

Administrative Services Only (ASO) For Small Business

Producer Communication 645

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Summary

To expand and enhance our offerings to employer groups with 20 to 99 enrolled subscribers, Capital BlueCross is offering an Administrative Services Only (ASO) option to this size segment with effective dates after 7/1/2013. Automated quoting through Sales360° is now available to producers for small business ASO products.

For 2013 effective dates, 12 medical and 3 Rx plan designs are being offered. The 2013 plan designs align with selected fully insured small group enhanced plans. For 2014 effective dates, 22 medical and 3 Rx plans will be offered. The 2014 products are structured identically to selected 2014 fully insured mid-market (51-99) plans with the exclusion of some high dollar HSA plans. Ancillary products (dental and vision) must be fully insured.

Small business ASO will be a maximum liability arrangement (as opposed to a claims reimbursement model) with only the possibility of a refund at settlement. The rate quoted for the group will include projected claims, stop loss, administration fees, and broker commissions.

For quotes effective 7/1/14 and after the following changes are being made:

1. PCORTF and Reinsurance fee will no longer be collected from the group. Groups will be responsible for paying these fees directly to the government.
2. Level premium rate is based on the collection of 110% of expected claims.

Both changes have been made to increase competitiveness in the market by producing a lower level premium rate.

Details

Plan Design Options

Small business ASO (20-99) will be offered selected standard medical and Rx plan designs. Please see the attached chart for a complete listing of the ASO small business products (*Attachment A*). Small business ASO groups will not be permitted to customize the benefit plans. As market demand is assessed, more standard ASO small group products may be introduced to the market.

Quoting Process

Quotes for the ASO small business financial arrangement are generated through Sales360° by selecting the ASO catalog on the quote. Both the ASO Proposal and the Rate Illustration Sheet must be provided to the group in order to present a complete quote.

The ASO Proposal is selected from the available templates on the proposal tab of the quote and generated as a standard small group proposal is generated today. Other available templates include the ASO highlight sheets, the ASO working document and the ASO census detail.

The ASO Rate Illustration Sheet will be auto generated on the Attachments tab within the quote. The quote must contain less than 35 medical and rx combinations for this to be processed without error. After a producer has entered a quote and received rates the ASO Rate Illustration Sheet will be made available on the Attachment tab of the quote within 3 hours.

For groups with 20 to 50 eligible subscribers, one stop loss specific-deductible level of \$25,000 is being offered. Groups with 51-99 eligible subscribers may select between two specific deductible levels, \$25,000 and \$35,000. Groups quoted prior to a 7/1/14 effective date have been provided rates based on 120% of their expected claims. Groups being quoted for effective dates of 7/1/14 and after will be provided rates based on 110% of expected claims being collected. This change will result in a lower monthly maximum premium rate for 7/1/14 and after groups than would have been obtained if 120% was used.

Quoting for June 2014 effective dates will not be permitted in order to allow the new rating structure to be put into place.

The rates issued for the ASO small business will include medical, drug, and stop loss, thus there will be no need to request or issue a separate stop loss proposal for these ASO small business products. A minimum of 20 eligible subscribers are required to generate an ASO quote in Sales360°. Stop Loss for ASO small business will be underwritten by Capital Advantage Insurance Company (CAIC).

Underwriting Requirements

If the number of actual enrolled subscribers for a group electing an ASO product falls below 20 at the time of initial enrollment or at renewal, the group **must** convert to a fully-insured policy. If a group exceeds 100 contracts they will no longer be considered mid-market and the group will be transitioned from Sales360° as a large group.

Pennsylvania State Law requires that a minimum aggregate attachment point requirement be met in order for a plan to be considered self insured. Smaller groups with limited benefits could fail to meet the minimum aggregate coverage requirement of \$100,000. Groups failing to meet State minimum ASO requirements will be rejected by underwriting compliance and offered a fully insured product. The following language is provided in the ASO Small Business Proposal document:

“Pennsylvania state law dictates that the aggregate value of the insurance coverage provided must meet or exceed \$100,000 in order to be considered self insurance. Depending on your group’s final enrollment numbers and the benefits selected by your members it is possible that the coverage could fail to meet the self insurance requirements. Capital BlueCross will perform a test after your final enrollment figures are received to verify the state requirements have been met. Groups failing to meet the state requirements will not be offered ASO coverage.”

