

Attachment C Sample Fiscal Report - Eligibility Quarterly Enrollment Report

Name _____

Provider # _____

Reporting Item	Reporting Period		Number	Comments
	Number	Comments		
Referrals Received				
Initial Intake Visits Completed				
Does Not Meet Basic Criteria				
- Not in service area				
- Too healthy/fully independent				
- Over income and unable or unwilling to private pay				
- Over assets & refused spenddown				
- Death				
- Not Medicare eligible**				
- Under required age				
Team Evaluations Completed				
Chose Not To Enroll Prior to Enrollment Offer:				
- Estate Recovery				
- Preference for Own Physician				
- Preference for Other Health Care Provider or Institution				
- Chose Nursing Facility Placement				
- Process Too Long				
- Unwilling to Comply with Treatment Plan				
- Death				
- Refused to Complete Financial Verification				
- Other				
Determined Eligible & offered enrollment				
Chose Not To Accept Enrollment Offer				
- Estate Recovery				
- Preference for Own Physician				
- Preference for Other Health Care Provider or Institution				
- Chose Nursing Facility Placement				
- Process Too Long				
- Unwilling to Comply with Treatment Plan				
- Death				
- Other				
Enrolled in Program				
Determined Ineligible by:				
- AAA				
- CAO				
- Team - Unable to serve safely in the community				
Voluntary Disenrollments				
Involuntary Disenrollments				
Deaths				
Grievances Received				
Grievances Resolved				
Appeals Received				
Appeals Resolved				
Changes in TPL Coverage				
TPL Recoveries				
Possible TPL Tort Cases				