



# New York State Office of Pool Administration HCRA Menu

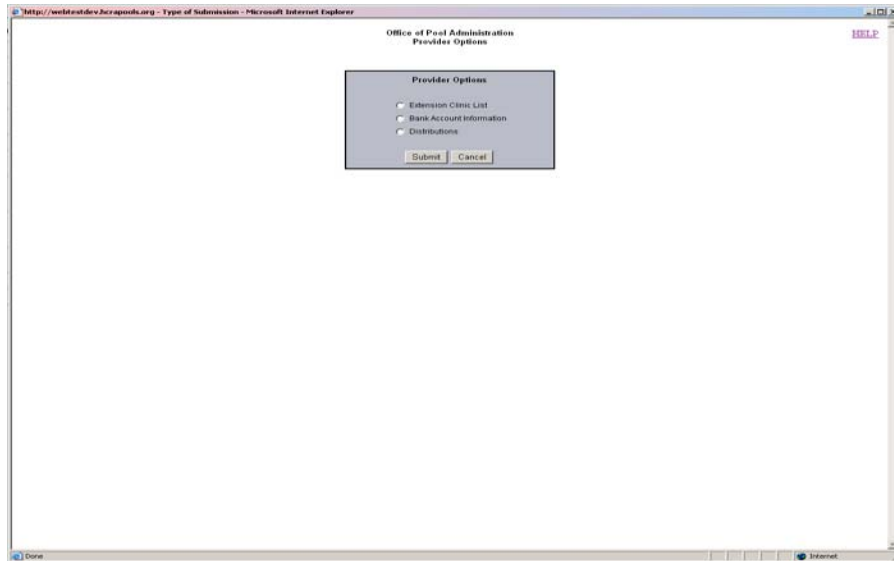
New York State Office of Pool Administration	
Home Page	Payors that have elected to pay the Public Goods Pool directly, third party administrators that have elected to participate in the Pool on behalf of their electing clients, and HCRA designated providers are required to file their Public Goods Pool reports electronically. In order to file electronically, you must establish an <a href="#">"Electronic Filing Account"</a> , and have an assigned secure password with the Pool Administrator. Refer to <a href="#">"Frequently Asked Questions"</a> , to learn more about obtaining an electronic filing password. To file a Public Goods Pool report electronically, refer to <a href="#">"HCRA Electronic Reporting"</a> .
Frequently Asked Questions	
HCRA Electronic Reporting	To see if you are a qualified electing payor, we've posted the <a href="#">"Elector List"</a> , an alphabetical list of organizations that have voluntarily elected to make public good payments directly to the Department of Health's Pool Administrator. To be included on the list, an organization must have elected in conformance with HCRA provisions and Department requirements. This list is updated monthly.
Third Party Administrator Options	To see if you are a HCRA designated provider, we've posted the <a href="#">"Provider List"</a> , a list of New York State health care providers, which offer services subject to HCRA surcharges. The list is subdivided by provider type as follows: general hospitals, comprehensive diagnostic and treatment centers, diagnostic and treatment centers that provide ambulatory surgical services, and clinical laboratories. Also included are extension clinics affiliated with hospitals and comprehensive diagnostic and treatment centers. Providers are listed alphabetically within provider type. This list is updated monthly.
Provider Options	
Report And Payment Due Dates	
New York State Department of Health Elector List	All HCRA designated hospitals and comprehensive diagnostic and treatment centers are required, as part of their monthly Public Goods reporting, to review and submit to the Office of Pool Administration their extension clinic information, or to submit that there are no affiliated clinics. To review your Extension Clinic List, click on <a href="#">"Provider Options"</a> and login using your Public Goods User ID and Password. You may make changes as often as necessary, however the list must be reviewed and submitted at least once every thirty (30) days prior to entering the financial portion of your Public Goods Pool report. When the information is submitted it will be reflected on the Provider List updated monthly.
New York State Department of Health Provider List	We are continually working to improve the accessibility of our website. If you have a suggestion or comment, please <a href="#">"Contact Us"</a> .
Documentation and Forms	More information about the New York State Health Care Reform Act, can also be obtained by referring to <a href="#">"More About HCRA"</a> or <a href="#">"Frequently Asked Questions"</a> .
More About HCRA	The forms on this page require Adobe Acrobat Reader Software to view or print them. If you do not have Adobe loaded on your computer, you can download a free version of Adobe Reader at <a href="http://www.adobe.com/products/acrobat/readstep2.html">www.adobe.com/products/acrobat/readstep2.html</a>

This page provides basic information about The Health Care Reform Act (HCRA). It also includes links to the website of the New York State Department of Health if you require further information regarding HCRA.

