

# How to Create A Customized Payor List For Reporting

**To create a customized payor list, follow these steps:**

- 1) On our Home Page, [www.hcrapools.org](http://www.hcrapools.org), click on “Health Care Reform Act (HCRA)”. Then click on “Third Party Options” and login using your on-line TPA User ID/Password. Your on-line User ID begins with the letter “T”.
- 2) Select “Update Payor List for Reporting” and click “Submit”.
- 3) Select Monthly or Annual list and click “Submit”. The first time you use this option, it will bring up a list of your payors from a previous report month. Note: Monthly and Annual lists are created and saved separately.
- 4) Customize your list by adding or deleting payors and click “Submit”.
- 5) Review any warnings you may have encountered and click “Submit” to save your list or “Cancel” to start over.

Your customized list is now ready to be used when you report for your payors through the on-line application.

**To use your customized payor list, follow these steps:**

- 1) When you are ready to report, click on “Health Care Reform Act (HCRA)” on our Home Page, [www.hcrapools.org](http://www.hcrapools.org). Then click on “HCRA Electronic Reporting” and login using your on-line TPA User ID and Password.
- 2) On the “Payor List” screen, click on the “prepopulate” button to load your customized list. Note: You can modify your list on this page by adding or deleting payors, but these modifications will not be saved to your customized list. You must make any changes you wish to save under “Third Party Options” as noted above.

**For screenshots on how to create and use a customized payor list, proceed to the next section.**

# New York State Office of Pool Administration Home Page

The screenshot shows a web browser window titled "New York State Office of Pool Administration - Windows Internet Explorer". The address bar displays "http://www.hcrapools.org/". The page content is as follows:

## New York State Office of Pool Administration

Health Care Reform Act (HCRA)	In accordance with the provisions of Article 28 of the Public Health Law (PHL), the Commissioner of Health has contracted with Excellus BlueCross BlueShield, Central New York Region to act as the Department of Health's Pool Administrator. The Office of Pool Administration oversees the Public Goods Pool established under the New York Health Care Reform Act (HCRA), the Health Facility Cash Receipts Assessment Program established pursuant to Section 2807-d of the PHL, and the Bad Debt and Charity Care Independent Accountant's Report on Applying Agreed-Upon Procedures pursuant to Section 2807-k of the PHL.
Cash Receipts Assessment	
BDCC Independent Accountant's Report	This web site has been established to assist users with the electronic filing of the required reports under the cites indicated above. The electronic reporting function supports browsers Internet Explorer 5.0 and Netscape 7.0 and above.
Email Correspondence	<b>IMPORTANT NOTICE TO ALL PAYORS, TPAs, and PROVIDERS</b>
Feedback	In an effort to disseminate information in a more timely manner, the HCRA program will, whenever possible, communicate information to Payors, TPAs, and Providers via email.
Privacy Policy	It is very important, therefore, to keep your email addresses current and to view the "What's New" section of the applicable health program. If you do not have a current email address on file with us, or if you need to edit your email address, this information can be completed through the "Maintain Email Addresses" option available on this website under Payor, TPA, or Provider Options. You must have a userid and password to access this application. If you do not have userid and password, you can obtain one by filling out the <a href="#">DOH-4264 - Electronic Filing Userid Application</a> and submitting it to the Office of Pool Administration.
Contact Us	Please be aware, if you have a "spam blocker" active on your PC, you will need to allow our email address (hcrapools.org) to pass through to the intended recipient. If you need assistance with this, please contact us at (315) 671-3800.  For more information about these programs, please click on the appropriate link to the left.

The web address for the New York State Office of Pool Administration Home Page is [www.hcrapools.org](http://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), Health Facility Cash Receipts Assessment, the Independents Accountant's Report, Email Correspondence, Feedback, the Privacy Policy and the methods to contact the Office of Pool Administration.

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

# New York State Office of Pool Administration HCRA Menu

The screenshot shows a web browser window titled "New York State Office of Pool Administration - Windows Internet Explorer". The address bar displays "http://www.hcrapools.org/hcra\_index.cfm". The page content is organized into a table with a left-hand navigation menu and a main content area.

