

February 16, 2000

Dear Administrator/Controller:

Re: 1% Statewide Assessment Reporting for 2000

The Health Care Reform Act (HCRA) of 2000, continues the 1% Statewide Assessment through June 30, 2003.

Enclosed please find the reporting form for hospitals to use in calculating and paying their 2000 liability to the Statewide Assessment. The form should be used by hospitals to contribute **1.00% OF NET INPATIENT REVENUE** received for discharges incurred on January 1, 2000 and thereafter. **Note that net inpatient revenue received must include recoveries (amounts received on 2000 accounts receivable previously written off as uncollectible).**

This form closely follows the 2000 Public Goods Pool Hospital Inpatient Services Report. Providers are advised to have the Public Goods Pool report on hand when completing their Statewide report.

You are reminded to please utilize the 1999 reporting forms previously provided for monies received in calendar year 2000 for services provided to patients discharged during 1999. The 1999 reporting forms are required to be filed monthly during 2000 even if no activity is reported. For 1998 and prior, no report is required unless monies (including recoveries - see note above) are received relating to such periods, in which case the appropriate year's reporting form would be submitted. **To ease the reporting burden on hospitals, any recoveries received during 2000 related to discharges prior to January 1, 2000 may be added to the amounts otherwise reported on Line 1 of the 1999 reporting form.**

All hospitals are reminded that a failure to timely submit reports and payments will result in Indigent Care distributions being withheld until the month following the date upon which all reporting requirements have been met.

Please be aware that all figures and calculations shown on your reporting forms are subject to audit by the New York State Department of Health and also by your independent accounting firm. Hospitals should endeavor to follow instructions closely and verify the accuracy of their calculations. The Department will be comparing reported net inpatient service revenues received for a program year with net inpatient services revenue from the institutional cost report for that same year. If large discrepancies exist, hospitals will be required to substantiate their figures.

All monthly checks and reports should be submitted 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

Remittance Advices and checks are to be received (not postmarked) by the Pool Administrator in accordance with the schedule listed in the General Instructions.

Should you have any questions concerning the foregoing or the enclosed forms, please contact Mr. Thomas Person of the Bureau of Financial Management and Information Support at (518) 474-1673.

Sincerely,

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

Enclosures