



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower The Governor Nelson A. Rockefeller Empire State Plaza Albany, New York 12237

Dennis P. Whalen
Executive Deputy Commissioner

November 30, 1998

Dear Administrator:

This letter serves as a notice to health care provider billing operations concerning services rendered in Article 28 Hospitals, Comprehensive Diagnostic and Treatment Centers, Freestanding Ambulatory Surgery Centers and Article 5 Licensed Laboratories for which bills are transmitted via the Electronic Universal Data Set National Standard Format (NSF).

Medicare has removed most of the State use fields on version 3.1 of the NSF, including the fields used to: 1) identify whether all the services on a claim are subject to the surcharge provisions of the New York Health Care Reform Act of 1996 (HCRA); 2) provide the HCRA surcharge percentage; and 3) provide the dollar amount of the HCRA assessment.

In order to administer these surcharges, new rules and data specifications had to be established for those providers billing electronic media claims using the version 3.1 of the NSF. The enclosed packet contains those rules and data specifications.

Please forward a copy of this notice to the staff responsible for your facility's health care billing operations. If you have any questions concerning the placement of these surcharges in the version 3.1 format, please contact Ms. Mary Woehrmann of my staff at (518) 473-4653. If you should have any other technical questions regarding electronic billing for professional/non-institutional services, please contact Mr. Jack Wrenn of the Bureau of Health Economics at (518) 474-6034.

Sincerely,

A handwritten signature in cursive script that reads "Mark H. Van Guysling".

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

Enclosure

BILLING INSTRUCTIONS

NYHCRA ASSESSMENTS AND ADJUSTMENTS

PROFESSIONAL PROVIDERS - ELECTRONIC UDS NATIONAL STANDARD FORMAT (NSF) 3.1

NOTE: THE FOLLOWING THREE FIELDS (APPEARING IN CAPS) MUST BE COMPLETED:

GENERAL HOSPITAL INDIGENT CARE/HEALTH CARE INITIATIVES ASSESSMENT APPLICABLE - WILL APPEAR IN THE ELECTRONIC UDS IN RECORD TYPE HA0, FIELD 05.0

Field used to identify whether all of the services on the claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment.

The New York Health Care Reform Act (NYHCRA) of 1996 established two pools to fund indigent care and health care initiatives. Third-party payers make an election to pay amounts for these two initiatives directly to the pool administrator.

Certain claims are exempt from application of the General Hospital Indigent Care/Health Care Initiatives Assessment. For example, Medicare, CHAMPUS, CHAMPVA, Veterans Department, Black Lung, Federal Employees Health Benefit Plan, Home Health, Residential Health Care Facilities, Hospice Facilities, and physicians in private practice.

The Yes code indicates that all of the services on the claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment. Services need to be separated between those subject to the Assessment and those not subject to the Assessment.

The No code indicates that none of the services on the claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment.

GENERAL HOSPITAL INDIGENT CARE/HEALTH CARE INITIATIVES ASSESSMENT PERCENT - WILL APPEAR IN THE ELECTRONIC UDS IN RECORD TYPE HA0, FIELD 06.0

When all of the services on the claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment, this field indicates the applicable surcharge percentage.

For payers making an election to pay the General Hospital Indigent Care/Health Care Initiatives Assessment directly to the assigned pool administrator, the following percentages and instructions apply:

- | | |
|--------|--|
| 00.00% | The General Hospital Indigent Care/Health Care Initiatives Assessment Applicable (Record Type HA0, Field 05.0) indicates that the assessment is applicable. The provider has not indicated the assessment percent in this record type, has not included any assessment amount in Record Type DA1, Field 24. However, the payer is not relieved of its obligation to pay the assessment at the appropriate rate (08.18% or 05.98% for Medicaid) directly to the pool administrator. |
| 05.98% | State Government Agencies; Health Maintenance Organizations for Medicaid Patients and Prepaid Health Services Plans; and Local Governments for Correctional Facility Inmates are responsible for payment of the General Hospital Indigent Care/Health Care Initiatives Assessment at this rate. The dollar amount of this assessment (Record Type HA0, Field 07.0) is included in the Balance Due (Record Type DA1, Field 24). This percentage should appear only when the provider has submitted the Provider Election Form for Medicaid Withholding (Attachment 6 in the November 4th letter), but has elected to include the assessment in the Balance Due. |

08.18% Payers pursuant to the New York State Workers' Compensation Law; Volunteer Firefighters' Benefit Law; Ambulance Workers' Relief Law; Comprehensive Motor Vehicle Insurance Reparations Act; Insurance Law Article 43 Corporations; New York State Licensed Commercial Insurers; Health Maintenance Organizations (non-Medicaid); and Self-Insured Plans are responsible for payment of the General Hospital Indigent Care/Health Care Initiatives Assessment at this rate. The dollar amount of this assessment (Record Type HA0, Field 07.0) is included in the Balance Due (Record Type DA1, Field 24).

Certain payers choosing to pay into these pools through encounter payments (point-of-service) are subject to an additional 24 percent surcharge.

