

New York State Office of Pool Administration Home Page

New York State Office of Pool Administration	
Health Care Reform Act (HCRA)	In accordance with provisions of Article 28 of the Public Health Law, the Commissioner of Health has contracted with Excellus BlueCross BlueShield, Central New York Region to act as the Commissioner's designee as Pool Administrator. The Office of Pool Administration oversees the Public Goods Pool established under the New York Health Care Reform Act (HCRA) and the BDCC Independent Accountant's Report on Applying Agreed-Upon Procedures.
Cash Receipts Assessment	This web site has been established to assist users with the electronic filing of required reports under Health Care Reform Act, the Health Facilities Cash Receipts Assessment Program, and the Bad Debt and Charity Care Independent Accountant's Report. The electronic reporting function supports browsers Internet Explorer 5.0 and Netscape 7.0 and above.
BDCC Independent Accountant's Report	For more information about these programs, please click on the appropriate link to the left.
Privacy Policy	
Contact Us	

Important Note:

There have been unauthorized email messages claiming to originate from this web site. These emails may include attachments designed to infect the recipients computer with a virus, worm, trojan program, etc. Some emails will try to solicit personal or confidential information, such as, credit card information, social security numbers or account number user id and passwords. If you receive an unsolicited email from our office, and are not certain that you should open it, please call us at (315) 671-3800 to verify its content.

The web address for the New York State Office of Pool Administration Home Page is www.hcrapools.org.

The links listed on the left side of the screen are used to obtain information about the Health Care Reform Act (HCRA), and to access other areas on this website.

Click on the Health Care Reform Act (HCRA) link to go to the next page.

Revision: 10/08 EXT

New York State Office of Pool Administration

HCRA Menu

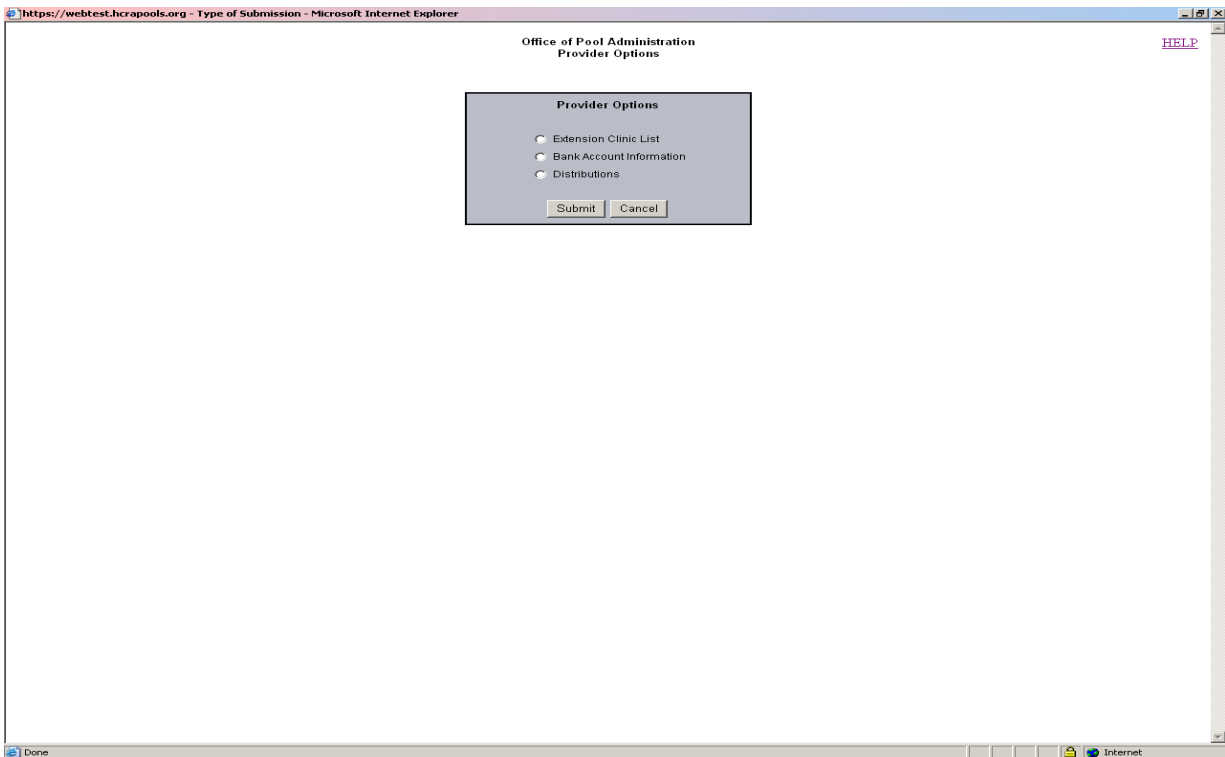
New York State Office of Pool Administration	
Home Page	
What's New	
Frequently Asked Questions	Payers that have elected to pay the Public Goods Pool directly, third party administrators that have elected to participate in the Pool on behalf of their electing clients, and HCRA designated providers are required to file their Public Goods Pool reports electronically. In order to file electronically, you must establish an "Electronic Filing Account" , and have an assigned secure password with the Pool Administrator. Refer to "Frequently Asked Questions" , to learn more about obtaining an electronic filing password. To file a Public Goods Pool report electronically, refer to "HCRA Electronic Reporting" .
HCRA Electronic Reporting	To see if you are a qualified electing payor, we've posted the "Elector List" , 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 "Provider List" , 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 "Provider Options" 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 "Contact Us" .
Documentation and Forms	More information about the New York State Health Care Reform Act, can also be obtained by referring to "More About HCRA" or "Frequently Asked Questions" .
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 www.adobe.com/products/acrobat/readstep2.html

