pending determination from previous months (at the beginning of the reported month)
2. Approvals During Report Month: _____ = # of applications approved during the reported month
3. Total applications received for the month _____ = # of applications received during the reported month
4. Denials During Report Month, by Reason:
 - a. Not a County Resident: _____ # for current month
 - b. Eligible for Medicaid or other government hospital reimbursement program: _____ # for current month
 - c. Exceeds Income Limitation: _____ # for current month
 - d. Exceeds Assets Limitations: _____ # for current month
 - e. Failure to Keep Appointment(s): _____ # for current month
 - f. Failure to Provide Information: _____ # for current month
 - g. Not a U.S. citizen or legally admitted alien: _____ # for current month
 - h. Resides in a public Institution: _____ # for current month
 - i. Has adequate insurance: _____ # for current month
 - j. **Out of Funds:** _____ # for current month ***
 - j. Other (name): enter reasons _____ # for current month
 - k. Other (name): enter reasons _____ # for current month
5. Total Denials During Report Month: _____ = Totals from 4a. through 4k.
6. Pending at the End of the Report Month _____ = (1. + 3.) – (2. + 5.) and this # will be carried over to line 1. on the next month's report.

***Must be verified within 60 Days by filing of the Quarterly Report with backup documentation

II. APPEALS DISPOSITIONS (both County Level and Administrative)

1. Appeals Pending from the Month Previous to the Report Month: _____ = # of appeals from the previous month(s) still pending resolution
2. Appeals Received During the Report Month: _____ = # of appeals received during the reported month
3. Total Number of Appeals (sum II. 1. + II. 2.): _____ = 1. + 2
4. Appeals Resolved During the Report Month: _____ = # of appeals resolved during the reported month (equals 4a. + 4b.)
 - a. Action Up-Held: _____ = # of decisions upheld for the reported month
 - b. Action Overturned: _____ = # of decisions reversed for the reported month
5. Appeals Pending at the End of the Report Month: _____ = 3. – 4. and will be carried over to line II.1 on the next month's report