

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 the Health Care Reform Act (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 as indicated on this form.

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

OPERATING CERTIFICATE #: _____ ADDRESS: _____
FEDERAL EIN#: _____ CONTACT PERSON: _____
PROVIDER NAME: _____ TELEPHONE: _____

EFFECTIVE DATE OF CHANGE: _____
(month/day/year)

STATUS CHANGE

Check the appropriate box below:

- 1) DESIGNATED PROVIDER OF SERVICES MERGED WITH ANOTHER DESIGNATED PROVIDER OF SERVICES
- 2) PROVIDER CEASED DOING BUSINESS
- 3) For any change of status, other than those listed above, describe below.

OPERATING CERTIFICATE DISPOSITION:

Surrendered to: _____
(Name of NYS DOH Regional Office)

Contact Name: _____
(Name of NYS DOH Contact Person) Date Surrendered: _____

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 #: _____ ADDRESS: _____
FEDERAL EIN#: _____ CONTACT PERSON: _____
PROVIDER NAME: _____ TELEPHONE#: _____

Signature: _____ Date: _____

Title: _____

Email Address _____