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 Extension Clinic List 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 asks 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 backup documentation for the distributions issued to your facility (if any).

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

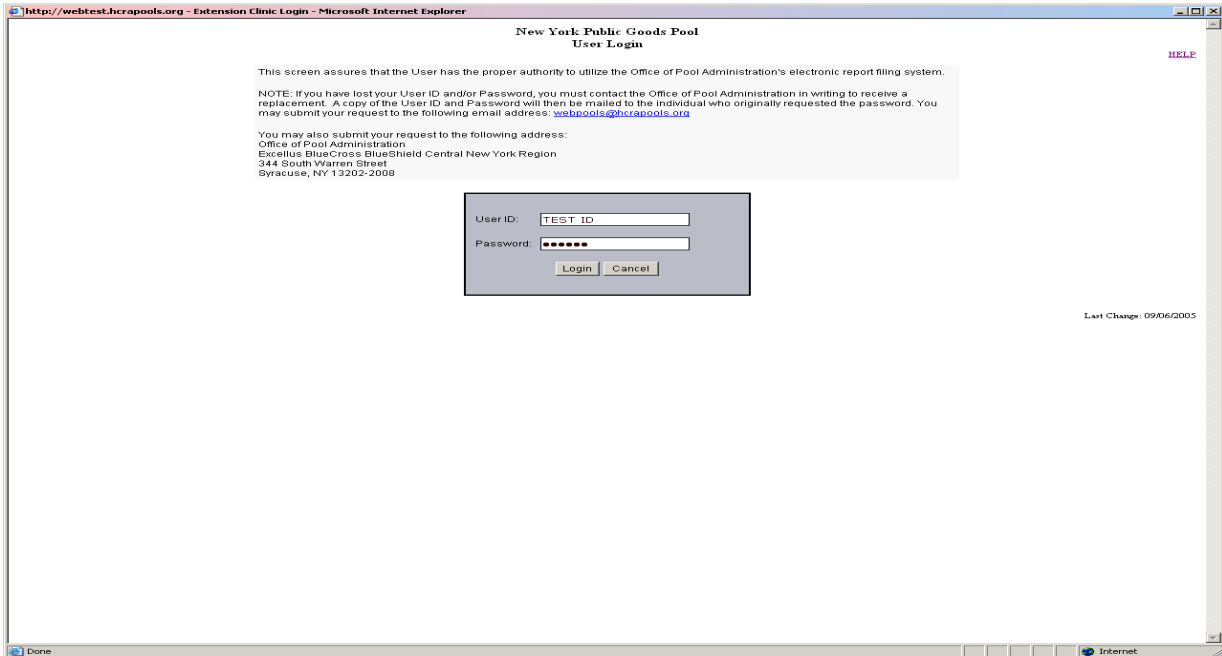
Bank Account Information: Click on this option to enter your bank account information.

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 User ID and Password will then be mailed to the individual who originally requested the password.

You may submit your request to the following email 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.

Submitter Information Screen

http://webtest.hcrapools.org - Provider Submitter - Microsoft Internet Explorer

New York Public Goods Pool
Submitter Information

HELP

This screen provides basic information so that the Office of Pool Administration may properly identify and process your electronic Extension Clinic information.