Click on the Provider Options link to go to the next page. Then select the Distributions option from the list of Provider Options.

NOTE: Each page will have a HELP link in the upper right-hand corner. You may click on the HELP link to retrieve the instructions for each page.

## Provider Options Screen



This screen requires you to select one of the following options: Extension Clinic List, Bank Account Information, or Distributions.

- The Extension Clinic List option is applicable to Hospitals and Comprehensive Diagnostic and Treatment Centers and must be verified at least every 30 days or prior to submitting the Health Care Reform Act (HCRA) Public Goods Pool Report.
- The Bank Account Information option is used to send HCRA distributions from the Office of Pool Administration directly into your facility's designated bank account via an Automated Clearing House (ACH) wire transaction.
- The Distributions option allows you to view and/or print the back-up documentation for the distributions issued to your facility (if any).

**Extension Clinic List:** Click here if you wish to verify your Extension Clinic List.

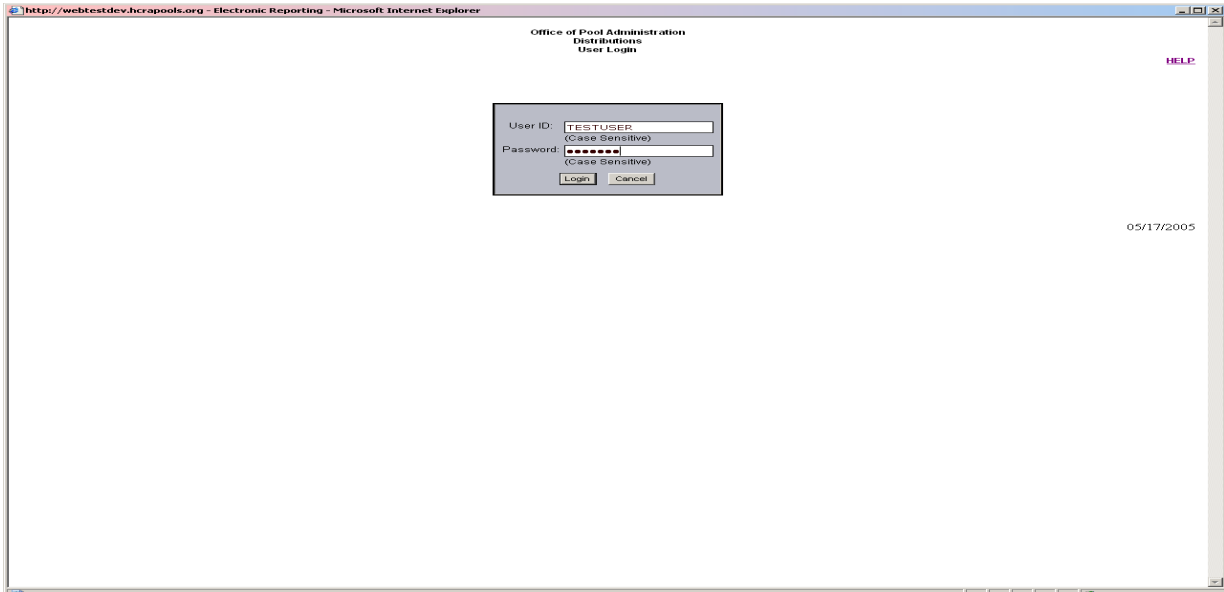
**Bank Account Information:** Click on this option to enter your bank account information.

**Distributions:** To retrieve the distribution information for your facility, click on this option.

**Submit:** When you have made your selection, click the Submit button to proceed to the next screen.

**Cancel:** Click Cancel if you wish to exit or start over.

# User Login Screen



This screen assures that the user has the proper authority to utilize the Office of Pool Administration's electronic report filing system.

**NOTE:** If you have lost your User ID and/or Password, you must contact the Office of Pool Administration in writing to receive a replacement. A copy of the Login Name and Password will then be mailed to the individual who originally requested the password.

You may submit your request to the following E-Mail address: **webpools@hcrapools.org**.

