

**HEALTH CARE RESPONSIBILITY ACT (HCRA)
 COUNTY FISCAL YEAR QUARTERLY FINANCIAL REPORT**

FY _____

Please complete and return to the address below within 30 calendar days of the end of each quarter.

HCRA EXPENDITURES OUT / IN-COUNTY	1st QRT OCT - DEC		2nd QRT JAN - MAR		3rd QRT APR - JUN		4th QRT JUL - SEP		FISCAL YEAR TOTALS	
	OUT-COUNTY	IN-COUNTY	OUT-COUNTY	IN-COUNTY	OUT-COUNTY	IN-COUNTY	OUT-COUNTY	IN-COUNTY	OUT-COUNTY	IN-COUNTY
SPEND-DOWN PROVISION EXPENDITURES										
REGULAR EXPENDITURES										
TOTAL EXPENDITURES										
# OF SPEND-DOWN CLAIMS PAID										
# OF REGULAR CLAIMS PAID										
TOTAL CLAIMS PAID										
#OF SPEND-DOWN CLAIMS DENIED										
# OF REGULAR CLAIMS DENIED										
TOTAL CLAIMS DENIED										

Attach copies of all claims paid indicating the allowable amount through HCRA and proof of payment for each claim paid during the reported quarter. Submit this completed report form and supporting documentation to the: Agency for Health Care Administration, Bureau of Managed Health Care, 2727 Mahan Drive, Mail Stop 26, Tallahassee, FL 32308. Please contact the HCRA liaison at (850) 412-4300 or via email at HCRA@ahca.myflorida.com if you have any questions.

REPORT COMPLETED BY: _____

Name of Preparer - please print or type

Signature

Date

COUNTY: _____

(Title)

Mailing Address

City & State

Zip Code

Telephone: _____

Fax: _____

NOTES:

INSTRUCTIONS FOR COMPLETING THE QUARTERLY FINANCIAL REPORT

OUT-OF-COUNTY means claims filed by hospitals not in the reporting county.

IN-COUNTY means claims filed by hospitals from within the reporting county.

SPEND-DOWN PROVISION EXPENDITURES	Enter the dollar amount of spend-down claims paid for the respective quarter and the aggregate amount under the Fiscal Year Totals
REGULAR EXPENDITURES	Enter the dollar amount of regular claims paid for the respective quarter and the aggregate amount under the Fiscal Year Totals
TOTAL EXPENDITURES	Total the amount for each column
# OF SPEND DOWN CLAIMS PAID	Enter the number of spend-down claims paid for the respective quarter and the aggregate amount under the Fiscal Year Totals
# OF REGULAR CLAIMS PAID	Enter the number of regular claims paid for the respective quarter and the aggregate amount under the Fiscal Year Totals
TOTAL CLAIMS PAID	Enter the total number of claims paid for each column
#OF SPEND-DOWN CLAIMS DENIED	Enter the number of spend-down claims denied for the respective quarter and the aggregate amount under the Fiscal Year Totals
# OF REGULAR CLAIMS DENIED	Enter the number of regular claims denied for the respective quarter and the aggregate amount under the Fiscal Year Totals
TOTAL CLAIMS DENIED	Enter the total number of claims denied for each column