NOTE: The Submitter is the individual who reviews and submits the Extension Clinic List. This may or may not be the same person who requested the User ID and Password. The next time the Extension Clinic application is accessed, the Submitter Information Screen will be prepopulated based upon what was entered in the prior submission.

Submitter Information

Name: TEST NAME
Title: TITLE
Email: TEST@TESTMAIL.COM
Phone: 315-555-5555

Submit Cancel Print

Done Internet

This screen provides basic information so that the Office of Pool Administration may properly identify and process your electronic Extension Clinic information.

NOTE: The Submitter is the individual who reviews and submits the Extension Clinic List. This may or may not be the same person who requested the User ID and Password. The next time the Extension Clinic application is accessed, the Submitter Information screen will be prepopulated based upon what was entered in the prior submission.

Name: Enter your name. This is a required field.

Title: Enter your company title. This is a required field.

Email: Indicate an email address where we may contact you if there are problems with your submission. This is a required field.

NOTE: This field is case-sensitive.

Phone: Indicate a telephone number including area code, as an alternate method of contacting you if there are problems with your submission. This is a required field.

Submit: Click Submit to proceed to the next screen once you have completed all required information on this screen.

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

Print: Click the Print button to print this screen for your records.

Provider Options: Extension Clinic List Screen

Records at the Office of Pool Administration indicate that the Extension Clinics listed below are affiliated with Operating Certificate Number 1234567R.

Extension clinics, along with their associated DBA(s)* and Billing Addresses, are identified by the clinic's Permanent Facility Identifier (PFI) Number. Billing Addresses are used to identify separate addresses from which the extension clinic's bills are issued.

The Extension Clinic List must be reviewed, modified if necessary, and submitted to the Office of Pool Administration each month as part of your Public Goods Pool report submission. Click on the Submit List button once all of the information is deemed accurate. Once submitted, this information will be reflected on the next monthly Provider List on the New York State Department of Health web site at <http://www.health.state.ny.us/nysdoh/hcra/hcrahome.htm>.

- If our records indicate that there are no extension clinics affiliated with your facility, you will see the following message: "There currently are 0 clinics affiliated with this provider." If this is correct, click on the Submit List button located below the list. After you click on the Submit List button, a pop-up window will appear advising you that the information has been submitted to the Office of Pool Administration and you will then be returned to the Home Page.
- If you are unable to enter modifications to an extension clinic due to a conflict with the PFI number or other pertinent information, please take the following steps:
 - Verify and submit the remaining data by clicking on the Submit List button.
 - Contact the Office of Pool Administration at (315) 671-3800 to request assistance with the clinic that you were unable to modify, add, or delete.

NOTE: All changes will become effective within 24 hours after they are certified.

PFI ID	Extension Clinic Name	Address	Start Date	End Date	Action
0123	EXTENSION CLINIC #1 Federal ID: 111222333 NPI Number: 9989778855 Contact Name: TEST CONTACT-NAME Phone Number: 315-555-1212 Ext:12345 Email: test@testmail.org DBA: SYRACUSE CLINIC	1000 MAIN STREET SUITE 4200 SYRACUSE, NY 13021	06/01/1997		<input type="button" value="Modify Clinic"/> <input type="button" value="Modify DBAs"/> <input type="button" value="Modify Billing Addresses"/>
	BA: ABC BILLING COMPANY 111 FIRST STREET SUITE 3400 ALBANY, NY 13202 BA: XYZ BILLING INC. 1 MAIN STREET NEW YORK, NY 14400				
1221	EXTENSION CLINIC #2 Federal ID: NPI Number: Contact Name: Phone Number: Ext: Email:	123 ERIE BOULEVARD SUITE 1000 SYRACUSE, NY 13206	04/01/2004		<input type="button" value="Modify Clinic"/> <input type="button" value="Modify DBAs"/> <input type="button" value="Modify Billing Addresses"/>

*DBA is an acronym for "Doing Business As". It may be used interchangeably with the acronym AKA, which means "Also Known As".

This screen provides a list of extension clinics affiliated under your facility's Operating Certificate Number. Extension clinics, along with their associated DBA(s)* and Billing Addresses are identified by the clinic's Permanent Facility Identifier (PFI) Number. Billing Addresses are used to identify separate addresses from which the extension clinic's bills are issued.

The Extension Clinic List must be reviewed, modified if necessary, and submitted to the Office of Pool Administration each month as part of your Public Goods Pool report submission. Click on the Submit List button once all of the information is deemed accurate. Once submitted, this information will be reflected on the next monthly Provider List on the New York State Department of Health web site at <http://www.health.state.ny.us/nysdoh/hcra/hcrahome.htm>.