You may also submit your request to the following address:

Office of Pool Administration  
Excellus BlueCross BlueShield Central New York Region  
333 Butternut Drive  
Syracuse, NY 13214-1803

**User ID:** Enter the User ID provided to you by the Office of Pool Administration. This is a required field.

**NOTE:** This field is case-sensitive.

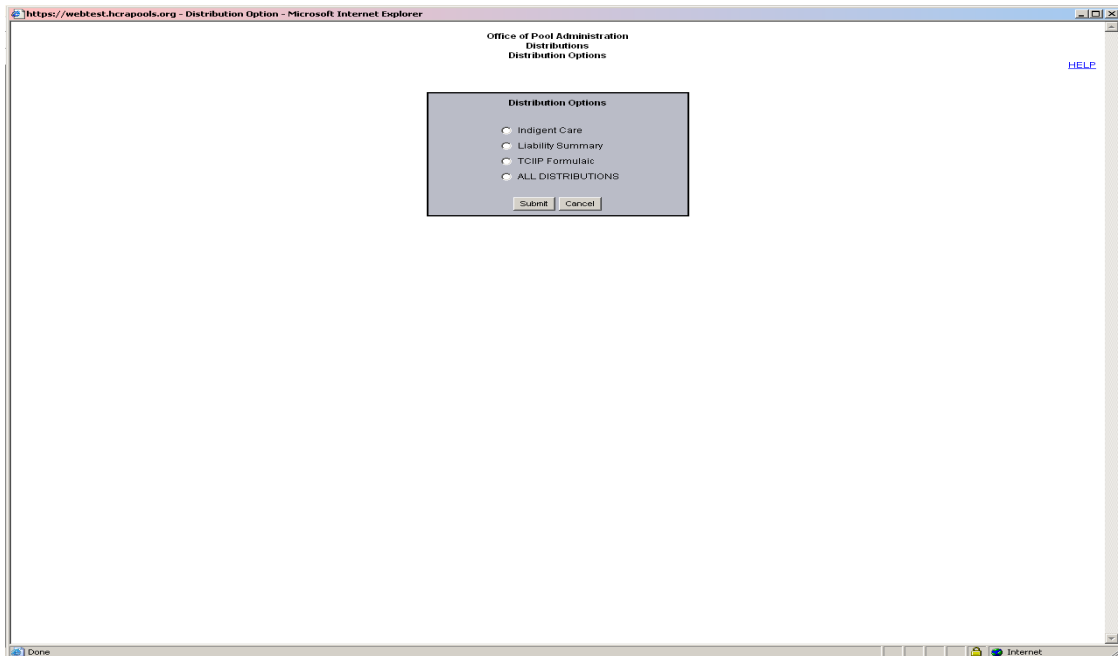
**Password:** Enter the Password provided to you by the Office of Pool Administration. This is a required field.

**NOTE:** This field is case-sensitive.

**Login:** After you have entered your secure User ID and Password, click Login to proceed to the next screen.

**Cancel:** Click Cancel if you wish to exit or start over.

## Distribution Options Screen



This screen provides the distribution options applicable to your facility.

NOTE: The distribution information will be available for 18 months.

To make your selection, click in the circle next to the distribution option you wish to view and then click on the Submit button. This action will direct you a list of the distributions issued for that option. If you wish to see the list of all distribution options displayed, select the ALL DISTRIBUTIONS option and then click on the Submit button.

If no distributions have been issued, a message box will appear stating “Distributions have not been issued to this facility.” Click on the cancel button within the message box to end the session and exit the application.

**Submit:** When you have made your selection, click the Submit button to proceed to the next screen.

**Cancel:** Click Cancel if you wish to exit or start over.

## Distribution Summary Screen

Office of Pool Administration  
Distribution Summary

Pool Year	Distribution Type	Page No	Distribution Date	Amount	Detail
2006	Indigent Care	1	08/24/2006	\$35,861.16	<a href="#">View Details</a>
2006	Liability Summary	1	08/24/2006	\$0.00	<a href="#">View Details</a>
2006	TCIP Formulaic	1	08/24/2006	\$1,391.15	<a href="#">View Details</a>
2006	Indigent Care	1	08/22/2006	\$44,826.45	<a href="#">View Details</a>
2006	Indigent Care	2	08/22/2006	\$44,826.45	<a href="#">View Details</a>
<b>2006 Pool Year Total</b>				<b>\$126,805.21</b>	
2005	TCIP Formulaic	1	08/09/2005	\$1,759.67	<a href="#">View Details</a>
<b>2005 Pool Year Total</b>				<b>\$1,759.67</b>	

[Download Summary](#) | [Print](#) | [Back](#) | [Logout](#)

This screen provides a summary listing of the individual distributions issued based upon the distribution option selected on the prior screen. The distributions are listed from the most recent distribution date to the oldest distribution date. You may view and print individual distribution backup detail and also download the summary list into an Excel spreadsheet.

