HEALTH CARE REFORM ACT – PUBLIC GOODS POOL
GENERAL INSTRUCTIONS

General hospitals and freestanding comprehensive primary health care and ambulatory surgery center diagnostic and treatment centers issued an operating certificate pursuant to Article 28 of the Public Health Law that have not filed a DOH-4405, Provider Election Form for Medicaid Withholding, with the Department of Health's Pool Administrator are required to return surcharge payments received directly from the Medical Assistance Program. The completed report, corresponding payment and certification must be submitted within five days of receipt of each check received for Medical Assistance surcharges.

HEALTH CARE REFORM ACT - PUBLIC GOODS POOL
REPORT OF MEDICAL ASSISTANCE SURCHARGE
PAYMENTS FOR NON-ELECTING PROVIDERS

For Surcharge Medical Assistance Payment Received on: _____ /_____ /_____
Month Day Year

Provider Name: _____ Operating Certificate # _____

WHOLE DOLLARS ONLY

Pursuant to the New York State Health Care Reform Act, each year's pool receipts are dedicated to specific purposes and in specific amounts. As a result, reports filed by providers must segregate medical assistance surcharge payments into service year portions. For example, providers must report the medical assistance surcharge payment amount received, from the Medical Assistance Program, for services provided during the service year reported on the corresponding lines below.

Enter the medical assistance payment surcharge amount received directly from the Medical Assistance Program on the appropriate service year line specified below:

SERVICE YEAR	SURCHARGE AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

A check made payable to the **"Public Goods Pool"**, along with this completed form, must be mailed within 5 days from receipt of **EACH** Medical Assistance payment of surcharges to:

Regular Mail

Mr. Jerome Alaimo, Director
Office of Pool Administration
Excellus BlueCross BlueShield
Central New York Region
P.O. Box 4757
Syracuse, New York 13221-4757

Express or Overnight Mail

Mr. Jerome Alaimo, Director
Office of Pool Administration
Excellus BlueCross BlueShield
Central New York Region
333 Butternut Drive
Syracuse, New York 13214-1803

PROVIDER CERTIFICATION

For Surcharge Medical Assistance Payment Received on _____ / _____ / _____
Month Day Year

PROVIDER NAME: _____

ADDRESS: _____

FEDERAL TAX ID#: _____

OPERATING CERTIFICATE #: _____

COMPLETED BY: _____

TITLE: _____

E-MAIL ADDRESS: _____

TELEPHONE: _____

TYPE OF PROVIDER (*check the appropriate box below):*

☐ ARTICLE 28 GENERAL HOSPITAL

☐ ARTICLE 28 DIAGNOSTIC & TREATMENT CENTER – providing a comprehensive range of primary health care services

☐ ARTICLE 28 DIAGNOSTIC & TREATMENT CENTER – providing ambulatory surgical services

CERTIFICATION

I, _____, CERTIFY THAT I AM THE CHIEF EXECUTIVE/FINANCIAL OFFICER AND/OR ADMINISTRATOR OF THE ABOVE MENTIONED ORGANIZATION, AND FURTHER CERTIFY TO ALL OF THE FOLLOWING:

- THAT THE DATA BEING PROVIDED HAS BEEN CAREFULLY PREPARED FROM THE BOOKS AND RECORDS WITHIN THIS ORGANIZATION IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED HEREIN, INCLUDING BUT NOT LIMITED TO THE PROPER SEGREGATION OF INFORMATION BY SERVICE YEAR AND,

- TO THE BEST OF MY KNOWLEDGE, I BELIEVE THE INFORMATION PRESENTED HEREIN IS ACCURATE AND CORRECT.

SIGNATURE: _____ **DATE:** _____

TYPE/PRINT NAME: _____

TITLE: _____