

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
DOH-4403 INSTRUCTIONS

This form is to be completed by a payor whose status has changed from the original election as it relates to whether a TPA/ASO is utilized for claims processing.

Effective Date: Enter effective date of status change.

Payor Information: Enter payor name, federal identification number (FEIN), contact person, and phone #.

Type of Status Change: If you are adding or changing a TPA/ASO organization, check appropriate box on type of status change being submitted.

Previous TPA/ASO Information: Enter previous TPA/ASO name/FEIN, if applicable.

New or Additional TPA/ASO Information: Enter new or additional TPA/ASO name, FEIN, address, contact person, and phone number.

Check one of the following: Check appropriate box regarding claims run out, if applicable.

Signature Section: An authorized individual from the electing payor’s company must sign and date the form.

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL

This form must be completed if an electing payor is adding or changing their TPA/ASO.

Effective Date: _____

PAYOR INFORMATION:

Payor Name: _____ Payor FEIN: _____

Contact Person: _____ Phone #: _____

Type of Status Change (check appropriate box):

Additional TPA/ASO (complete Section II only)

Changing TPA/ASO (complete Sections I, II & III)

I. PREVIOUS TPA/ASO INFORMATION:

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

II. NEW or ADDITIONAL TPA/ASO INFORMATION:

TPA/ASO Name: United HealthCare Services, Inc. TPA/ASO FEIN: 41-1289245

Address: PO Box 31373

Salt Lake City, UT 84131-0373

TPA/ASO Contact Person: Policy Administration TPA/ASO Phone #: 800-291-2634

III. CHECK ONE OF THE FOLLOWING:

Previous TPA/ASO will continue to process claims and 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 in TPA occurred or until all such claims have been adjudicated, at which time a final monthly report with a copy of this form indicating same will be filed.

All self-insured claims that previous TPA/ASO was responsible for have been adjudicated effective _____.

New TPA/ASO is assuming responsibility for all pending claims and HCRA reporting requirements.

Signature of Payor: _____

Date: _____

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

**HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
DOH-4264 INSTRUCTIONS**

All electing payors/third party administrators (TPA)/administrative services only (ASO) organizations and designated providers are required to file Public Goods Pool reports electronically. This also applies to the 1% Statewide Assessment report filed by hospitals. To file electronically, you must establish an electronic filing account and be assigned a secure password. A website has been established at www.hcrapools.org to facilitate this process.

While electronic filing is designed to be user friendly, a help desk has been established to aid those users requiring assistance. If you need general assistance or assistance in obtaining copies of the electronic filing screens and the electronic reporting certification forms, please contact the help desk at (315) 671-3800 or via e-mail at webpools@hcrapools.org.

Upon receipt of a fully completed Electronic Filing User ID Application (DOH-4264), the Office of Pool Administration will assign a secure electronic filing user ID and password to your organization, which you will receive via return mail.

New Request/Revision to Existing Account: Check the appropriate box. An entity requesting an initial account/password should check the *New Request* box; an entity that has an existing account and is advising the Department of a change to that account should check the *Revision to Existing Account* box.

Payor/TPA/ASO/Provider Name: Enter name of entity that may use the OPA website.

Federal Employer Identification Number (FEIN): Enter FEIN assigned to the entity named above.

Operating Certificate #: (For providers only): Enter Operating Certificate number assigned by the Department of Health to the entity named above.

Report(s) being filed electronically (check ALL applicable types): Check all applicable types of reports that your entity will be filing electronically – Public Goods Pool and/or Statewide Assessment.

Signature: Must be signed by the Chief Executive/Financial Officer and/or Administrator of the entity named above.

Name/Title/Phone Number (Please Print): Enter name, title and phone number of the person signing above.

Address/City/State/Zip Code: Enter address of the person signing above.

E-mail Address: Enter e-mail address of the person signing above. This email address will be used to communicate Health Care Reform Act information, including delinquency reporting notifications and periodic legislative updates.

Date: Enter date this form is signed.

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL

New Request

Revision to Existing Account

Payor/Third Party Administrator/Administrative Services Only Organization/Provider Name:

Federal Employer Identification # (FEIN): _____

Operating Certificate # (FOR PROVIDERS ONLY): _____

Report(s) being filed electronically (check ALL that apply):

- Public Goods Pool
- 1% Statewide Assessment (for hospitals only)

By signature below, the Chief Financial Officer or other duly authorized individual of the above named entity authorizes the Office of Pool Administration to assign a secure electronic filing user ID and password to the entity. This information will be mailed directly to the attention of the signer and must remain secured. If an email address is provided, this information will be sent electronically to the email address listed. It is the responsibility of the above named entity to ensure that this information is released only to those individuals requiring knowledge thereof.

