

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
DOH-4400 INSTRUCTIONS

A TPA/ASO, voluntarily electing to make public goods payments directly to the Department's Office of Pool Administration on behalf of their clients who have elected must complete the forms DOH-4400 (TPA/ASO Election Application) and DOH-4264 (Electronic Filing User ID Application).

Instructions for pages 1 and 2:

Effective Date: Enter effective date of election. Note: An election application received from any TPA/ASO shall begin on the first day of the month following the date it was received by the Office of Pool Administration unless a future date is specified.

Federal Employer Identification # (FEIN): Enter FEIN used by the TPA/ASO.

TPA/ASO Name: Enter name of TPA/ASO.

Address: Enter address of TPA/ASO.

Contact Person: Enter name of person responsible for providing the Department or providers related information regarding the elections of a TPA's/ASO's represented funds.

Phone #: Enter phone number of the contact person.

E-Mail Address: Enter the e-mail address of the contact person.

The signature of the chief financial officer or other duly authorized individual binds the TPA/ASO to make direct pool payments for all its public goods funding obligations, file reports and remit funds in conformance with HCRA provisions and Department requirements, and represents an agreement as to the jurisdiction of the State for purposes of enforcing payments required under Public Health Law sections 2807-j and 2807-t. This does not, in any way, preclude a payor from litigating other issues in Federal court such as ERISA based challenges, etc.

Instructions for pages 3 and 4:

TPAs/ASOs are to reflect all electing entities they represent. If a TPA/ASO represents both electing and non-electing organizations, an acceptable identification system used to determine patients covered by direct pay (electing) vs. non-direct pay (non-electing) entities when presenting themselves to designated providers of service for patient services must be included (see page 4). For an election application to be considered by the Department forms DOH-4400 (TPA/ASO Election Application Sections I and II) and DOH-4264 (Electronic Filing User ID Application) must be completed.

Note: If, at any time, a client represented by a TPA/ASO becomes a non-electing entity, an acceptable identification system to indicate electing vs. non-electing funds (as referenced above) must be submitted by the TPA/ASO to the Department's Office of Pool Administration.

TPA/ASO Name: Enter name of TPA/ASO.

TPA/ASO Federal Employer Identification Number (FEIN): Enter FEIN of TPA/ASO.

Contact Person: Enter name of person that will be responsible for providing the Department or providers information regarding the election status of a TPA's/ASO's represented funds.

Phone #: Enter phone number of the contact person.

Check the appropriate box: Check first box if you represent both electing and non-electing direct payor clients. Check second box if you represent only electing direct payor clients.

- 1) List only the electing direct payor clients legal name and FEIN for each organization you represent that elect or have already elected to make direct payments to the Department's Office of Pool Administration.
- 2) If you represent both electing and non-electing organizations, check the appropriate identification system(s) being used and provide a copy of the identification card.

Please mail completed election application (DOH-4400 and DOH-4264) to:

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

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL

Effective Date: _____

FEDERAL EMPLOYER

IDENTIFICATION # (FEIN): _____

TPA/ASO NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE #: _____

E-MAIL ADDRESS: _____

By signature below, the above TPA/ASO agrees to cause to be made public goods surcharge payments directly to the Department's Office of Pool Administration on behalf of its clients who have elected, as set forth on Section II, and additionally agrees to:

1. remit to the Department's Office of Pool Administration required surcharge payments for all applicable services on a monthly basis on or before the 30th day following the calendar month for which monies have been paid to designated providers of service;
2. provide the Department's Office of Pool Administration monthly certified reports on or before the 30th day following the calendar month for which monies have been paid which separately report patient service expenditures for services provided by designated provider type(s) (i.e., hospital inpatient, hospital outpatient, diagnostic & treatment center, laboratory¹, or ambulatory surgery center) by product line;
3. provide the Department with certification of data and access to allowance expenditure data upon request for audit verification purposes; and
4. the jurisdiction of the state to maintain an action in the courts of the State of New York to enforce any provision of section 2807-j of the Public Health Law (see note below).

By signature below, the above TPA/ASO also agrees to cause to be made public goods covered lives payments directly to the Department's Office of Pool Administration acting on behalf of its clients who have elected, as set forth on Section II. In such instances the above entity agrees to:

¹ For services provided on or after October 1, 2000, freestanding clinical laboratories with Article 5 Title V permits are exempt from HCRA surcharges

1. remit to the Department's Office of Pool Administration within 30 days after the end of each month one-twelfth of both the individual and family unit annual assessment amounts for each of the individuals and family units residing in the state which were included on the payor's membership rolls for all or a portion of the prior month and for which the payor covered general hospital inpatient care, including retroactive additions and deletions;
2. provide the Department with data certification and access to individual and family unit data, upon request, for audit verification purposes; and
3. the jurisdiction of the state to maintain an action in the courts of the State of New York to enforce any provision of section 2807-t of the Public Health Law (see note below).

By signature below, the Chief Financial Officer or other duly authorized individual of the above entity certifies that the data submitted on the TPA's applicable attachments has been carefully prepared in accordance with instructions provided, and to the best of his/her knowledge, the information presented is accurate and correct.

Signature _____ **Title** _____
Chief Financial Officer or Duly Authorized Individual

Date _____

Note: TPAs/ASOs are only agreeing to the jurisdiction of NYS courts for purposes of enforcing payments required under 2807-j and 2807-t. This does not, in any way, preclude a TPA/ASO from litigating other issues in Federal court such as ERISA based challenges, etc.

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If an entity is acting as a TPA/ASO, indicate whether you represent both electing and non-electing direct payor clients, and separately identify those direct payor clients you represent and for whom payment will be made directly to the Department’s Office of Pool Administration by listing each organization below. For each organization listed, include a separate election application unless the organization previously filed an election application and is on the NYS Department of Health’s website elector list (www.health.state.ny.us/nysdoh/hcra/hcrahome.htm).

TPA/ASO Name: _____ **TPA/ASO FEIN:** _____

Contact Person: _____ **Phone #:** _____

Check the appropriate box below (check only one):

- As a TPA/ASO, I /we represent both electing direct payor clients (listed below) and non-electing direct payor clients and have indicated the identification system which will be used to distinguish between electing and non-electing clients (see page 4).
- As a TPA/ASO, I /we represent only electing direct payor clients (listed below).

1) List those organizations you represent that elect or are have already elected to make direct payments to the Department’s Office of Pool Administration. Attach additional sheets if necessary.

ORGANIZATION NAME (Legal Name)

ORGANIZATION FEIN

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- 2) If you represent both electing and non-electing organizations, indicate which of the following acceptable identification systems you will use to determine such patients covered by direct pay entities vs. non-direct pay entities when presenting themselves to providers for patient services.

Check the identification system used:

Card System

I, as a TPA/ASO, have both the client name and our name listed on all insurance/plan participant identification cards, which are issued by our organizations. A copy of both the front and back of the insurance card is attached.

Identifier System

I, as a TPA/ASO, agree to place on the **non-electing insurance/plan participant identification cards only** an identifier (i.e., a sticker with NY Non-electing) or have NY Non-electing imprinted on the non-electing insurance/plan participant identification cards. A copy of both the front and back of the identification card is attached.