NOTE: The distribution information will be available for 18 months.

**View Details link:** To view the detail information for an individual distribution, click on the View Details link located to the right of the distribution listing under the Details column. This action will display a window containing all the backup information for the distribution. This information may be printed or saved to your computer. When you are done viewing this document, close the window by clicking on the X in the right hand corner of the backup document. You may then view the details for another distribution listed in the Distribution Summary, or choose another option.

An example of a backup document is shown on page number 7.

NOTE: In order to retrieve this information, you will need the Adobe Reader Software. If you do not have Adobe Reader loaded on your computer, you may download a free version from the following website:  
[www.adobe.com/products/acrobat/readstep2.html](http://www.adobe.com/products/acrobat/readstep2.html).

**Download Summary:** Click this button to create an Excel file of this list on your computer.

An example of an Excel file is shown on page number 8 of this document.

**Print:** Click here to print this screen for your records.

**Back:** Click here to return to the previous screen.

**Logout:** When you have finished, click the Logout button to end this session and return to the Home Page.

# View Details - Backup Document Example

2006 Public Goods Pool  
 INDIGENT CARE DISTRIBUTION FOR PERIOD: 1  
 Period of: 01/01/06 - 03/31/06

OPCERT: 1234567H

Attn: CHIEF FINANCIAL OFFICER  
 TEST HOSPITAL  
 TEST ADDRESS  
 ANY CITY, NY 12345

Indigent Care Distribution:	\$63,750,000.00	
	1.962611%	
	<u>\$1,251,164.51</u>	
Annual DSH Cap: <span style="float: right;">\$15,013,976.00 *</span>		
Amount Withheld Over DSH Cap:	\$0.00	
+ Current Period DSH Distribution: <span style="float: right;"><u>\$1,251,164.51</u></span>		
+ Current Period Non-DSH Distribution:	\$0.00	
- Withheld Due to Delinquency:	\$0.00 **	
+ Prior DSH Delinquency Amount Released:	\$0.00 ***	
+ Prior Non - DSH Delinquency Amount Released:	\$0.00 ***	
Net Distribution: <span style="float: right;"><u>\$1,251,164.51</u></span>		
Phase 6 - Actual Liability Recoupment:	\$0.00	
Total Distribution: <span style="float: right;"><u><u>\$1,251,164.51</u></u></span>		

\* Under separate cover, the Department of Health will transmit data to your facility concerning the annual DSH Cap calculation. Kindly hold all DSH Cap questions until receipt of that transmittal. Thank you.

\*\* Please call (315) 671-3800 to eliminate your delinquency issues.

\*\*\* Amount released due to the resolution of delinquent reports.

## Download Summary - Excel File Example

Office of Pool Administration  
Distribution Summary

[HELP](#)

Pool Year	Distribution Type	Page No	Distribution Date	Amount	Detail
2006	Indigent Care	1	08/24/2006	\$35,861.16	<a href="#">View Details</a>
2006	Liability Summary	1	08/24/2006	\$0.00	<a href="#">View Details</a>
2006	TCIP Formulaic	1	08/24/2006	\$1,291.15	<a href="#">View Details</a>
2006	Indigent Care	1	08/22/2006	\$44,826.45	<a href="#">View Details</a>
2006	Indigent Care	2	08/22/2006	\$44,826.45	<a href="#">View Details</a>
<b>2006 Pool Year Total:</b>				<b>\$126,805.21</b>	
2005	TCIP Formulaic	1	08/09/2006	\$1,759.67	<a href="#">View Details</a>
<b>2005 Pool Year Total:</b>				<b>\$1,759.67</b>	

The screenshot shows a Microsoft Internet Explorer window displaying an Excel spreadsheet. The spreadsheet has the following data:

POOL YEAR	DISTRIBUTION TYPE	DISTRIBUTION DATE	AMOUNT
2006	Indigent Care	8/22/2006	\$44,826.45
2006	Indigent Care	8/22/2006	\$44,826.45
2006	Indigent Care	8/24/2006	\$35,861.16
2006	TCIP Formulaic	8/24/2006	\$1,291.15
2006	Liability Summary	8/24/2006	\$0.00
2005	TCIP Formulaic	8/9/2006	\$1,759.67