New York State Office of Pool Administration	
Home Page	<b>Electronic Reporting Obligations</b>
What's New	
Frequently Asked Questions	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> .
HCRA Electronic Reporting	
Third Party Administrator Options	Section 2807-j(5)(a)(iii)(D) of the Public Health Law requires the New York State Department of Health to publish the Federal Employee Identification Number (FEIN) of all electing payors and providers on a secure website. Every HCRA designated provider of services and electing payor will be required to provide the Department, or its designee, its FEIN for posting on the secured HCRA website. The law also requires the website to include the date that designated providers and electing payors were first posted to the Department's website. All payors, third party administrators and designated HCRA providers who have established an electronic filing account with a secure password and user id can access FEIN and posting information from this website. Electing payor information is available by selecting <a href="#">"Elector List"</a> on the left-side navigation button. HCRA designated Provider information is available by selecting <a href="#">"Provider List"</a> on the left-side navigation bar.
Payor Options	
Provider Options	
Report And Payment Due Dates	<b>Elector Information</b>
Elector List	To be included on the list, an organization must have elected in conformance with HCRA provisions and Department requirements. All appropriate election forms should be filed with the Office of Pool Administration. It is the responsibility of the electing payor or third party administrator to inform the Office of Pool Administration of any change in information that differs from the original election application.
Provider List	<b>Provider Information</b>
Documentation and Forms	The lists of New York State health care providers, which offer services subject to HCRA surcharges 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.
New York State Department of Health HCRA Information	The HCRA provider information is posted as a courtesy and should not be deemed to be all-inclusive in determining HCRA obligations. While every effort is made to ensure that the information is accurate and up-to-date, it does not guarantee this to be the case. Entities that utilize this list are encouraged to contact providers directly if they have questions.
	The Office of Pool Administration assumes no responsibility for any error, omissions or other discrepancies regarding the provider 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.
	<b>Other Information</b>
	More information about the New York State Health Care Reform Act, can also be obtained by referring to <a href="#">"New York State Department of Health HCRA Information"</a> or <a href="#">"Frequently Asked Questions"</a> . We are continually working to improve the accessibility of our web site. If you have a suggestion or comment, please <a href="#">"Contact Us"</a> .
	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 Third Party Administrator Options link to go to the next page.

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.

# User Login

The screenshot shows a web browser window titled "Electronic Reporting - Windows Internet Explorer". The address bar displays "https://www.hcrapools.org/tpaattach/t\_new\_login.cfm". The browser tabs include "New York State Office of Po..." and "Electronic Reporting". The main content area of the browser shows the "New York Public Goods Pool User Login" page. The page has a title bar that reads "New York Public Goods Pool User Login". In the top right corner of the page content, there is a blue "HELP" link. The central part of the page contains a login form with two input fields: "User ID:" with the text "TEST" entered, and "Password:" with a masked password of ten dots. Below these fields are two buttons: "Login" and "Cancel". In the bottom right corner of the page content, the date "05/17/2005" is displayed. The browser's status bar at the bottom shows "Internet" and "100%" zoom level.

This screen assures that the user has the proper authority to utilize the Office of Pool Administration’s Third Party Administrator Options. This system is intended for Third Party Administrators to enter Addendums on-line. Currently, Third Party Administrators can enter Client List Addendums. They can also view their Client List and Request/View their delinquencies.