Groups sized 20-50 will be subject to the risk assessment process and rated through MedPoint. The participation requirement for small business ASO is 75%. No multiple coverage discount (MCC) is available to small business ASO customers. Ancillary services such as dental and vision will only be available as fully insured products.

Additional ASO Requirements for Groups

Groups will receive separate contracts for their ASO agreement, the Stop Loss agreement, and any ancillary products purchased. Groups will have additional forms to complete such as the NYHCRA election form. A Small Business ASO Paperwork Requirements reference tool is provided as *Attachment B*. Groups that are new to ASO are required to complete the NYHCRA Payor Election Application and Electronic Filing User ID Application (*Attachment C, Attachment D*). If the group you are working with is not new to ASO, please work with your CBC Sales Executive to determine the NYHCRA forms required.

Groups must also be aware that by choosing to offer an ASO product they may be subject to additional financial liabilities. Some taxes may be imposed directly on self funded groups. Groups should discuss the additional responsibilities they may face as an ASO provider with their tax professional.

The PCORTF tax (\$2 PMPY) and Reinsurance tax (\$5.25 PMPM) required under PPACA have been built into the ASO small business rates for quotes with effective dates prior to 7/1/14. Groups will receive notice when these taxes are due as well as funds to cover their calculated liability.

Beginning with rates issued for effective dates of 7/1/2014 and after the PCORTF and Reinsurance tax will not be included in the ASO small group level premium rate. ASO groups will be responsible for calculating and paying these taxes on their own.

Billing

Although the rates issued in the proposal will include medical, Rx and stop loss under one rate, the invoice issued to the group will have three separate amounts for each line of business broken out. Invoices will be generated on the same business cycle utilized for small group rated business which is the 15th of the month prior to the due date which is the 1st of the following month.

Settlement Process

Because the ASO financial arrangement being offered in small business is a level premium maximum liability arrangement, groups will only have the possibility of a refund at settlement. Settlements will be calculated using 3 months of claims run-out and completion factors, and will be issued approximately five months after the contract end date. The portion of the premium that is collected for stop loss and administration fees will not be applied to the settlement calculation. Groups will never owe additional funds as the result of a negative settlement. Groups will never owe additional funds as the result of a negative settlement and all group liability for the contract period ceases at the time of settlement.

If a group terminates their contract early, all settlement rights will be forfeited. Groups will not be billed for claims received after their settlement for dates of service that are within the contracted period.

Post-Sale Process

The sales process for groups sold with effective dates of 1/1/14 and after will be processed within Sales360° for groups with total subscriber counts of 100 or less.

Reporting

A standard reporting package consisting of the Group Dashboard, an Executive Summary, a Savings Reporting, and a Stop Loss Package will be offered to small business ASO customers on a monthly basis to be delivered through the Blue*Insights* portal. An Annual Utilization Profile report will be distributed through Sales 360° upon the completion of the group's second year renewal.

Customization of reporting by small business ASO groups will not be permitted. Reporting for Small Business ASO will be automatically configured by the Analytics and Reporting team, identifying the CBC Account Executive as the report recipient. Additional report recipients can be requested through the group's Account Executive.

Commissions

Producer commissions for small business ASO will be paid at the same level as small group fully insured products.

Attachments

- **Attachment A** – ASO Small Business Product Offerings
- **Attachment B** -- ASO Small Business Paperwork Requirements
- **Attachment C** – NYHCRA Payor Election Application for New ASO Groups
- **Attachment D** – NYHCRA Electronic Filing User ID Application for New ASO Groups