NOTE: The Extension Clinic List is part of your Public Goods Pool report. This list, along with the financial portion of the Public Goods Pool report must be submitted by the appropriate due date. If more than 30 days has elapsed from the time you submitted the Extension Clinic List and the financial portion of the report, you will be required to resubmit the Extension Clinic List.

•If the Extension Clinic List is accurate, click on the Submit List button located below the list. After you click on the Submit List button, the list will be submitted to the Office of Pool Administration and you will then be returned to the Home Page.

*DBA is an acronym for "Doing Business As". It may be used interchangeably with the acronym AKA, which means "Also Known As".

(Extension Clinic List Screen information is continued on the next page.)

Provider Options: Extension Clinic List Screen (Continued)

•If our records indicate that there are no extension clinics affiliated with your facility, you will see the following message: “There currently are 0 clinics affiliated with this provider.” If this is correct, click on the Submit List button. After you click on the Submit List button, a pop-up window will appear advising you that the information has been submitted to the Office of Pool Administration and you will then be returned to the Home Page.

•If any information is incorrect, or if a facility on this list is not affiliated with your facility’s Operating Certificate Number, please make the necessary changes by selecting the appropriate action button (Modify Clinic, Modify DBAs, Modify Billing Addresses) located to the right of the information. When you have finished updating this list, click on the Submit List button to complete the transaction.

•If an extension clinic is missing from this list, please add it by clicking on the Add Clinic button located below the list. When you have finished adding the necessary information, click on the Submit List button to complete the transaction.

•If you are unable to enter modifications to an extension clinic due to a conflict with the PFI number or other pertinent information, please take the following steps:

1. Verify and submit the remaining data by clicking on the Submit List button.
2. Contact the Office of Pool Administration at (315) 671-3800 to request assistance with the clinic that you were unable to modify, add, or delete.

Action Buttons: The following buttons are located to the right of the information listed for each PFI Number included on the Extension Clinic List:

Modify Clinic: Click here to make changes, corrections, or to delete a facility from the Extension Clinic List. This action will take you to the Modify Clinic screen.

Modify DBAs: Click here to make changes, corrections, add, or delete a DBA from the Extension Clinic List. This action will take you to the Modify DBA Name screen.

NOTE: If our records indicate that there are no DBA names affiliated with your facility, when you click on the Modify DBA button you will be taken to the Add DBA screen. You will then be able to add your DBA information.

Modify Billing Addresses: Click here to make changes, corrections, add, or delete a Billing Address from the Extension Clinic List. This action will take you to the Modify Billing Addresses screen.

NOTE: If our records indicate that there are no Billing Addresses affiliated with the extension clinic, when you click on the Modify Billing Addresses button you will be taken to the Add Billing Addresses screen. You will then be able to add your Billing Address information.

(Extension Clinic List Screen information is continued on the next page.)

**Provider Options:
Extension Clinic List Screen
(Continued)**

Submit List: Once you have verified the accuracy of the Extension Clinic List, click this button to submit the information to the Office of Pool Administration. The list will be submitted and you will then be returned to the Home Page.

NOTE: If our records indicate that there are no extension clinics affiliated with your facility, you will see the following message: "There currently are 0 clinics affiliated with this provider." If this is correct, click on the Submit List button. After you click on the Submit List button, a pop-up window will appear advising you that the information has been submitted to the Office of Pool Administration and you will then be returned to the Home Page.

Add Clinic: Click this button to add clinics to the Extension Clinic List. This action will take you to the Add Clinic screen.

Print: Click the Print button to print this screen for your records.

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

NOTE: All changes will become effective 24 hours after they are submitted.

Extension Clinic List: Modify Clinic Screen

http://webtest.hcrapools.org - Clinic List Action - Microsoft Internet Explorer

New York Public Goods Pool
Modify Clinic

To modify an existing extension clinic, please enter the required information in the appropriate fields. A * indicates that this is a required field.

NOTE: The Delete Clinic button should only be used for extension clinics that were not, at any time, affiliated with your facility. This button should not be used for extension clinics that were affiliated with your facility, but are now closed.

When you have entered all the required information, click on the Save Changes button. This action will modify the information and return you to your Extension Clinic List. You may then enter other modifications if necessary. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List Screen to finalize the changes.