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

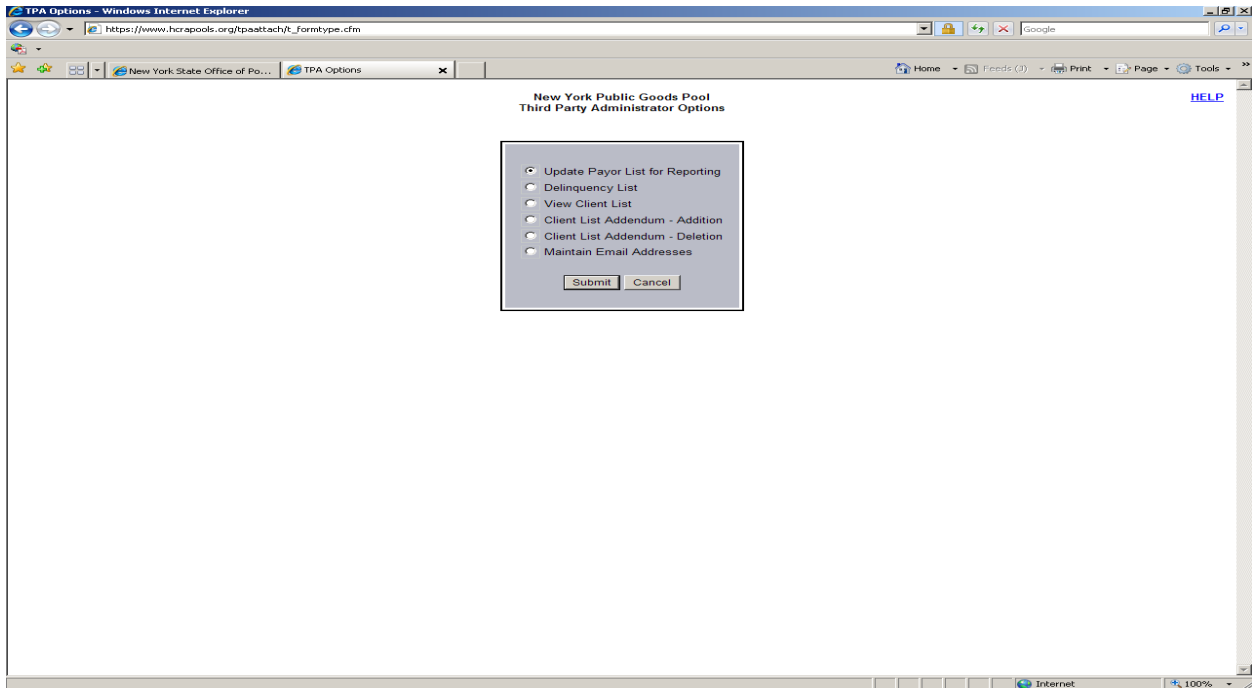
**Password:** Enter the password (case sensitive) provided to you by the Office of Pool Administration. This is a required field.

**Login:** Click Login to proceed to the next screen after you have entered your secure User ID and Password.

**Cancel:** If you have made an error, and wish to exit or start over, click Cancel.

If you have lost your User ID and/or Password, you must contact the Office of Pool Administration in writing to receive a replacement. This request must be made by an individual who has fiduciary responsibility with the payor or provider.