Questions

Contact your Preferred Agent with questions. Thank you

2013 ASO Small Business Product Offerings (7/1/13 - 12/31/2013)		2014 ASO Small Business Product Offerings (1/1/2014 and after)	
Medical		Medical	
Description		Description	
PPO 0/100 - E		Healthy Benefits PPO Select 0.0	
PPO 250/100 - E		Healthy Benefits PPO Select 250.0	
PPO 500/100 - E		Healthy Benefits PPO Select 500.0	
PPO 500/80 - E		Healthy Benefits PPO Select 500.20	
PPO 1000/100 - E		Healthy Benefits POS Select 500.0	
PPO 2000/100 - E		Healthy Benefits PPO Select 1000.0	
PPO 3000/100 - E		Healthy Benefits PPO Select + Rewards 1000.0	
PPO 4000/100 - E		Healthy Benefits PPO Select 2000.0	
PPO HRA 2000 - E		Healthy Benefits PPO Select 3000.0	
PPO HRA 3000 - E		Healthy Benefits PPO Select + Rewards 3000.0	
PPO HSA 2000Q/100 - E		Healthy Benefits PPO Select 4000.0	
PPO HSA 3500Q/100 - E		Healthy Benefits PPO Select HSA 2000.0	
		Healthy Benefits PPO Select HSA 3500.0	
		Healthy Benefits PPO Select HRA 2000.0	
		Healthy Benefits PPO Select HRA 3000.0	
		Healthy Benefits PPO Select HRA 4000.0	
		Healthy Benefits PPO Select HRA 5000.0	
		Healthy Benefits PPO Select HRA 6000.0	
		Healthy Benefits PPO Select Choice 1000.0	
		Healthy Benefits PPO Select Choice 3000.0	
RX		Rx	
Description		Description	
Rx - Option 2		Rx Select \$50 4.20.40	
Rx - Option 7		Rx Select \$0 4.15.45	
Rx - Option 11		Rx Select VBP 3.10.20	

ASO Small Business Paperwork Requirements

The following paperwork is required to enroll a group in Small Business ASO:

1. Completed Group Application
 - a. Products selected in section 3 must match products selected on the signed rate sheet
 - b. Benefit period selection must match the benefit period provided on the accepted quote revision
2. Rate Acceptance Page(s)
 - a. New Groups with 20-50 subscribers must sign the rates provided by underwriting through the preliminary rate process (Medpoint)
 - b. New groups with 51-99 subscribers and existing CBC customers electing ASO must complete the Rate Summary Form provided in the proposal
3. ASO Rate Exhibit Page(s)
 - a. Provided in the ASO 20-99 Rate Illustration Quote Attachment
 - b. Group Policymaker must print name, sign and date
4. Member Applications**
 - a. Group Administrator Section (upper right corner) must be completed in full
 - b. If the group is electing multiple options, designate plan election member has chosen

OR

Electronic Enrollment Spreadsheet**

 - a. Follow all instructions provided on Excel template cover sheet
 - b. Do not alter the template
5. Disclosure Authorization Form*
 - a. Required for new groups with 20-50 subscribers electing ASO
 - b. Subscriber, spouse, and all enrolling dependents must complete on respective line with printed name, signature and date. A parent must sign his/her own name for dependents under the age of 18 on the date of the signature.
6. Employee Waiver**
 - a. Required to be completed by each eligible employee/owner choosing not to enroll in group coverage
 - b. Employees providing their other carrier coverage will be counted as enrolled for participation calculations
7. Medical Loss Ratio Questionnaire*
8. HRA Administration Application if group is electing an ASO HRA
9. Signed Late Letter (as applicable)
10. Agent of Record Letter*
11. Business Associates Agreement (BAA) signed by group
 - a. Group specific document must be requested through your CBC Sales Executive for completion by the group
12. New York Health Care Reform Act (NYHCRA) Forms
 - a. Electronic Filing User ID Application-All groups new to ASO
 - b. Payor Election Application-All groups new to ASO
 - c. All ASO accounts are required to comply, even if they have no members living in New York
13. First Months Premium Check*
14. Employee Tax Documentation
 - a. UC-2, most recent available annotated with employee status
 - b. W-2 for current employees not appearing on the UC-2
 - c. Pay Stubs for all new hires not yet appearing on the UC-2
15. Ownership Tax Documentation (if applicable)
 - a. Most recent annual IRS filing
 - b. Required for all groups choosing to combine multiple business entities for rating purposes
 - c. Required if owner(s) is enrolling and does not appear on the group's UC-2
 - d. New entity that has not yet filed is required to submit their SS-4 or PA-100, new business letter from group policymaker listing all eligible employees, and pay stubs

**New Group Only*

*** Required for New Groups. As Applicable for existing fully insured electing ASO.*

After Sale requirements that will be provided by CBC:

1. CAIC Stop Loss Contract
2. ASO Service Agreement

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 or providers related 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: Capital BlueCross

TPA/ASO FEIN: 23-0455154

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: _____ **TPA/ASO FEDERAL ID#:** _____

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	OTHER 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										
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-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 _____

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