

**HEALTH CARE REFORM ACT-PUBLIC GOODS POOL**

Effective Date: 11/1/2014

**FEDERAL EMPLOYER**

IDENTIFICATION # (FEIN) 74-6000978

PAYOR NAME: Williamson County

D/B/As (IF APPLICABLE): N/A

ADDRESS: 301 S/E Inner Loop, Suite 108  
Georgetown, TX 78626

CONTACT PERSON: Shelley M. Loughrey

PHONE #: 512-943-1604

E-MAIL ADDRESS: SHLOUGHREY@WILEO.ORG

If the above referenced entity is a payor that utilizes a third-party administrator (TPA)/administrative services only (ASO) for claims processing, please provide the following information:

TPA/ASO NAME: Aetna Life Insurance Company

TPA/ASO FEIN: FEIN 06-6033492

By signature below, the above entity elects to make public goods surcharge payments directly to the Office of Pool Administration for all its coverages for which it assumes risk for the payment of medical claims and agrees to:

1. remit to the Department's Office of Pool Administration required surcharge payments for all applicable services on a monthly basis on or before the 30th day following the calendar month for which monies have been paid to designated providers of services;
2. provide the Department's Office of Pool Administration monthly certified reports on or before the 30th day following the calendar month for which monies have been paid which separately report patient service expenditures for services provided by designated provider type(s) (i.e., hospital inpatient, hospital outpatient, diagnostic & treatment center, laboratory, or ambulatory surgery center) by product line;
3. provide the Department with certification of data and access to allowance expenditure data upon request for audit verification purposes; and

For services provided on or after October 1, 2000, freestanding clinical laboratories with Article 5 Title V permits are exempt from HCRA surcharges.

**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: 11/1/2014

**PAYOR INFORMATION:**

Payor Name: Williamson County Payor FEIN 74-6000978

Contact Person: Shelley Loughrey Phone #: 512-943-1604

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: Allegiance TPA/ASO FEIN: 81-0400550

**II. NEW or ADDITIONAL TPA/ASO INFORMATION:**

TPA/ASO Name: Aetna Life Insurance Company TPA/ASO FEIN: 06-6033492

Address: 151 Farmington Avwnue  
Hartford, CT 06156

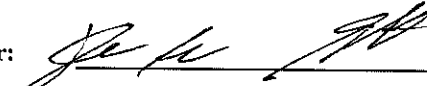
TPA/ASO Contact Person: Cheryl Lachapelle TPA/ASO Phone #: 860-953-1362

**III. CHECK ONE OF THE FOLLOWING:**

☒ Previously 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: 07-24-2014

Please mail completed form to:  
Mr. Jerome Alaimo, Pool Administrator  
Office of Pool Administration  
Excellus Blue Cross BlueShield, Central New York Region  
P.O. Box 4757  
Syracuse, New York 13221-4757

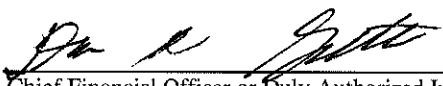
4. the jurisdiction of the state to maintain an action in the courts of the State of New York to enforce any provision of section 2807-j of the Public Health Law (see note below).
5. the Department's website posting of the above entity's FEIN in accordance with Public Health Law Section 2807-j(5)(a)(iii)(D).

By signature below, the above entity also agrees to make public goods covered lives payments directly to the Department's Office of Pool Administration in instances where it provides inpatient coverage as a corporation organized and operating in accordance with Article 43 of the Insurance Law, an organization operating in accordance with Article 44 of the Public Health Law, a self-insured fund, or an HMO or insurer licensed outside New York State and authorized to write accident and health insurance and whose policy provides inpatient coverage on an expense incurred basis. In such instances the above entity agrees to:

1. remit to the Department's Office Pool Administration within 30 days after the end of each month one-twelfth of both the individual and family unit annual assessment amounts for each of the individuals and family units residing in the state which were included on the payor's membership rolls for all or a portion of the prior month and for which the payor covered general hospital inpatient care, including retroactive additions and deletions;
2. provide the Department with data certification and access to individual and family unit data, upon request, for audit verification purposes; and
3. the jurisdiction of the state to maintain an action in the courts of the State of New York to enforce any provision of section 2807-t of the Public Health Law (see note below).

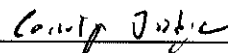
By signature below, the Chief Financial Officer or other duly authorized individual of the above entity certifies that the data submitted on all applicable attachments has been carefully prepared in accordance with instructions provided, and to the best of his/her knowledge, the information presented is accurate and correct.

Signature



Chief Financial Officer or Duly Authorized Individual

Title



Date

07-24-2014

**Note:** Payors making an election are only agreeing to the jurisdiction of NYS courts for purposes of enforcing payments required under 2807-j and 2807-t. This does not, in any way, preclude a payor from litigating other issues in Federal court such as ERISA based challenges, etc.

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.