# Choose an Action



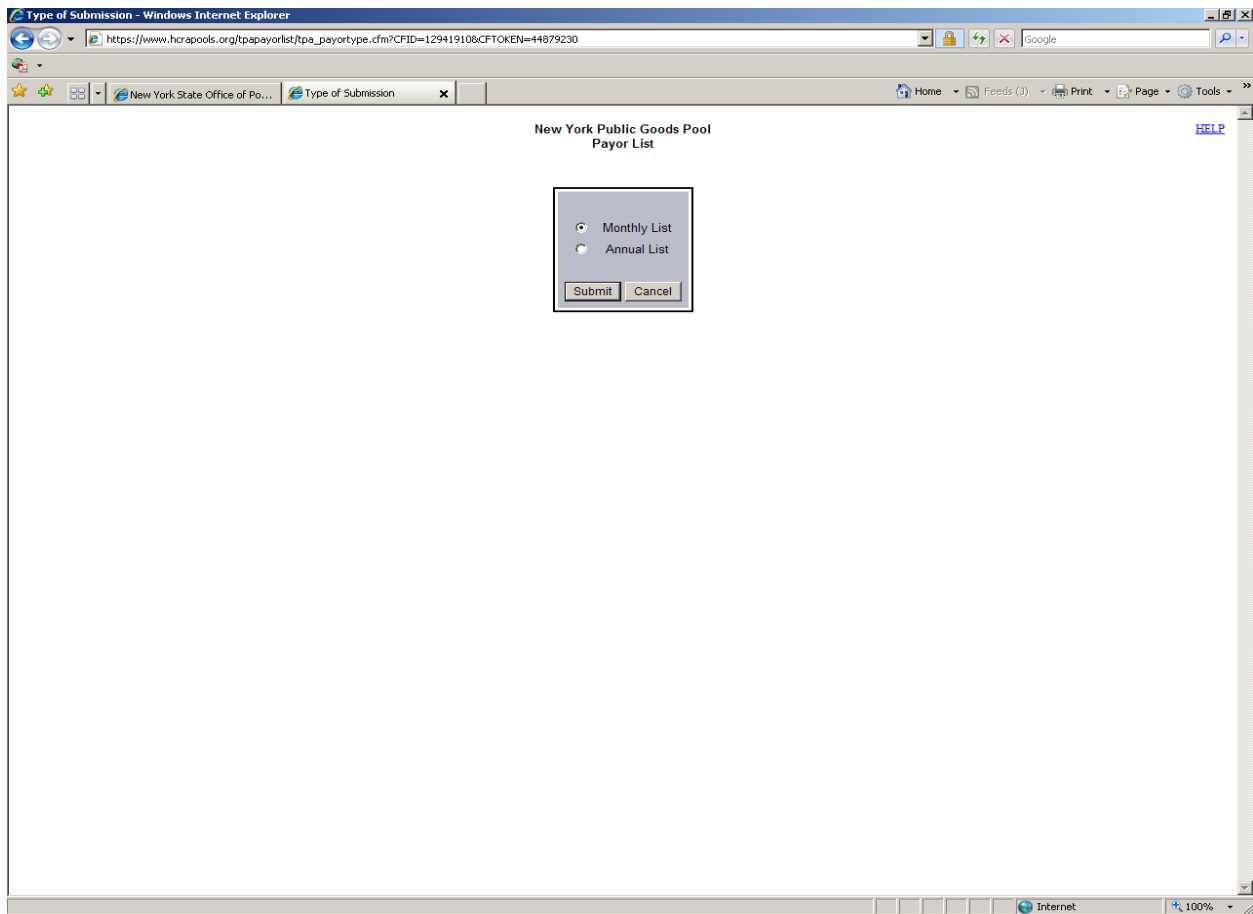
Choose the option "Update Payor List for Reporting".

Note: Payors will not be reflected on your Client List simply by submitting an Client List Addendum. A payor will not be reflected on this list unless they have filed the appropriate paperwork.

**Submit:** Click after you have selected an option.

**Cancel:** Click to clear all information keyed during this session and return to the Login screen. **This action does not simply clear the current screen.**

# Type of Submission



This screen will appear after you successfully login. You have a choice of maintaining your list of monthly payors or your list of annual payors.

**Choose a List:**

Monthly List – Select this option to maintain your list of monthly payors.

Annual List – Select this option to maintain your list of annual payors.

**Submit:** Click Submit after you have selected a List.

**Cancel:** Click Cancel if you wish to clear all information during this session and return to the Login screen. **This action does not simply clear the current screen.**

## TPA: Summary of Represented Electing Clients - Payor List Screen

New York Public Goods Pool  
Monthly Payor List  
TPA Name: TEST USER - THIRD PARTY ADMINISTRATOR

[HELP](#)

*This List of clients is used to prepopulate the payor list when reporting electronically through the online application.*

<u>Delete</u>	<u>Payor Name</u>	<u>Federal ID</u>	<u>Loc</u>	<u>Parent</u>
<input type="button" value="Del"/>	TEST USER - INDIVIDUAL PAYOR	123456789		<input type="checkbox"/>

This screen allows a Third Party Administrator (TPA) to maintain their own list of payors for whom they will be reporting. This list of clients will be used if you choose the "prepopulate" option in the electronic reporting program.