For payers not making an election to pay these assessment amounts for the General Hospital Indigent Care/Health Care Initiatives Assessment directly to the assigned pool administrator, the following instructions apply:

00.00% The General Hospital Indigent Care/Health Care Initiatives Assessment Applicable (Record Type HA0, Field 05.0) indicates that the assessment is applicable. The provider has not indicated the assessment percent in this record type, has not included any assessment amount in Record Type HA0, Field 07.0 (General Hospital Indigent Care/Health Care Initiatives Assessment Amount) and has not included any assessment amount in the Balance Due (Record Type DA1, Field 24). However, the payer is not relieved of its obligation to pay the assessment at the appropriate rate (32.18% or 05.98% for Medicaid) directly to the provider.

05.98% State Government Agencies; Health Maintenance Organizations for Medicaid Patients and Prepaid Health Services Plans; and Local Governments for Correctional Facility Inmates are responsible for payment of the General Hospital Indigent Care/Health Care Initiatives Assessment at this rate. The dollar amount of this assessment (Record Type HA0, Field 07.0) is included in the Balance Due (Record Type DA1, Field 24). This percentage and amount should appear only when the provider has submitted the Provider Election Form for Medicaid Withholding (Attachment 6 in the November 4th letter), but has elected to include the assessment in the Balance Due.

32.18% Payers pursuant to the New York State Workers' Compensation Law; Volunteer Firefighters' Benefit Law; Ambulance Workers' Relief Law; Comprehensive Motor Vehicle Insurance Reparations Act; Insurance Law Article 43 Corporations; New York State Licensed Commercial Insurers; Health Maintenance Organizations (non-Medicaid); and Self-Insured Plans are responsible for payment of the General Hospital Indigent Care/Health Care Initiatives Assessment at this rate. The dollar amount of this assessment (Record Type HA0, Field 07.0) is included in the Balance Due (Record Type DA1, Field 24).

GENERAL HOSPITAL INDIGENT CARE/HEALTH CARE INITIATIVES ASSESSMENT AMOUNT - WILL APPEAR IN THE ELECTRONIC UDS IN RECORD TYPE HA0, FIELD 07.0

When all of the services on the claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment, this field contains the dollar amount of the assessment calculated at the percentage from HA0, Field 06.0. The Assessment Amount indicated in this field is included in the Balance Due (Record Type DA1, Field 24).

NEW YORK STATE
 UNIVERSAL DATA SET
 PROFESSIONAL SERVICES
 ELECTRONIC SPECIFICATIONS

NARRATIVE RECORD

RECORD TYPE HA0

FORMAT RULES:

Must be preceded by Record Type FA0, FB0, FB1, FB2, FE0, FD0, GA0, GC0, GD0, GD1, GE0, GP0, GU0, GX0, GX1 or GX2.

Must be followed by Record Type FA0 or XA0.

PURPOSE: To provide additional information related to the service rendered to the patient by the provider.

REQUIREMENTS: If required by the payer, this record must be submitted.

	RECORD TYPE/ FIELD	COBOL PICTURE	JUSTIFY	INITIAL	LENGTH	RECORD POSITIONS		REQ
Record Identification "HA0"	HA0-01.0	X(03)	LEFT	SPACES	3	01	03	R
Sequence Number	HA0-02.0	X(02)	LEFT	SPACES	2	04	05	R
Patient Control Number	HA0-03.0	X(17)	LEFT	SPACES	17	06	22	R
Line Item Control Number	HA0-04.0	X(17)	LEFT	SPACES	17	23	39	C
NYHCRA General Hospital Indigent Care/Health Care Initiatives Assessment Applicable	HA0-05.0	X(1)	LEFT	SPACES	1	40	40	R
General Hospital Indigent Care/ Health Care Initiatives Assessment Percent	HA0-06.0	X(4)	LEFT	SPACES	4	41	44	
General Hospital Indigent Care/ Health Care Initiatives Assessment Amount	HA0-07.0	X(7)	LEFT	SPACES	7	45	51	
Extra Narrative Data	HA0-08.0	X(269)	LEFT	SPACES	269	52	320	C

DEFINITIONS:

NARRATIVE RECORD "HA0" - FIELD HA0-01.0

This is the record identifier for the Narrative Record - HA0. Must be entered. Must be "HA0".

SEQUENCE NUMBER - FIELD HA0-02.0

A numeric value from 01 through 99 used to sequence the "HA0" record to the corresponding "FA0" record. Must be entered. The value entered must match the SEQUENCE NUMBER (FA0-02.0) submitted in the preceding "FA0" record.

PATIENT CONTROL NUMBER - FIELD HA0-03.0

A unique number assigned by the provider to identify the patient. Must be entered. Must be identical to the "Patient Control Number" (CA0-03.0) of this claim.

LINE ITEM CONTROL NUMBER - FIELD HA0-04.0

An identifier assigned by the submitter/provider to this line item. May be entered if payer allowed. If entered, value must match the "Line Item Control Number" submitted in the preceding FA0-04.0 record.

GENERAL HOSPITAL INDIGENT CARE/HEALTH CARE INITIATIVES ASSESSMENT APPLICABLE - FIELD HA0-05.0

Field used to identify whether all of the services on the claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment. Must be entered.