Signature _____

Name (Please Print) _____

Title _____

Phone Number _____

Address _____

City _____ **State** _____ **Zip Code** _____

E-mail Address _____

Date _____

<p><u>Please mail completed form to:</u> 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</p>

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
DOH-4399 INSTRUCTIONS

A payor voluntarily electing to make public goods payments directly to the Office of Pool Administration must complete forms DOH-4399 (Payor 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 payor or organization 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 federal employer identification number (FEIN) of the payor. Please note that Section 2807-j(5)(a)(iii)(D) of the Public Health Law requires the New York State Department of Health to publish the FEIN of all electing payors on a secure website.

Payor Name: Enter name of payor. The payor name is that of the incorporated entity, local government, self-insured fund.

D/B/As: Enter any assumed name(s) ("d/b/a") under which the entity is doing business.

Address: Enter address of payor.

Contact Person: Enter name of contact person that will be responsible for providing the Department with the information regarding the payor's election, lines of business and claims processing.

Phone #: Enter phone number of the contact person.

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

If the election submission is for a payor that is utilizing a third-party administrator (TPA)/administrative services only (ASO) for claims processing, the following information must also be provided. If more than one TPA/ASO is utilized, attach a list of additional TPAs/ASOs.

TPA/ASO Name: Enter name of the TPA/ASO representing said payor.

TPA/ASO FEIN: Enter FEIN of the TPA/ASO.

The Signature of the chief financial officer or other duly authorized individual binds the payor to make direct pool payments for all its public goods funding obligations, file reports and remit funds in conformance with the Health Care Reform Act (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 page 3:

This form must be completed by all payors making an election and represents a payor's attestation of the coverage it provides. A payor electing to pay the Department's Office of Pool Administration directly is making an election for all its coverages for which it assumes risk for the payment of medical claims. Payors utilizing multiple third-party administrators (TPA)/administrative services only (ASO) organizations must complete a Coverage Information form for each TPA/ASO.

- In each payor category which applies, the payor should mark an "X" in each column to indicate that the payor provides such coverage. Each box marked with an "X" represents the coverages that it assumes risk for. As stated before, a payor is required to elect for all coverages for which it assumes risk for the payment of medical claims. Shaded areas should not be checked.
- If an Article 43 NYS Insurance Law corporation or licensed commercial insurer has a separate incorporation for its Article 44 NYS Public Health Law business, that corporation must check the appropriate boxes on a single election form. Otherwise, the Article 44 NYS Public Health Law business is considered to be a product line of the Article 43 or commercial payor and the payor is required to make a single election for this and all other types of coverage provided by the corporation. A payor, who does not fall into any of the categories listed, should check "Other" in the payor identification section and explain their payor type in the space provided.

Please mail completed election application (DOH-4399 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): _____

PAYOR NAME: _____

D/B/As (IF APPLICABLE): _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE #: _____

E-MAIL ADDRESS: _____

If the above referenced entity is a payor that utilizes a third-party administrator (TPA)/administrative services only (ASO) for claims processing, please provide the following information:

TPA/ASO NAME: United HealthCare Services, Inc.

TPA/ASO FEIN: 41-1289245

By signature below, the above entity elects to make all public goods surcharge payments directly to the Office of Pool Administration for all its coverages for which it assumes risk for the payment of medical claims and 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

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

- 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).
- 5. the Department’s website posting of the above entity’s FEIN in accordance with Public Health Law Section 2807-j(5)(a)(iii)(D).

By signature below, the above entity also agrees to make public goods covered lives payments directly to the Department’s Office of Pool Administration in instances where it provides inpatient coverage as a corporation organized and operating in accordance with Article 43 of the Insurance Law, an organization operating in accordance with Article 44 of the Public Health Law, a self-insured fund, or an HMO or insurer licensed outside New York State and authorized to write accident and health insurance and whose policy provides inpatient coverage on an expense incurred basis. In such instances the above entity agrees to:

- 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 all applicable attachments have 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: Payors making an election 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 payor from litigating other issues in Federal court such as ERISA based challenges, etc.