Please review the list carefully. You may add or delete clients as necessary using the buttons provided. You can sort this list by payor name or federal Id number by clicking on the name in the heading. Each field that can be sorted is underlined in the heading area.

**Del (Delete):** Click the Del button to remove a client from your payor list

**Parent:** Check this field if payor is a parent company and reports for subsidiary companies. When this field is checked, the subsidiaries for this parent will be requested in the electronic reporting program.

**Submit:** Click Submit to proceed to the next screen when you have completed all required and applicable information on this screen.

**Add Payor:** This selection allows you to add electing clients to your payor list.

**Cancel:** Click Cancel if you wish to clear all information during this session and return to the Login screen. This action does not simply clear the current screen.

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

# Exception Report

New York Public Goods Pool  
Warning List  
Monthly Payors  
TPA Name: TEST USER - THIRD PARTY ADMINISTRATOR

[HELP](#)

*Below are the warnings encountered during this session:*

Payor Name	Federal ID	Location	Message
TEST USER - INDIVIDUAL PAYOR	123456789		The relationship between the payor and the TPA is unknown. Please contact the Office of Pool Administration for additional information.

This screen provides a list of discrepancy exception warnings that were created by the data you entered during this session. These warnings are not fatal errors and will not prevent you from submitting your reports to the Office of Pool Administration. However, in some cases, the discrepancies listed may create delinquencies that would subject individual payors to interest and penalty as prescribed in the New York Health Care Reform Acts of 1996 and 2000. It is strongly suggested that you print this page and contact the Office of Pool Administration to determine how the discrepancies listed may be corrected.

**Submit:** Click Submit to proceed to the next screen.

**Cancel:** Click Cancel to cancel this session.

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

# How To Use Your Customized Payor List

# New York State Office of Pool Administration Home Page

The screenshot shows a Windows Internet Explorer browser window displaying the homepage of the New York State Office of Pool Administration. The address bar shows the URL <http://www.hcrapools.org/>. The page title is "New York State Office of Pool Administration". The main content area features a blue header with the text "New York State Office of Pool Administration". Below the header is a table with two columns. The left column contains a vertical list of navigation links: "Health Care Reform Act (HCRA)", "Cash Receipts Assessment", "BDCC Independent Accountant's Report", "Email Correspondence", "Feedback", "Privacy Policy", and "Contact Us". The right column contains text explaining the office's role and providing important notices. The text includes information about the HCRA program, the electronic filing system, and a notice for payors, TPAs, and providers regarding email addresses and spam blockers. The status bar at the bottom of the browser window shows "Done" and "Internet" with a 100% zoom level.

Navigation Link	Content
Health Care Reform Act (HCRA)	In accordance with the provisions of Article 28 of the Public Health Law (PHL), the Commissioner of Health has contracted with Excellus BlueCross BlueShield, Central New York Region to act as the Department of Health's Pool Administrator. The Office of Pool Administration oversees the Public Goods Pool established under the New York Health Care Reform Act (HCRA), the Health Facility Cash Receipts Assessment Program established pursuant to Section 2807-d of the PHL, and the Bad Debt and Charity Care Independent Accountant's Report on Applying Agreed-Upon Procedures pursuant to Section 2807-k of the PHL.
Cash Receipts Assessment	
BDCC Independent Accountant's Report	This web site has been established to assist users with the electronic filing of the required reports under the cites indicated above. The electronic reporting function supports browsers Internet Explorer 5.0 and Netscape 7.0 and above.
Email Correspondence	<b>IMPORTANT NOTICE TO ALL PAYORS, TPAs, and PROVIDERS</b>
Feedback	In an effort to disseminate information in a more timely manner, the HCRA program will, whenever possible, communicate information to Payors, TPAs, and Providers via email.
Privacy Policy	It is very important, therefore, to keep your email addresses current and to view the "What's New" section of the applicable health program. If you do not have a current email address on file with us, or if you need to edit your email address, this information can be completed through the "Maintain Email Addresses" option available on this website under Payor, TPA, or Provider Options. You must have a userid and password to access this application. If you do not have userid and password, you can obtain one by filling out the <a href="#">DOH-4264 - Electronic Filing Userid Application</a> and submitting it to the Office of Pool Administration.
Contact Us	Please be aware, if you have a "spam blocker" active on your PC, you will need to allow our email address (hcrapools.org) to pass through to the intended recipient. If you need assistance with this, please contact us at (315) 671-3800. For more information about these programs, please click on the appropriate link to the left.