The New York Health Care Reform Act (NYHCRA) of 1996 established two pools to fund indigent care and health care initiatives. Third-party payers make an election to pay amounts for these two initiatives directly to the pool administrator.

Certain claims are exempt from application of the General Hospital Indigent Care/Health Care Initiatives Assessment. For example, Medicare, CHAMPUS, CHAMPVA, Veterans Department, Black Lung, Federal Employees Health Benefit Plan, Home Health, Residential Health Care Facilities, Hospice Facilities, and physicians in private practice.

The YES code indicates that all of the services on the claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment. Services need to be separated between those subject to the Assessment and those not subject to the assessment.

The NO code indicates that none of the services on the claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment.

GENERAL HOSPITAL INDIGENT CARE/HEALTH CARE INITIATIVES ASSESSMENT PERCENT - FIELD HA0-06.0

When all of the services on the claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment, this field indicates the applicable percentage.

GENERAL HOSPITAL INDIGENT CARE/HEALTH CARE INITIATIVES ASSESSMENT AMOUNT -
FIELD HA0-07.0

When all of the services on the claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment, this field contains the dollar amount of the assessment calculated at the percentage from HA0-06.0. The Assessment amount indicated in this field is included in the Balance Due (Record Type DA1-24).

EXTRA NARRATIVE DATE - FIELD HA0-08.0

Free form narrative record to submit additional information that may assist in the adjudication of the Service Line Item in the preceding FA0 record. Must be entered if required by payer. This field may be used as follows:

1. To describe the service being submitted as an Unlisted/NOC HCPCS Procedure Code in the preceding FA0 record.
2. To report the substitute physician's UPIN (six bytes in length, alpha numeric) for "Reciprocal" or "Locum Tenens" billing arrangements

CODE STRUCTURES:

CODE STRUCTURE - GENERAL HOSPITAL INDIGENT CARE/HEALTH CARE INITIATIVES
ASSESSMENT APPLICABLE - FIELD HA0-05.0

- Y Yes, all services on this claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment.
- N None of the services on this claim are subject to the General Hospital Indigent Care/Health Care Initiatives Assessment.

CODE STRUCTURE - GENERAL HOSPITAL INDIGENT CARE/HEALTH CARE INITIATIVES
ASSESSMENT PERCENT - FIELD HA0-06.0

For payers making an election to pay the General hospital Indigent Care/Health Care Initiatives Assessment directly to the assigned pool administrator, the following percentages and instructions apply:

- 00.00% The General Hospital Indigent Care/Health Care Initiatives Assessment Applicable (Record Type HA0-05.0) indicates that the assessment is applicable. The provider has not indicated the assessment percent in this record type, has not included any assessment amount in Record Type HA0-07.0 (General Hospital Indigent Care/Health Care Initiatives Assessment Amount), and has not included any assessment amount in the Balance Due (Record Type DA1-24). However, the payer is not relieved of its obligation to pay the assessment at the appropriate rate (08.18% or 05.98% for Medicaid) directly to the pool administrator.
- 05.98% State Government Agencies; Health Maintenance Organizations for Medicaid Patients and Prepaid Health Services Plans; and Local Governments for Correctional Facility Inmates are responsible for payment of the General Hospital Indigent Care/Health Care Initiatives Assessment at this rate. The dollar amount of this assessment (Record Type HA0-07.0) is included in the Balance Due (Record Type DA1-24). This percentage should appear only when the provider has submitted the Provider Election Form for Medicaid Withholding (Attachment 6

in the November 4th letter), but has elected to include the assessment in the Balance Due.

08.18% Payers pursuant to the New York State Workers' Compensation Law; Volunteer Firefighters' Benefit Law; Ambulance Workers' Relief Law; Comprehensive Motor Vehicle Insurance Reparations Act; Insurance Law Article 43 Corporations; New York State Licensed Commercial Insurers; Health Maintenance Organizations (non-Medicaid); and Self-Insured Plans are responsible for payment of the General Hospital Indigent Care/Health Care Initiatives Assessment at this rate. The dollar amount of this assessment (Record Type HA0-07.0) is included in the Balance Due (Record Type DA1-24).

Certain payers choosing to pay into these pools through encounter payments (point-of-service) are subject to an additional 24 percent surcharge.

For payers not making an election to pay these assessment amounts for the General Hospital Indigent Care/Health Care Initiatives Assessment directly to the assigned pool administrator, (payment is made to the provider instead), the following apply:

00.00% The General Hospital Indigent Care/Health Care Initiatives Assessment Applicable (Record Type HA0-05.0) indicates that the assessment is applicable. The provider has not indicated the assessment percent in this record type, has not included any assessment amount in Record Type HA0-07.0 (General Hospital Indigent Care/Health Care Initiatives Assessment Amount) and has not included any assessment amount in the Balance Due (Record Type DA1-24). However, the payer is not relieved of its obligation to pay the assessment at the appropriate rate (32.18% or 05.98% for Medicaid) directly to the provider.

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