Clinic Information

PFI number: 01129

*Clinic Name: EXTENSION CLINIC #1

*Address: 1000 MAIN STREET

Address: SUITE 4200

*City: SYRACUSE

*State: New York

*Zip: 13021

*Start Date: 06/01/1997 (mm/dd/yyyy format)

End Date: (mm/dd/yyyy format)

Federal ID: 111222333

NPI number: 9988776655

Contact Name: TEST CONTACT-NAME

Phone Number: 315-555-1212 (xxxx-xxxx-xxxx format) Ext: 12345

Email: test@testmail.org

Save Changes Delete Clinic Cancel Changes Print Return to Clinic List

This screen is used to make changes to the clinics that are included on your facility's Extension Clinic List. Please enter the correct information in the appropriate fields.

A * indicates that this is a required field.

NOTE: The Delete Clinic button should only be used for extension clinics that were not, at any time, affiliated with your facility. This button should not be used for extension clinics that were affiliated with your facility, but are now closed.

When you have entered all the required information, click on the Save Changes button. This action will modify the information and return you to your Extension Clinic List. You may then enter other modifications if necessary. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List screen to finalize the changes.

***PFI Number:** This is the extension clinic's unique Permanent Facility Identifier (PFI) number that was issued by the New York State Department of Health. This field will be prepopulated.

***Clinic Name:** Enter corrections to the extension clinic name if necessary.

***Address 1:** Enter corrections to the street address if necessary.

Address 2: Use this field to enter any additional address information relating to the extension clinic.

***City:** Enter corrections to the city where the extension clinic is located if necessary.

(Modify Clinic Screen information is continued on the next page.)

Extension Clinic List: Modify Clinic Screen (Continued)

***State:** Enter corrections to the state where the extension clinic is located if necessary.

***Zip:** Enter corrections to the extension clinic's zip code if necessary.

***Start Date:** Enter corrections to the extension clinic's start date if necessary. The start date is the date when the extension clinic became affiliated under your facility's Operating Certificate Number. This date may be the same as your primary facility's Health Care Reform Act (HCRA) start date or it may be a later date.

NOTE: The HCRA law became effective on 1/1/1997. **If your extension clinic opened prior to HCRA, enter a start date of 1/1/1997.** This application will not allow you to enter a start date prior to 1/1/1997.

End Date: Enter the extension clinic's end date here if applicable. The end date is the date when the extension clinic closed or was no longer affiliated under your facility's Operating Certificate Number. The end date may be the same as or prior to your primary facility's HCRA closing date; however it cannot be prior to the extension clinic's start date.

Federal ID: Enter the extension clinic's Federal Tax Identification Number.

NPI Number: If available, enter the extension clinic's National Provider Identification (NPI) number.

Contact Name: Enter the name of the person at the extension clinic that we may contact if necessary.

Phone Number: Indicate the extension clinic's telephone number including area code.

Email: Enter the Contact Name's email address.

NOTE: This field is case-sensitive.

Save Changes: After you have verified that the information entered above is correct, click on the Save Changes button. This action will modify the information and return you to your Extension Clinic List.

NOTE: Once all modifications have been made, you must click on the Submit List button on the Extension Clinic List screen to finalize the changes.

Delete Clinic: If an extension clinic is erroneously included on your facility's Extension Clinic List, click on the Delete Clinic button to remove it from the list.

NOTE: **This button should only be used for extension clinics that were not, at any time, affiliated with your facility.** This button should not be used for extension clinics that were affiliated with your facility, but are now closed.

Cancel Changes: Click here if you wish to cancel the changes that you entered. This action will erase the modifications from the fields and return them to the original information.

Print: Click the Print button to print this screen for your records.

Return to Clinic List: Click on this button to return to the Extension Clinic List. When you have reviewed all the information, you will then be able to submit the Extension Clinic List by clicking on the Submit List button.

Extension Clinic List: Add Clinic Screen

http://webtest.hcrapools.org - Clinic List Action - Microsoft Internet Explorer

New York Public Goods Pool
Add Clinic

To add an extension clinic to the facility's Extension Clinic List, please enter the required information in the appropriate fields. A * indicates that this is a required field.

When you have entered all the required information, click on the Save Clinic button. This action will add the information and return you to your Extension Clinic List. You may then enter other modifications if necessary. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List Screen to finalize the changes.

Clinic Information

*PFI number: 2115

*Clinic Name: CLINIC ABC

*Address: 5000 ELM STREET

Address:

*City: ALBANY

*State: New York

*Zip: 15532

*Start Date: 01/01/2005
(mmdd/yyyy format)

End Date:
(mmdd/yyyy format)

Federal ID: 656545456

NPI number: 7894561237

Contact Name: CONTACT PERSON

Phone Number: 222-333-4444 Ext: 234
(0000-0000-0000 format)

Email: mail@mail.com

Save Clinic Cancel Changes Print Return to Clinic List

This screen allows you to add an Extension Clinic to the facility's Extension Clinic List.

