

Public Goods Pool File Transfer Record Layout for the Supplemental Report Last Updated 7/3/08

The following is a record layout for the supplemental report. It is used to copy an ASCII text file from a local PC to the Pool Administrator via the Internet.

The supplemental report is required for all HCRA elected payors from October 2008 through April 2009. The April 2009 report is used for reconciliation purposes only. The supplemental report is from covered lives assessments only; no patient services assessments are used. There is only one pool year applicable for the supplemental report. The pool year is the year of the report month.

HEADER RECORD

Description of Data	Length	Positions	Format	Valid Data
@Record Type	1	1	X	"H"
@Filer Federal Id	9	2-10	X(9)	
@Filer Location	2	11-12	99	See Note 1 Below
@Filer Type	1	13	X	"T", "S", "I"
@Filer Name	70	14-83	X(70)	
@Report Month	8	84-91	9(8)	See Note 2 Below
@Contact	30	92-121	X(30)	
@Phone Number	10	122-131	X(10)	
Phone Extension	6	132-137	X(6)	
Address Line 1	50	138-187	X(50)	
Address Line 2	50	188-237	X(50)	
City	25	238-262	X(25)	
State	2	263-264	X(2)	
Zip Code	10	265-274	X(10)	
@Payment Type	1	275	X	"C", "W", "Z"
@Email Address	80	276-355	X(80)	
@Submitter Title	50	356-405	X(50)	

There will be one(1) record of this type in the file. This record must be the first record in the file.

Filer Type representation:

"T" – Third Party Administrator

"S" – Self-Insured Fund

"I" – Other Third-Party Payor (Insurer)

Payment Type representation:

"C" – Check

"W" – Wire

"Z" – Total Amount Due is Zero

Note 1: Filer Location will be a numeric “01” unless directed by the Pool Administrator.

Note 2: Report Month will be MM**10**YYYY for submissions.

ATTACHMENT 1 RECORD

There will be one(1) record of this type for every Parent Company reporting for elected subsidiaries. If the same parent company is reporting for 3 elected subsidiaries, then there should be 3 records of this type.

This record type is only used for parent companies reporting for elected subsidiaries. It is not to be used for all elected payors with a liability.

Description of Data	Length	Positions	Format	Valid Data
®Record Type	1	1	X	“A”
®Parent Federal Id	9	2-10	X(9)	
®Parent Location	2	11-12	99	See Note Below
®Payor Federal Id	9	13-21	X(9)	
®Payor Location	2	22-23	99	See Note Below
®Payor Name	70	24-93	X(70)	

Note: Parent Location and Payor Location will be a numeric “01” unless directed by the Pool Administrator.

COVERED LIVES RECORD

Covered Lives record(s) will be provided for each payor based on the following scenario:

- A) The payor has no Covered Lives detail to report – either because no Covered Lives activity occurred for this Report Month or the payor has no Covered Lives obligation.

In this case one(1) Covered Lives record should be created using “#” for the line column and checking the appropriate flag for no Covered Lives detail (“No Covered Lives Payments” or “No Covered Lives Obligation”).

- B) The payor HAS Covered Lives detail to report. (lines A, B, C, D, F, G, K, L)
In this case all eight lines must be created for the payor. The flags for no Covered Lives detail (“No Covered Lives Payments” or “No Covered Lives Obligation”) should be left blank.

Description of Data	Length	Positions	Format	Valid Data
@Record Type	1	1	X	“C”
@Pool Year	4	2-5	9(4)	
@Rate Period	1	6	9	See Note 1 Below
@Payor Federal Id	9	7-15	X(9)	
@Payor Location	2	16-17	99	See Note 2 Below
@Line	1	18	X	
New York City Region	11	19-29	9(9)V99	
New York City Sign	1	30	X	See Note 3 Below
Long Island Region	11	31-41	9(9)V99	
Long Island Sign	1	42	X	See Note 3 Below
North Metro Region	11	43-53	9(9)V99	
North Metro Sign	1	54	X	See Note 3 Below
North East Region	11	55-65	9(9)V99	
North East Sign	1	66	X	See Note 3 Below
Utica/Watertown Region	11	67-77	9(9)V99	
Utica/Watertown Sign	1	78	X	See Note 3 Below
Central Region	11	79-89	9(9)V99	
Central Sign	1	90	X	See Note 3 Below
Rochester Region	11	91-101	9(9)V99	
Rochester Sign	1	102	X	See Note 3 Below
Western Region	11	103-113	9(9)V99	
Western Sign	1	114	X	See Note 3 Below
No Covered Lives Payments	1	115	X	“X” or Space(1)
No Covered Lives Obligation	1	116	X	“X” or Space(1)