When you are ready to report, click on "Health Care Reform Act (HCRA)" on our Home Page, [www.hcrapools.org](http://www.hcrapools.org).

# New York State Office of Pool Administration HCRA Menu

New York State Office of Pool Administration	
Home Page	<b>Electronic Reporting Obligations</b>
What's New	
Frequently Asked Questions	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> .
HCRA Electronic Reporting	
Third Party Administrator Options	Section 2807-j(5)(a)(iii)(D) of the Public Health Law requires the New York State Department of Health to publish the Federal Employee Identification Number (FEIN) of all electing payors and providers on a secure website. Every HCRA designated provider of services and electing payor will be required to provide the Department, or its designee, its FEIN for posting on the secured HCRA website. The law also requires the website to include the date that designated providers and electing payors were first posted to the Department's website. All payors, third party administrators and designated HCRA providers who have established an electronic filing account with a secure password and user id can access FEIN and posting information from this website. Electing payor information is available by selecting <a href="#">"Elector List"</a> on the left-side navigation button. HCRA designated Provider information is available by selecting <a href="#">"Provider List"</a> on the left-side navigation bar
Payor Options	
Provider Options	
Report And Payment Due Dates	<b>Elector Information</b>
Elector List	To be included on the list, an organization must have elected in conformance with HCRA provisions and Department requirements. All appropriate election forms should be filed with the Office of Pool Administration. It is the responsibility of the electing payor or third party administrator to inform the Office of Pool Administration of any change in information that differs from the original election application.
Provider List	<b>Provider Information</b>
Documentation and Forms	The lists of New York State health care providers, which offer services subject to HCRA surcharges 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.
New York State Department of Health HCRA Information	The HCRA provider information is posted as a courtesy and should not be deemed to be all-inclusive in determining HCRA obligations. While every effort is made to ensure that the information is accurate and up-to-date, it does not guarantee this to be the case. Entities that utilize this list are encouraged to contact providers directly if they have questions.  The Office of Pool Administration assumes no responsibility for any error, omissions or other discrepancies regarding the provider 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.
	<b>Other Information</b>
	More information about the New York State Health Care Reform Act, can also be obtained by referring to <a href="#">"New York State Department of Health HCRA Information"</a> or <a href="#">"Frequently Asked Questions"</a> . We are continually working to improve the accessibility of our web site. If you have a suggestion or comment, please <a href="#">"Contact Us"</a> .
	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>

Next, click on "HCRA Electronic Reporting" and login using your on-line TPA User ID and Password and proceed to the "Payor List" screen.

Note: There will be additional screens not shown in this presentation before you get to the "Payor List" screen.

## TPA: Summary of Represented Electing Clients - Payor List Screen

New York Public Goods Pool  
Electronic Reporting - Payor List  
TPA Name: TEST USER - THIRD PARTY ADMINISTRATOR  
Report Month: September 2009

List all of the clients that you will be reporting for this session regardless of whether or not they have a liability.  
Check the appropriate box if the payor has no liability and/or the payor has no obligation.

Delete	Payor Name	Federal ID	Loc	Parent	Patient Services	Covered Lives	
					No PS Liability	No CL Liability	No Statutory Obligation
<input type="button" value="Prepopulate"/> <input type="button" value="Add Payor"/>							

This screen allows a Third Party Administrator (TPA) to list all payors for whom they will be reporting during this session, whether or not those payors have a Public Goods Pool liability for the report month being submitted. This screen allows you to make the appropriate choices relating to each client.