A * indicates that this is a required field.

When you have entered all the required information, click on the Save Clinic button. This action will add the information and return you to your Extension Clinic List. You may then enter other modifications if necessary. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List screen to finalize the changes.

***PFI Number:** Enter the extension clinic's unique Permanent Facility Identifier (PFI) number.

***Clinic Name:** Enter the name of the extension clinic that you wish to add to the Extension Clinic List.

***Address 1:** Enter the extension clinic's street address.

Address 2: Use this field to enter any additional address information relating to the extension clinic.

***City:** Enter the city where the extension clinic is located.

***State:** The default setting for this field is New York. If the extension clinic is located in another state, please enter that state here.

***Zip:** Enter the extension clinic's zip code.

(Add Clinic Screen information is continued on the next page.)

Extension Clinic List: Add Clinic Screen (Continued)

***Start Date:** Enter the extension clinic's start date here. The start date is the date when the extension clinic became affiliated under your facility's Operating Certificate Number. This date may be the same as your primary facility's Health Care Reform Act (HCRA) start date or it may be a later date.

NOTE: The HCRA law became effective on 1/1/1997. **If your extension clinic opened prior to HCRA, enter a start date of 1/1/1997.** This application will not allow you to enter a start date prior to 1/1/1997.

End Date: Enter the extension clinic's end date here. The end date is the date when the extension clinic closed or was no longer affiliated under your facility's Operating Certificate Number. The end date may be the same as or prior to your primary facility's HCRA closing date; however it cannot be prior to the extension clinic's start date.

Federal ID: Enter the extension clinic's Federal Tax Identification Number.

NPI Number: If available, enter the extension clinic's National Provider Identification (NPI) number.

Contact Name: Enter the name of the person at the Extension Clinic that we may contact if necessary.

Phone Number: Indicate the extension clinic's telephone number including area code.

Email: Enter the Contact Name's email address.

NOTE: This field is case-sensitive.

Save Clinic: After you have verified that the information entered above is correct, click on the Save Clinic button. This action will add the information and return you to your Extension Clinic List.

NOTE: Once all modifications have been made, you must click the Submit List button on the Extension Clinic List screen to finalize the changes.

Cancel Changes: Click here if you wish to cancel the data that you entered. This action will erase the information from all fields.

Print: Click the Print button to print this screen for your records.

Return to Clinic List: Click on this button to return to the Extension Clinic List. When you have reviewed all the information, you will then be able to submit the Extension Clinic List by clicking on the Submit List button.

Extension Clinic List: Modify Doing Business As (DBA) Name Screen

http://webtest.hcrapools.org - Manage DBAs - Microsoft Internet Explorer

New York Public Goods Pool
Modify Doing Business As (DBA) Name

[HELP](#)

To modify an extension clinic DBA name, please enter the required information in the appropriate field.

NOTE: The Delete DBA button should only be used for DBA names that were not, at any time, affiliated with the extension clinic. This button should not be used for DBA names that were affiliated with the extension clinic, but are now no longer used.

When you have entered all the required information, click on the Save Changes button. This action will add the modifications to the Modify DBA Name Screen. You may then click on the Return to Clinic List button or enter other modifications if necessary. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List Screen to finalize the changes.

DBA Name	Action
SYRACUSE CLINIC	Delete DBA

Save Changes Add DBA Cancel Changes Print Return to Clinic List

The buttons on this screen are used to modify existing extension clinic DBA names, to provide a link to the Add DBA Name screen, and to delete DBA names that were erroneously included in your facility's Extension Clinic List.

NOTE: The Delete DBA button should only be used for DBA names that were not, at any time, affiliated with the extension clinic. This button should not be used for DBA names that were affiliated with the extension clinic, but are now no longer used.

When you have entered all the required information, click on the Save Changes button. This action will add the modifications to the Modify DBA Name screen. You may then click on the Return to Clinic List button or enter other modifications if necessary. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List screen to finalize the changes.

If you wish to add an extension clinic DBA name to the Extension Clinic List, click on the Add DBA button. This will take you to the Add DBA screen.

DBA Name: This field will contain the DBA name(s) currently included in your facility's Extension Clinic List. Enter any changes or corrections to the DBA names here, and then click on the Save Changes button.

(Modify DBA Screen information is continued on the next page.)

