

MEMORANDUM

To: **All Counties**

From: Erin Bailey, HCRA Liaison
Agency for Health Care Administration (Agency)
Bureau of Health Facility Regulation
2727 Mahan Drive, MS #28
Tallahassee, FL 32308

Phone: (850) 412-4330
Email: HCRA@ahca.myflorida.com

Subject: Health Care Responsibility Act (HCRA) - Contact Persons

For updates to HCRA eligibility determination and claims processing personnel contact information, please complete this form and provide to the Agency. Contact information is listed above.

Name: _____
Title: _____
County: _____
Mailing Address: _____
(no P.O. Boxes)
City, State, Zip: _____
Phone: _____
Fax: _____
Email Address: _____

Responsible for: (please check all that apply)	<input type="checkbox"/> Eligibility Determination <input type="checkbox"/> Monthly Caseload & Appeals Report	<input type="checkbox"/> Claims Processing <input type="checkbox"/> Quarterly Financials Report	Are you the main or back-up contact for this responsibility? (please check one)	<input type="checkbox"/> Main Contact <input type="checkbox"/> Back-up Contact
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