

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 31394
Salt Lake City, UT 84131-0373

TPA/ASO Contact Person: Policy Administration TPA/ASO Phone #: 877-797-8816

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