Extension Clinic List: Modify Doing Business As (DBA) Name Screen (Continued)

Delete DBA: If a DBA name is erroneously included in your facility's Extension Clinic List, click on the Delete DBA button to remove it from the list.

NOTE: **This button should only be used for DBA names that were not, at any time, affiliated with the extension clinic.** This button should not be used for DBA names that were affiliated with the extension clinic but are now no longer used.

Save Changes: After you have verified that the information entered above is correct, click on the Save Changes button. This action will add the information to the Modify DBA Name screen.

NOTE: Once all modifications have been made, you must click on the Submit List button on the Extension Clinic List screen to finalize the changes.

Add DBA: Click on the Add DBA button if you wish to enter a DBA name. This action will take you to the Add DBA screen.

Cancel Changes: Click here if you wish to cancel the changes that you entered. This action will erase the modifications from the fields and return them to the original information.

Print: Click the Print button to print this screen for your records.

Return to Clinic List: Click on this button to return to the Extension Clinic List. When you have reviewed all the information, you will then be able to submit the Extension Clinic List by clicking on the Submit List button.

Extension Clinic List: Add Doing Business As (DBA) Name Screen

http://webtest.hcrpools.org - Manage DBAs - Microsoft Internet Explorer

New York Public Goods Pool
Add Doing Business As (DBA) Name

[HELP](#)

This screen is used to add Doing Business As (DBA) names to the Extension Clinic.

When you have entered all the required information, click on the Save DBA button. This action will add the information and return you to the Modify DBA Name Screen. If you have no other DBA names to add to your list, click on the Return to Clinic List button. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List Screen to finalize the changes.

There currently are 0 DBAs for this clinic.

DBA Name: DBA CENTRAL NEW YORK CLINIC

Save DBA Cancel Changes Print Return to Clinic List

This screen is used to add Doing Business As (DBA) names to the Extension Clinic.

When you have entered all the required information, click on the Save DBA button. This action will add the information and return you to the Modify DBA Name screen. If you have no other DBA names to add to your list, click on the Return to Clinic List button. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List screen to finalize the changes.

DBA Name: Enter the DBA name that you wish to add to the extension clinic.

Save DBA: After you have verified that the information entered above is correct, click on the Save DBA button. This action will return you to the Modify DBA Name screen.

NOTE: Once all modifications have been made, you must click on the Submit List button on the Extension Clinic List screen to finalize the changes.

Cancel Changes: Click here if you wish to cancel the data that you entered. This action will erase the information from the Add DBA Name field.

Print: Click the Print button to print this screen for your records.

Return to Clinic List: Click on this button to return to the Extension Clinic List. When you have reviewed all the information, you will then be able to submit the Extension Clinic List by clicking on the Submit List button.

Extension Clinic List: Modify Billing Addresses Screen

**New York Public Goods Pool
Modify Billing Addresses**

To modify an extension clinic Billing Address, please enter the required information in the appropriate fields. A * indicates that this is a required field. [HELP](#)

NOTE: The Delete Address button should only be used for a Billing Address that was not, at any time, affiliated with the extension clinic. This button should not be used for a Billing Address that was affiliated with the extension clinic, but is now no longer used.

When you have entered all the required information, click on the Save Changes button. This action will save the modifications to the Modify Billing Addresses screen. When you have completed all billing address modifications, click on the Return to Clinic List button. You may then enter other modifications if necessary. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List Screen to finalize the changes.

Billing Name	Billing Address	Phone Number (123-456-7890)	E-mail	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)	Action
ABC BILLING COMPANY	Street: 111 FIRST STREET SUITE 3400 City: ALBANY State: New York Zip: 13202	518-555-4444	email@emailtest.com	05/01/2000	12/31/2000	Delete Address
XYZ BILLING INC.	Street: 1 MAIN STREET City: NEW YORK State: New York Zip: 14400			01/01/2001		Delete Address

Billing Addresses are used to identify a separate address from which the extension clinic's bills are issued. This screen is used to modify extension clinic Billing Addresses, to provide a link to the Add Billing Addresses screen, and to delete a Billing Address that was erroneously included in your facility's Extension Clinic List.

A * indicates that this is a required field.

NOTE: The Delete Address button should only be used for a Billing Address that was not, at any time, affiliated with the extension clinic. This button should not be used for a Billing Address that was affiliated with the extension clinic, but is now no longer used.

When you have entered all the required information, click on the Save Changes button. This action will save the modifications to the Modify Billing Addresses screen. When you have completed all billing address modifications, click on the Return to Clinic List button. You may then enter other modifications if necessary. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List screen to finalize the changes.

