

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
DOH-4404 INSTRUCTIONS

Once an election to pay the Public Goods Pool directly is made, it remains in effect unless rescinded in writing by the electing entity. A payor or third party administrator (TPA)/Administrative Services Only (ASO) organization may rescind its election on a monthly basis, provided they have notified the Department's Office of Pool Administration, **in writing**, of their intention to rescind **at least 20 days prior to the beginning of the month in which they wish to rescind**. Please note that this form can be submitted electronically through the Office of Pool Administration's secure website at www.hcrapools.org with your assigned User ID/Password.

By filing this form, you are requesting a rescission of your election status. If you are a self-insured fund that uses more than one TPA/ASO for claims processing, you are rescinding your election status for every TPA/ASO through which you have previously elected. If you are a TPA/ASO, you will no longer be able to file reports or make payments on behalf of your clients once you rescind your election status.

When an election is rescinded, a payor's reporting requirements do not cease. Reports for run-off claims are required to be filed with the Office of Pool Administration for a period of one year following the end of the year in which the election was rescinded or revoked or until all claims for the period during which the payor was an elector have been adjudicated. Once an election is rescinded, an entity can only re-elect, in accordance with the time schedule specified within the Public Health Law, by submitting a new election application to the Office of Pool Administration.

Deadlines for filing form DOH-4404 in any given year:

FOR RESCISSION TO BE EFFECTIVE AS OF MIDNIGHT ON:	APPLICATION MUST BE POSTMARKED BY:
December 31	December 11
January 31	January 11
February 28	February 8
February 29 (leap year)	February 9
March 31	March 11
April 30	April 10
May 31	May 11
June 30	June 10
July 31	July 11
August 31	August 11
September 30	September 10
October 31	October 11
November 30	November 10

NOTE 1: Section B - TPA/ASO Rescission Section is to be completed **only** by a TPA/ASO wishing to rescind its own election. It is **NOT** to be completed by a payor who is rescinding. A payor wishing to rescind its election should complete Section A only.

NOTE 2: If you are a self-insured fund converting to fully insured, do not use this form. Form DOH-4402 should be used for this purpose. If you want to change your TPA, you should file form DOH-4403 either by submitting the hardcopy form or **electronically through the Office of Pool Administration's secure website at www.hcrapools.org with your assigned User ID/Password. If you do not have a User ID/Password, please go to the website to obtain the DOH-4264, Electronic Filing User ID Application.**

Do **NOT** file this form unless you want to rescind your election.

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

Please mail completed form to:

Mr. Jerome Alaimo, Pool Administrator
Office of Pool Administration
Excellus BlueCross BlueShield, Central New York Region
PO Box 4757
Syracuse, NY 13221-4757

HEALTH CARE REFORM ACT – PUBLIC GOODS POOL

RESCISSION TO BE EFFECTIVE AS OF MIDNIGHT ON:	
<input type="checkbox"/> December 31, 20____	<input type="checkbox"/> June 30, 20____
<input type="checkbox"/> January 31, 20____	<input type="checkbox"/> July 31, 20____
<input type="checkbox"/> February 28, 20____	<input type="checkbox"/> August 31, 20____
<input type="checkbox"/> February 29, 20____	<input type="checkbox"/> September 30, 20____
<input type="checkbox"/> March 31, 20____	<input type="checkbox"/> October 31, 20____
<input type="checkbox"/> April 30, 20____	<input type="checkbox"/> November 30, 20____
<input type="checkbox"/> May 31, 20____	

Please read the instructions, which accompany this form, prior to filling it out. The instructions give specific details as to the effect of filing this form.

SECTION A: PAYOR RESCISSION SECTION - to be completed and signed by a payor wishing to rescind its election status. NOT to be completed by TPA/ASO.

FEDERAL EIN #:	
PAYOR NAME:	
D/B/As (IF APPLICABLE):	
ADDRESS:	
CONTACT PERSON:	
PHONE #:	

As a payor, we are rescinding our election for the following (check all that apply):

☐ *self-insured fund* ☐ *other than self-insured fund*

Payor Signature: _____ Date: _____

SECTION B: THIRD PARTY ADMINISTRATOR (TPA)/ADMINISTRATIVE SERVICES ONLY (ASO) RESCISSION SECTION - to be completed and signed by a TPA/ASO wishing to rescind its own election status. NOT to be completed by a payor wishing to rescind.

FEDERAL EIN #:	
TPA/ASO NAME:	
ADDRESS:	
CONTACT PERSON:	
PHONE #:	

☐ As a TPA/ASO, we are rescinding our election and will no longer file reports or make payments to the Pool Administrator on behalf of our clients.

TPA/ASO Signature: _____ Date: _____