

# 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 Alternate Funding 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 [uheadminallsavers@uhc.com](mailto:uheadminallsavers@uhc.com) or mailed to:

**Policy Administration**  
**United HealthCare Services Inc.**  
**P.O. Box 31373**  
**Salt Lake City, UT 84131-0373**  
**Fax: 1-844-879-7295**

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.



## 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 UnitedHealthcare Service LLC 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 UnitedHealthcare Service LLC information.

The forms should be completed and sent by email to [uhoadminallsavers@uhc.com](mailto:uhoadminallsavers@uhc.com).

**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 UnitedHealthcare Service LLC 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 State Health Care Reform Act?**

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

You also can mail them to the following address:

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United HealthCare Services, Inc.  
P.O. Box 31373  
Salt Lake City, UT 84131-0373**

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