If you have indicated that you will be reporting for one or more parent company payors, you will be prompted to enter information regarding those payors' subsidiaries.

If you have indicated that one or more of your clients has a payment liability, you will be prompted to enter specific payment information for those payors.

If you have indicated that none of your clients has a payment liability, you will be brought to the Payment and Reconciliation Summary Screen to finalize your submission.

If you have no patient services liability for any required pool years, you can check the "No PS Liability" checkbox. This will create a zero report for any required pool years. If you have no covered lives liability for any required pool years, you can check the "No CL Liability" checkbox. This will create a zero report for any required pool years. If you have no covered lives obligation for any required pool years, you can check the "No CL Obligation" checkbox. This will indicate that you are not obligated by law to report covered lives for any required pool years.

Please review the prepopulated list carefully. You may add or delete clients as necessary using the buttons provided.

**Add Payor:** This selection allows you to add electing clients onto your payor list.

**Prepopulate:** Selecting this button will fill in your current payor list with the electing clients that you listed on a prior report submitted to the Office of Pool Administration. A message box will appear to advise you when the list was last modified.

## TPA: Summary of Represented Electing Clients - Payor List (Populated) Screen

New York Public Goods Pool  
Electronic Reporting - Payor List  
TPA Name: TEST USER - THIRD PARTY ADMINISTRATOR  
Report Month: September 2009

List all of the clients that you will be reporting for this session regardless of whether or not they have a liability.  
Check the appropriate box if the payor has no liability and/or the payor has no obligation.

Delete	Payor Name	Federal ID	Loc	Parent	Patient Services	Covered Lives	
					No PS Liability	No CL Liability	No Statutory Obligation
<input type="checkbox"/>	TEST USER - INDIVIDUAL PAYOR	123456789		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Submit Add Payor Sort by Payor name Sort by Federal ID Save & Exit Print

This screen allows a Third Party Administrator (TPA) to list all payors for whom they will be reporting during this session, whether or not those payors have a Public Goods Pool liability for the report month being submitted. This screen allows you to make the appropriate choices relating to each client.

If you have indicated that you will be reporting for one or more parent company payors, you will be prompted to enter information regarding those payors' subsidiaries.

If you have indicated that one or more of your clients has a payment liability, you will be prompted to enter specific payment information for those payors.

If you have indicated that none of your clients has a payment liability, you will be brought to the Payment and Reconciliation Summary Screen to finalize your submission.

If you have no patient services liability for any required pool years, you can check the "No PS Liability" checkbox. This will create a zero report for any required pool years. If you have no covered lives liability for any required pool years, you can check the "No CL Liability" checkbox. This will create a zero report for any required pool years. If you have no covered lives obligation for any required pool years, you can check the "No CL Obligation" checkbox. This will indicate that you are not obligated by law to report covered lives for any required pool years.

Please review the prepopulated list carefully. You may add or delete clients as necessary using the buttons provided.

**Add Payor:** This selection allows you to add electing clients onto your payor list.

(TPA: Summary of Represented Electing Clients - Payor List (Populated) Screen continues on the next page)

## TPA: Summary of Represented Electing Clients - Payor List (Populated) Screen (continued from the previous page)

**Del (Delete):** Click the Del button to remove a client for whom you are not reporting during this session.

**Loc (Location):** This field is used to identify payors that have more than one location using the same Federal Identification Number. Each location will be assigned a number. If this does not apply, then the field remains blank.

**Parent:** Check this field if the parent company is reporting for a subsidiary. When this field is checked, the Parent Company Attachment 1 screens will appear later in the session.

**Patient Services, Covered Lives:** Click in the boxes if applicable.

**Submit:** Click Submit to proceed to the next screen when you have completed all required and applicable information on this screen.

**Sort By Payor Name:** Select this to sort the clients listed into alphabetical order.

**Sort By Federal ID:** Select this to sort the clients listed into Federal Identification Number order, lowest to highest.

**Save & Exit:** This button will allow you to save the information entered at this point and will return you to the Home Page. The next time you sign on, you will be brought back to this page.

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