

Dear Payor:

**Re: 2001 Annual Public Goods Pool Reporting Forms - Payors**

***IMPORTANT NOTE TO PAYORS!!!***

***This notice is being sent to you because your organization is a payor of health care services and has filed an election application to pay certain health care services surcharges directly to the HCRA Public Goods Pools. If you use a third party administrator (TPA) for claims processing, we suggest that you contact them directly concerning any questions you may have regarding this notice.***

***If, within the past year, you are no longer a payor of medical claims (i.e., no longer self-insured) or have switched from/to utilizing a TPA, please complete the enclosed Attachment #2.5. If, within the past year, you have switched TPAs, please complete the enclosed Attachment #2.6.***

Enclosed please find reporting forms and instructions for annual filers to use when calculating and remitting payments to the Public Goods Pools for the January 1, 2001 through December 31, 2001, reporting period. The report and payment must be submitted (postmarked) by January 30, 2002. Since annual filers cannot determine their Public Goods Pool liability until sometime following the last day of the respective reporting year, all reports submitted prior to the end of the respective reporting year will be returned.

If you were previously advised by the Department that your organization meets the criteria for filing an **annual** Public Goods Pool report and payment for the January 1, 2001 through December 31, 2001, reporting period and you did not timely submit the supplied form to the Pool Administrator to voluntarily elect to change your filing designation from annual to monthly, you must file an **annual** Public Goods Pool report and payment for the aforementioned period, ***even if you erroneously continued to file monthly reports for the reporting year.***

TPAs filing reports on behalf of annual and monthly reporters, must submit the January 1, 2001 through December 31, 2001 **annual** report separate from the December 2001 **monthly** report. Reports filed on behalf of annual reporters may **not** be combined with reports filed on behalf of monthly reporters. Further, if an annual reporting submission represents a consolidated report filed on behalf of a parent company with a number of subsidiaries, the parent company and each represented subsidiary must have been notified by the Department that they qualify for annual reporting. Subsidiaries that have not qualified for annual reporting must file separate monthly reports.

A payor's annual report must be a composite of 1) all patient services payments made during the reporting year, 2) the number of monthly New York State resident covered lives on the payor's membership rolls for all or any part of a month summarized for the entire year, 3) all reporting adjustments due to prior reporting errors or omissions, and 4) the related surcharge and assessment amounts. If an annual reporter erroneously submitted monthly reports and payments during the current reporting year, the payor's annual report must be net of the patient services payments and covered lives amounts reported on the monthly reports erroneously submitted.

Payors are required to file the enclosed Payor Certification Form, Payment and Reconciliation Summary, and the 2000 and 2001 portions of the 2001 report, even if there is no activity to report. The 1997 through 1999 portions of the 2001 report are required only when a payor has net patient services payments and/or prior period adjustments to report which relate to those service years. Payments made during 2001 for surchargeable claims for services rendered during the 1997, 1998 and/or 1999 service year must be reported on the appropriate service year's form. Additionally, adjustments necessary to information previously reported for such service years must be reported on the appropriate service year's form. The 1997 through 1999 portions of the 2001 report have not been included in this mailing, but are available on the WEB under the menu selection entitled "Public Goods Pool Reporting Forms and Instructions," at [www.health.state.ny.us/nysdoh/hcra/hcrahome.htm](http://www.health.state.ny.us/nysdoh/hcra/hcrahome.htm).

If you are a payor represented by a TPA, be advised that we are forwarding all revised reporting forms and instructions, and all other correspondence relating to your Public Goods Pools payment and reporting obligations, to you as well as your TPA. The primary responsibility of insuring that the reporting forms are timely filed rests with the electing payor. If reports are not filed, or not timely filed, any penalties and interest would be imposed on the electing payor. If you have an agreement with a TPA whereby the TPA is preparing and/or submitting reporting forms on your behalf, it is your responsibility to insure that your TPA files all appropriate report forms in compliance with the instructions in this transmittal.

Section 2807-t(6) of the Public Health Law requires that prospective adjustments be made to Professional Education Pool (PEP) covered-lives assessments to reconcile PEP regional under/over funding for a prior period. The law specifies that such adjustments be made in "...the year next following the calculation of the reconciliation". Since funding of the 1999 PEP is now considered complete, the Department has finalized the level of under/over funding within each region and incorporated this amount in the calculation of the year 2001 regional covered lives assessments. Please note that these 2001 regional covered lives assessment amounts are reflected on the 2001 portion of the Report of Covered Lives Assessment.

Reports must be completed and submitted in accordance with the enclosed instructions. If, upon review, a report is deemed unacceptable, the report may be returned and a delinquency notice issued. Repeated late payments, failure to remit correct amounts, or to provide adequate certification of the accuracy of surcharge payments can result in the revocation of an electing payor's direct pay status potentially subjecting them to higher surcharges. Additionally, untimely filing of reports and payments can result in the imposition of interest and penalties determined in accordance with the provisions of Section 2807-j(8) of the Public Health Law (PHL). Furthermore, PHL Section 2807-j(7)(c) authorizes the Commissioner to assess civil penalties for certain reporting delinquencies.

If you use a TPA, we suggest that you contact them directly concerning any questions you may have regarding this notice. Others having questions regarding the foregoing, or the enclosed forms, should contact a HCRA representative at (518) 474-1673.

Sincerely,

Mark H. Van Guysling  
Assistant Director  
Division of Health Care Financing

Enclosures