COVERAGE INFORMATION (See Attached For Further Explanation)

PAYOR NAME: _____ **FEDERAL ID#:** _____

TPA/ASO NAME: United HealthCare Services, Inc. **TPA/ASO FEDERAL ID#:** 41-1289245

MARK AN "X" IN EACH COLUMN TO INDICATE TYPE OF COVERAGE BY PAYOR TYPE

	TYPE OF PAYOR:	IDENTIFICATION OF TYPE OF COVERAGE:								
		<u>INDEMNITY COVERAGE</u>	HMO NON- MEDICAID OR NON- NYS MEDICAID COVERAGE	SELF- INSURED COVERAGE	NEW YORK STATE HMO/PHSP MEDICAID COVERAGE	NEW YORK STATE GOVT PROGRAM W/INPATIENT COMPONENT & NYS LOCAL GOVT CORRECTIONS	NEW YORK STATE WORKERS COMPENSATION LAW COVERAGE	NEW YORK STATE MOTOR VEHICLE REPAIRATIONS ACT COVERAGE	NEW YORK STATE VOLUNTEER AMBULANCE WORKER'S BENEFIT LAW COVERAGE	NEW YORK STATE VOLUNTEER FIREFIGHTERS' BENEFIT LAW COVERAGE
1	Corporations Organized & Operating in accordance with Article 43 of the NYS Insurance Law									
2	Corporations that are Commercial Insurers licensed in New York State									
3	Corporations Organized & Operating in accordance with Article 44 of the NYS Public Health Law, not incorporated as Commercial Insurers or under Article 43 of the NYS Insurance Law									
4	Self-Insured Fund with No Third Party Administrator/Administrative Svcs Only Organization for Claims Processing									
5	Self-Insured Fund with a Third Party Administrator/Administrative Svcs Only Organization for Claims Processing			X						
6	New York State Governmental Agency/ New York State Local Government									
7	Other (please explain below): Includes: State/Local Governments outside New York for Medical Assistance Programs; insurers licensed outside New York State, authorized to write OTHER than Accident and Health									
8	HMOs and insurers licensed outside New York State, authorized to write Accident and Health									

Explanation of "Other" Payor Identification

**HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
COVERAGE INFORMATION****Payor Type 1: Corporation organized and operating in accordance with Article 43 of the New York State Insurance Law offering:**

- Indemnity Coverage with an expense incurred inpatient hospital component, thus requiring a surcharge obligation on affected services plus regional GME covered lives assessments for NYS resident insureds
- Indemnity Coverage without an expense incurred inpatient hospital component, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident insureds
- HMO non-Medicaid managed care coverage, thus requiring a surcharge obligation on affected services plus regional GME covered lives assessments for NYS resident non-Medicaid insureds
- HMO Medicaid managed care coverage, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident Medicaid managed care enrollees

Payor Type 2: Commercial Insurance Corporation licensed by New York State offering:

- Indemnity Coverage with an expense incurred inpatient hospital component, thus requiring a surcharge obligation on affected services plus regional GME covered lives assessments for NYS resident insureds
- Indemnity Coverage without an expense incurred inpatient hospital component, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident insureds
- HMO non-Medicaid managed care coverage, thus requiring a surcharge obligation on affected services plus regional GME covered lives assessments for NYS resident non-Medicaid insureds
- HMO Medicaid managed care coverage, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident Medicaid insureds
- New York State Workers Compensation Law coverage, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident insureds
- New York State Motor Vehicles Reparations Act coverage, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident insureds
- New York State Volunteer Ambulance Workers Benefit Law coverage, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident insureds
- New York State Volunteer Firefighters Benefit Law coverage, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident insureds

Payor Type 3: Corporation organized and operating in accordance with Article 44 of the New York State Public Health Law not incorporated as a NYS licensed commercial insurer or under Article 43 of the New York State Insurance Law offering:

- HMO non-Medicaid managed care coverage, thus requiring a surcharge obligation on affected services plus regional GME covered lives assessments for NYS resident non-Medicaid managed care enrollees
- HMO Medicaid managed care coverage, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident Medicaid managed care enrollees

Payor Type 4/5: Self insured fund offering:

- self insured employee health coverage with an expense incurred inpatient hospital component, thus requiring a surcharge obligation on affected services and regional GME covered lives assessments for NYS resident plan participants
- self insured employee health coverage without an expense incurred inpatient hospital component, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident plan participants
- self insured New York State Workers Compensation Law coverage, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident plan participants
- self insured **non-New York State** Workers Compensation Law coverage, thus requiring a surcharge obligation on affected services and a regional GME covered lives assessments (if coverage includes expense incurred inpatient hospital care) for NYS resident plan participants
- self insured New York State Motor Vehicles Reparation Act coverage, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident plan participants
- self insured **non-New York State** Motor Vehicles Reparations Act coverage, thus requiring a surcharge obligation on affected services and a regional GME covered lives assessments (if coverage includes expense incurred inpatient hospital care) for NYS resident plan participants

Payor Type 6: New York State Governmental Agency/ New York State Local Government:

