

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
DOH-4408 INSTRUCTIONS

Designated providers who have had a change in status (i.e., merged with another provider, ceased doing business) must have this form completed by their Chief Executive/Financial Officer or Administrator.

Monthly Public Goods Pool reporting obligations for the service period during which the entity was a designated provider of services under HCRA, will continue for a period of one year following the end of the year in which the status change occurred or until all claims for such service period have been adjudicated. Once all claims have been adjudicated, the provider must submit a final monthly report and a completed DOH-4408 form stating the nature of the change in status, the effective date of the change, and the reporting submission on which the provider's final Public Goods Pool obligations are reported and paid.

Please mail completed form 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

Any questions regarding the foregoing should be directed to the Office of Pool Administration at (315) 671-3800.

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL

OPERATING CERTIFICATE #:
(LABORATORIES ENTER PFI#)

ADDRESS:

FEDERAL EIN#:

CONTACT PERSON:

PROVIDER NAME:

TELEPHONE:

EFFECTIVE DATE OF CHANGE:

(month/day/year)

PROVIDER TYPE

Check the appropriate box below:

ARTICLE 28 GENERAL HOSPITAL

ARTICLE 28 DIAGNOSTIC & TREATMENT CENTER - providing a comprehensive range of primary health care services

ARTICLE 28 DIAGNOSTIC & TREATMENT CENTER - providing ambulatory surgical services

STATUS CHANGE

Check the appropriate box below:

- 1) DESIGNATED PROVIDER OF SERVICES MERGED WITH ANOTHER DESIGNATED PROVIDER OF SERVICES
- 2) DESIGNATED PROVIDER OF SERVICES MERGED WITH A NON-DESIGNATED PROVIDER OF SERVICES
- 3) PROVIDER CEASED DOING BUSINESS

REPORTING OBLIGATION

Check the appropriate box below:

- Provider will continue to file reports for all dates of service prior to the change for a period of one year following the end of the year in which the change took place or until all such claims have been adjudicated, at which time a final monthly report and a copy of this form indicating same will be filed.
- All claims for dates of service prior to the change, which occurred on _____, have been adjudicated effective _____. A final report for the month of _____ has been filed separately. All affected claims for the period during which the entity was a designated provider of services have been adjudicated and the provider has no further liability to the Public Goods Pools.
- The above mentioned provider ceased processing all claims effective _____ and the entity listed below is assuming responsibility for all pending claims and the Public Goods Pool monthly reporting and surcharge obligations. Please complete the following for the reporting entity: **Please note that this reporting method is only acceptable for status change #1.**

OPERATING CERTIFICATE #:
(Laboratories enter PFI#)

ADDRESS:

FEDERAL EIN#:

CONTACT PERSON:

PROVIDER NAME:

TELEPHONE#:

- For any change of status, other than those listed above, describe below.

Signature: _____

Title: _____

Date: _____