“No Covered Lives Payments” and “No Covered Lives Obligation” are mutually exclusive. They are only used on a “#” row indicating that there are no Covered Lives detail lines to report.

The pool year will be 2008 for report months October 2008 through December 2008.
The pool year will be 2009 for report months January 2009 through April 2009.

Note 1: Rate Period will always be “1”.

Note 2: Payor Location will be a numeric “01” unless directed by the Pool Administrator.

Note 3: “Sign” fields are “-” for negative amounts and space(1) for positive amounts or no amount.

Pool Year

Each of the following lines must be included if reporting Covered Lives detail and each numeric detail column must have a value or be zero filled.

- Line A --- # Individual Covered Lives
- Line B --- # Family Units Covered Lives
- Line C --- # Individuals Subject to Apportionment
- Line D --- Individual Apportionment Percentage
- Line F --- # Family Units Subject to Apportionment
- Line G --- Family Unit Apportionment Percentage
- Line K --- Net Covered Lives Prior Periods - # Individuals
- Line L --- Net Covered Lives Prior Period - # Family

Line Types are:

- “A” - Covered Lives - # Individuals Covered Lives
- “B” - Covered Lives - # Family Units Covered Lives
- “C” - Apportionment of Covered Lives - # Individuals Subject to Apportionment
- “D” - Apportionment of Covered Lives – Apportionment Percentage
- “F” - Apportionment of Covered Lives - # Family Units Subject to Apportionment
- “G” - Apportionment of Covered Lives – Apportionment Percentage
- “K” - Net Covered Lives Prior Periods – # Individuals
- “L” - Net Covered Lives Prior Periods – # Family

Line amounts for “A”, “B”, “C”, “F”, “K” and “L” should be WHOLE NUMBERS. 27 Covered Lives should be represented as “00000002700”.

Lines “D” and “G” are whole percentages. A 25 percent apportionment should be represented as “00000000025”. Note: This has been modified from the original hardcopy report. Originally this was rounded to the nearest tenth of a percent.

Lines “E”, “H”, “I”, “J”, “M”, “N”, “O”, “P”, “Q”, “R”, “S”, “T”, and VIII should NOT be included, they will be calculated by the Pool Administrator.

TRAILER RECORD

Description of Data	Length	Positions	Format	Valid Data
@Record Type	1	1	X	"T"
@Filer Federal Id	9	2-10	X(9)	

There will be one (1) record of this type in the file. This record must be the last record in the file.

Related Notes

Numeric fields should be right justified, zero-filled. Alpha fields should be left justified, space-filled.

Numeric fields should NOT include any commas, dollar signs, or decimals. Fields represented by 9(9)V99 assume the right most two(2) digits for the “cents” amount. For example, \$3,187.00, should be represented as 00000318700. If the amount is negative, place a “-“ in the sign field directly after the amount.

All fields are required. If any field is not applicable, it should still be filled in; zero(s) for numeric fields and space(s) for alpha fields.

Report Month should use a MM**10**YYYY format.

The Zip Code field should not contain any special characters. For example, Zip Code 12345-6789 should be represented by “123456789 ” (nine(9) digits plus a space at the end). Another example, Zip Code 12345 should be represented by “12345 ” (five(5) digits followed by five(5) spaces).

The Phone Number field should have the area code as the first three(3) digits. If there is no area code, precede the number by three(3) spaces.

All Alphabetic fields should be in upper case.

The fields marked with an ® are mandatory for the file to process.