- New York State political subdivision for New York State county corrections, New York City corrections, and, New York State governmental agencies for New York State administered payments that reimburse hospitals for rendered inpatient services to eligible patients. (e.g. Office of Mental Health payments for services provided to individuals residing in New York State operated developmental centers), thus requiring a surcharge obligation on affected services but no regional GME covered lives assessment

Payor Type 7: Other

- Insurers **licensed outside New York State, authorized to write OTHER than Accident and Health** thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident insureds
- States **other than New York State** and localities **other than New York State political subdivisions** for medical assistance program expenses (i.e. Medicaid Programs in states OTHER than New York State), thus requiring a surcharge obligation on affected services but no regional GME covered lives assessment
- NYS licensed fraternal benefit societies offering coverage with or without an expense incurred inpatient hospital component, requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident insureds

Payor Type 8: HMOs and insurers licensed outside New York State, authorized to write Accident and Health:

- Indemnity Coverage with an expense incurred inpatient hospital component, thus requiring a surcharge obligation on affected services plus regional GME covered lives assessments for NYS resident insureds
- Indemnity Coverage without an expense incurred inpatient hospital component, thus requiring a surcharge obligation on affected services but no regional GME covered lives assessments for NYS resident insureds
- HMOs **organized and operating outside New York State Insurance and Public Health Laws**, thus requiring a surcharge obligation on affected services plus regional GME covered lives assessments for NYS resident insureds

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
DOH-4402 INSTRUCTIONS

IMPORTANT: Without the signature of an authorized individual from the company, no information will be recorded. Please refer to “Signature Section” below.

This form must be completed by a payor whose status has changed from the original election submission filed.

Effective Date of Change: Enter effective date of status change.

Payor Information: Enter payor name, federal employer identification number (FEIN), contact, and phone #.

SECTION I:

Check applicable box: Check appropriate box to reflect the following status changes: self-insured to fully insured; closed/out of business; bankrupt; or other. The section “other” is not to be completed to reflect a status change resulting from a change in third-party administrator (TPA)/administrative services only (ASO), rescission, or merger.

If a TPA/ASO was utilized, provide TPA/ASO name.

Check applicable box:

Check box #1 if you or your TPA/ASO will continue to file reports for claims that have not been adjudicated for the period for which you were an elector.

Check box #2 and fill in effective date if all claims for the period in which you were an elector have been adjudicated.

Comments: Provide detailed explanation for status changes “bankruptcy” or “other”.

SECTION II:

Complete **only** if updating a previously submitted Payor Status Change form¹ (DOH-4402) to indicate a final adjudication date. If a TPA/ASO was utilized, provide TPA/ASO name.

Signature Section:

An authorized individual from the company is **required** to sign and date the form.

¹ Formerly known as Attachment 2.5

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL

This form is to be completed to reflect the following status changes: self-insured to fully insured; closed/out of business; bankrupt; or other. The section “other” is not to be completed to reflect a status change resulting from a change in third-party administrator (TPA)/administrative services only (ASO), rescission, or merger.

EFFECTIVE DATE OF CHANGE: _____

Payor Name: _____ **Payor FEIN:** _____

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

SECTION I

Check applicable box:

- SELF-INSURED TO FULLY INSURED** **CLOSED/OUT OF BUSINESS** **OTHER**
 BANKRUPTCY Chapter 11 Chapter 7

TPA/ASO Name: _____

Check applicable box:

1. Reports will continue to be filed until all claims have been adjudicated, at which time Section II of this form will be submitted indicating final adjudication date.
2. All claims have been adjudicated effective _____.

COMMENTS (Provide detailed explanation for status changes “bankruptcy” or “other”).

SECTION II (Complete only if updating a previously submitted Payor Status Change form (DOH-4402) to indicate a final adjudication date)

All self-insured claims have been adjudicated effective _____.

TPA/ASO Name: _____

Signature of Payor _____ **Date** _____

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



State of New York Health Care Reform Act— Public Goods Pool

The New York Health Care Reform Act (NYHCRA) imposes certain surcharges and assessments on a variety of health care physician/other health care professional services received in New York State by a covered member. The surcharges and assessments collected are used to finance bad debt, graduate medical education (GME) and a variety of other health care initiatives.

Election overview.

All self-funded groups are impacted by the NYHCRA surcharges and assessments, regardless of where the group's office or headquarters is located. If a covered member receives a health care service in the State of New York, and the health care service is one that is subject to the surcharge, then the surcharge is added to the claim cost. The actual surcharge percentage applied to affected claims depends on the group's election status. In addition, electing customers also must pay a covered lives assessment for each covered member residing in the State of New York.