***Billing Name:** Enter corrections to the name of the billing company if necessary.

***Billing Address:** If necessary, enter corrections in the appropriate fields for the street address, city, state and zip code of the billing company.

Phone Number: Enter corrections to the billing company's telephone number including area code, if necessary.

Email: Indicate an email address where we may contact the billing company if necessary.

(Modify Billing Addresses Screen information is continued on the next page)

Extension Clinic List: Modify Billing Addresses Screen (Continued)

***Start Date:** Enter the Billing Address start date here. The start date is the date when the billing company became affiliated with your facility's extension clinic. This date cannot be prior to the extension clinic's start date. It also cannot be prior to the primary facility's HCRA start date and cannot be prior to 1/1/1997.

End Date: Enter the Billing Address end date here. The end date is the date when the affiliation between the billing company and the extension clinic ended.

Delete Address: If a Billing Address is erroneously included in your facility's Extension Clinic List, click on the Delete Address button to remove it from the list.

NOTE: **This button should only be used for a Billing Address that was not, at any time, affiliated with the extension clinic.** This button should not be used for a Billing Address that was affiliated with the extension clinic, but is now no longer used.

Save Changes: After you have verified that the information entered above is correct, click on the Save Changes button. This action will save the modifications to the Modify Billing Addresses screen.

NOTE: Once all modifications have been made, you must click on the Submit List button on the Extension Clinic List screen to finalize the changes.

Add Billing Address: Click here to add a Billing Address to your facility's Extension Clinic List. This action will take you to the Add Billing Address screen.

Cancel Changes: Click here if you wish to cancel the changes that you entered. This action will erase the information from all fields.

Print: Click the Print button to print this screen for your records.

Return to Clinic List: Click on this button to return to the Extension Clinic List. When you have reviewed all the information, you will then be able to submit the Extension Clinic List by clicking on the Submit List button.

Extension Clinic List: Add Billing Addresses Screen

New York Public Goods Pool
Add Billing Addresses

To add an Extension Clinic Billing Address to your facility's Extension Clinic List, please enter the required information in the appropriate fields. A * indicates that this is a required field.

When you have entered all the required information, click on the Save Billing Addresses button. This action will add the information and return you to the Modify Billing Addresses Screen. If you have no other Billing Addresses to add to your list, click on the Return to Clinic List button. You may then enter other modifications if necessary. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List Screen to finalize the changes.

Billing Name	Billing Address	Phone Number (123-456-7890)	E-mail	Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)
TEST BILLING COMPANY	Street: 0051 ERIE BOULEVARD City: BUFFALO State: New York Zip: 14532	565-565-9999	test@testemail.org	01/01/2005	

This screen is used to add an Extension Clinic Billing Address.

A * indicates that this is a required field.

When you have entered all the required information, click on the Save Billing Address button. This action will add the information and return you to the Modify Billing Addresses screen. If you have no other Billing Addresses to add to your list, click on the Return to Clinic List button. You may then enter other modifications if necessary. Once all modifications have been made, you must click the Submit List button on the Extension Clinic List screen to finalize the changes.

***Billing Name:** Enter the name of the billing company in this field.

***Billing Address:** Enter the street address, city, state and zip code of the billing company in the appropriate fields.

Phone Number: Enter the billing company's telephone number including the area code.

Email: Indicate an email address where we may contact the billing company if necessary.

***Start Date:** Enter the Billing Address start date here. The start date is the date when the billing company became affiliated with your facility's extension clinic. This date cannot be prior to the extension clinic's start date. It also cannot be prior to the primary facility's HCRA start date and cannot be prior to 1/1/1997.

(Add Billing Addresses Screen information is continued on the next page.)

Extension Clinic List: Add Billing Addresses Screen (Continued)

End Date: Enter the Billing Address end date here. The end date is the date when the affiliation between the billing company and the extension clinic ended.

Save Billing Address: After you have verified that the information entered above is correct, click on the Save Billing Address button. This action will add the information and return you to the Modify Billing Addresses screen.

NOTE: Once all modifications have been made, you must click on the Submit List button on the Extension Clinic List screen to finalize the changes.

Cancel Changes: Click here if you wish to cancel the data that you entered. This action will erase the information from all fields.

Print: Click the Print button to print this screen for your records.

Return to Clinic List: Click on this button to return to the Extension Clinic List. When you have reviewed all the information, you will then be able to submit the Extension Clinic List by clicking on the Submit List button.