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**Reinsurance Case Creation Request**

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| Date: \_\_\_\_\_\_\_\_\_\_\_\_ | Requestor's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone #: \_\_\_\_\_\_\_\_\_\_\_\_ | Fax #: \_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Contract Year: \_\_\_\_\_\_\_\_ Dates: \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_ | Requested Case Type: \_\_\_\_\_\_\_\_ |  Deductible: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Recipient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | AHCCCS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Linked ID: \_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Enrollment Contract type: \_\_\_\_ | Rate Code: \_\_\_\_\_\_ Does Recipient Have Existing Case for Contract Year? Yes [ ]  No[ ]  |
|  |  |  | Case Type \_\_\_\_\_\_\_\_ |

**For Case Types KID, RAC -- Recipient Enrollment Contract Type should be A or Y during CRN dates of service:**

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| \*\* Total Calculated RI Approved Amount by Form Type: |
| Form Type I: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  RI Covered Service (RI325): Yes [ ]  No[ ]  |
| Form Type L: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  RI Covered Service (RI325): Yes [ ]  No[ ]  |
| TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  |  |
| **For Case Types LMO, LMW, LRO, LRW -- Recipient Enrollment Contract Type should be J, L, or 2 during CRN dates of service:** |
| **\*\* Total Calculated RI Approved Amount by Form Type:** |
| Form Type I: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  RI Covered Service (RI325): Yes [ ]  No[ ]  |
| Form Type O: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  RI Covered Service (RI325): Yes [ ]  No[ ]  |
| Form Type A\* $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  RI Covered Service (RI325): Yes [ ]  No[ ]  |
| Form Type C $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  RI Covered Service (RI325): Yes [ ]  No[ ]  |
| Form Type D $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  RI Covered Service (RI325): Yes [ ]  No[ ]  |
| TOTAL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

|  |  |
| --- | --- |
| Documentation Attached: [ ]  | Number of Pages: \_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **\*\* Note: The RI Approved Amount is calculated based on Subcap code, HP Paid Amt, HP Allowed/Approved Amt, AHCCCS Allowed Amt,**  |
|  **Billed Charge, Medicare Approved and Paid and Other Insurance Payments**  |  |  |
| AHCCCS Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| \*FORM A no longer Reinsured as of 10/1/17 |  |  |  |
| Revised 9/2017 |  |  |  |  |  |  |