Once the group has elected into the NYHCRA Public Goods Pool, the covered lives assessment will be paid by United HealthCare Services, Inc.

Forms.

If you want to be an Electing customer but have not yet made your election, then you must complete forms DOH-4399 ("Payer Election Application") and DOH-4264 ("Electronic Filing User ID Application").

If you have already filed an Election, but have changed third-party administrators, then you need only complete DOH-4403 ("Third-Party Administrator or Administrative Services Only Status Change"). If you elect not to participate, complete All Savers Non-Participation Election Form — New York Public Goods Pool.

Groups that elect not to participate in the New York Public Goods Pool will be charged a monthly administrative fee of \$1.25 per employee on their monthly bill due to non-participation.

Completed forms should either be submitted electronically to AdminAllSavers@UnitedHealthcare.com or mailed to:

Policy Administration
UnitedHealthcare Services Inc.
PO Box 31373
Salt Lake City, UT 84131-0373
Fax: 920-661-9959

Please submit your completed forms to the above address and not directly to the State of New York. We will forward your completed form(s) to the NYHCRA Public Goods Pool for processing. Any questions on the forms can be directed to United HealthCare Services, Inc. at **1-800-291-2634**.



Electing customers designate United HealthCare Services, Inc. to remit all surcharges and assessments directly to the State of New York on their behalf with reimbursement through claim processing and the covered lives assessment. The covered lives assessment is based on the number of employees who are New York State residents on the group's membership.

Non-electing customers pay higher surcharge rates, which are then included in a provider's claim reimbursement. The provider is then responsible to pay the surcharge. The surcharge for a non-electing customer can be as high as 60 percent of the cost of the claim.

CONTINUED

Frequently Asked Questions.

Q: Does the New York Health Care Reform Act impact my All Savers Alternate Funding plan?

A: Yes. All groups with a self-funded plan are impacted regardless of where the group is located. If one of your covered members receives a surchargeable service from a provider located in the State of New York, then your plan is responsible for a surcharge on the claim. For example, when one of your covered members receives care while traveling (for business or personal vacation) in New York or at a center of excellence located in New York, then you will be subject to a surcharge on those services.

Q: What is the benefit for an Electing customer?

A: Electing customers designate United HealthCare Services, Inc. to pay all surcharges and assessments directly to the State of New York on their behalf. Electing customers pay a lower surcharge than non-electing customers.

Q: What happens if I don't elect to participate?

A: Non-electing plans pay higher surcharges that are included in a provider's reimbursement. The additional surcharge can be as high as 60 percent. In addition, the group will be charged a monthly administrative fee of \$1.25 per employee on your monthly bill due to non-participation.

Q: How does my plan become an Electing customer?

A: You must complete forms DOH-4399 ("Payer Election Application") and DOH-4264 ("Electronic Filing User ID Application") to become an Electing customer. These Public Goods Pool forms must be filed with the State before you can be considered an Electing customer. The forms are available from your agent or call United HealthCare Services, Inc. at **1-800-291-2634** to obtain the necessary forms. Please use these forms only as certain fields are prefilled with United HealthCare Services, Inc. information. The forms should be completed and sent by email to AdminAllSavers@UnitedHealthcare.com.

You also can mail them to the following address:

**Policy Administration
UnitedHealthcare Services Inc.
PO Box 31373
Salt Lake City, UT 84131-0373**

Please submit your completed forms to the above address and not directly to the State of New York. We will forward your completed form(s) to the NYHCRA Public Goods Pool for processing.

Q: Is there an initial cost to making an election?

A: No, there is no initial cost for filing your election with the State of New York.

Q: What do I need to do after I become an Electing customer?

A: If you designate United HealthCare Services, Inc. as your third-party administrator (TPA), we will prepare your filings and pay your surcharges and assessments on your behalf.

Q: What if one or more of my covered members resides in the State of New York?

A: There is a covered lives assessment that must be paid for each covered member residing in the State of New York. We will calculate the amount for you and submit your payment to the Public Goods Pool on your behalf.

Q: When is my election effective?

A: Your election is effective the first of the month following the date it was filed with New York. Claims incurred prior to the effective date of your election are subject to the higher surcharge.

Q: Will I need to pay additional funds related to my plan's participation in the Public Goods Pool?

A: The cost of the claim surcharge will be added to the claim and is treated as part of the claim for funding purposes. The monthly covered lives assessment for members residing in the State will be paid by United HealthCare Services, Inc. and remitted to the New York Public Goods Pool monthly on the group's behalf.

Q: Where can I find additional information on the New York Health Care Reform Act?

A: The following website will provide you additional details: <http://www.health.ny.gov/regulations/hcra/forms.htm>.