MEMORANDUM

To: Contact Persons for All Health Care Responsibility Act (HCRA) Participating Hospitals

From: Kirsten Barrett, HCRA Liaison
Agency for Health Care Administration (Agency)
Bureau of Central Services
2727 Mahan Drive, MS #26
Tallahassee, FL 32308

Phone: (850) 412-4333
Fax: (850) 487-6240
Email: HCRA@ahca.myflorida.com

Hospital participation in the HCRA program is voluntary. Counties shall not be liable for payment of treatment of a certified resident who is a qualified indigent patient or spend-down provision eligible patient, until such time as that hospital has met its obligation to be able to provide the necessary information to the counties required to calculate the rate of reimbursement. Hospital personnel (may NOT be representatives from collection agency) responsible for eligibility determinations and claims processing in regards to the HCRA program must have an email address and internet access in order to receive any HCRA updates, forms and/or other information. For updates to contact information, please complete this form and return to the Agency’s HCRA Liaison. Contact information is listed above.

Hospital
Name: ____________________________
County Location: ___________________
Hospital ID #: ______________________
Medicaid ID #: ______________________

Hospital Chief Executive Officer (CEO)
Name: ____________________________
Mailing Address: ____________________
Phone: ____________________________
Fax: _____________________________
Email Address: _____________________

HCRA Eligibility Determination Contact Person
Name: ____________________________
Mailing Address: ____________________
Phone: ____________________________
Fax: _____________________________
Email Address: _____________________

HCRA Claims Processing Contact Person
Name: ____________________________
Mailing Address: ____________________
Phone: ____________________________
Fax: _____________________________
Email Address: _____________________

Signature of Hospital CEO
Date