

December 19, 1997

**Re: 1998 Public Goods Pool Reporting Forms
Freestanding Clinical Laboratories**

Dear Administrator/Comptroller:

Enclosed please find reporting forms and instructions for designated providers to use when calculating and remitting payments to the Public Goods Pools for reporting periods January 1, 1998 through December 31, 1998. **Beginning with the report for January 1998, which must be submitted (postmarked) by March 2, 1998, providers are required to use the enclosed forms.** The reporting forms are required to be filed monthly even if there is no activity to report.

Following are issues which deserve special mention:

- Pursuant to the New York State Health Care Reform Act of 1996, each service year's pool receipts are dedicated to specific purposes and in specific amounts. As a result, monthly reports filed by providers during 1998 **must** be segregated into 1997 and 1998 service year portions. These service year portions may **not** be combined. In essence, all instructions previously issued apply to each service year.
- Since each service year must be segregated on the monthly report, any prior period adjustments must be disclosed on the report for the service year to which they apply. For example, a correction of an amount reported for service year 1997 **must** be reported as a prior period adjustment on the 1997 portion of the monthly report.
- A summary page has been added to the 1998 reporting form. This page (Page 7 of the report) summarizes the amount of surcharge liabilities due, by service year. Line 1 of the summary page **must** agree with the amount of 1997 service year liability reported on Page 4, Line 18 of the report, while Line 2 of the summary page **must** agree with the amount of 1998 service year liability reported on Page 6, Line 18 of the report. Payment in the form of **one** check should be submitted and made payable to the "Public Goods Pool". This check, which will account for the combined 1997 and 1998 surcharge liabilities **must** agree with the amount shown on Line 3 of the summary page. **The laboratory's Permanent Facility Identifier (PFI) must be entered onto the payment check and reporting forms.** It should be noted that if a liability exists for one service year and a credit exists for the other service year, the two amounts should be netted on

this summary page. The payment check should be mailed with the applicable reporting forms via:

Regular Mail to:

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration -or-
Excellus BlueCross BlueShield
Central New York Region
P.O. Box 4757
Syracuse, New York 13221-4757

Express or Overnight Mail to:

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus BlueCross BlueShield
Central New York Region
344 South Warren Street
Syracuse, New York 13202-2008

A schedule of report and payment due dates for the months of January through December 1998 is provided on the first page of the instructions. **Note also that the first report, covering the month of January 1998, must be submitted (postmarked) by March 2, 1998.**

Reports must be completed and submitted in accordance with the enclosed instructions. If, upon review, a report is deemed unacceptable and corrections are not submitted when required, the report may be returned and a delinquency notice issued. Failure to comply with the reporting provisions provided in Sections 2807-j and 2807-s of the Public Health Law may result in the recoument of the facility's estimated monthly assessment liability, along with interest and/or penalty, from various third party payments pursuant to Section 2807-j(6) of the Public Health Law.

Should you have any questions concerning the foregoing or the enclosed forms, please contact Mr. Richard Pellegrini, Director of the Bureau of Financial Management and Information Support at (518) 473-4653.

Sincerely,

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

Enclosures