



State of New Jersey

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BULLETIN NO. 10-32

TO: ALL NEW JERSEY HEALTH INSURANCE COMPANIES; HOSPITAL SERVICE CORPORATIONS; MEDICAL SERVICE CORPORATIONS; HEALTH SERVICE CORPORATIONS; HEALTH MAINTENANCE ORGANIZATIONS; PREPAID PRESCRIPTION SERVICE ORGANIZATIONS; ORGANIZED DELIVERY SYSTEMS; HEALTH CARE PROVIDERS AND OTHER INTERESTED PARTIES

FROM: THOMAS B. CONSIDINE, COMMISSIONER

RE: P.L. 2005, c.352 HEALTH CLAIMS AUTHORIZATION, PROCESSING AND PAYMENT ACT (HCAPPA) - CHANGE OF HEALTH CARE PROVIDER APPLICATION TO APPEAL A CLAIM DETERMINATION FORM

The purpose of this Bulletin is to advise health plans, health care providers, and other interested parties that the Department has revised both the generic and carrier-specific *Health Care Provider Application to Appeal a Claim Determination* form previously posted on the Department's website as an attachment to Bulletin No 06-16. The form has been modified to assure that the information sought is sufficiently comprehensive to satisfy the internal appeal process and adequate for a potential subsequent arbitration through the Provider Independent Claim Payment Arbitration (PICPA) process pursuant to P.L. 2005, c.352, ("the Act"). The revised carrier-specific *Health Care Provider Application to Appeal a Claim Determination* form (DOBICAPPCAR 10/10) should be branded and posted on the carrier's web site for use by health care providers by January 1, 2011; however, carriers may post the branded form on their web site prior to January 1, 2011. A generic version of the *Health Care Provider Application to Appeal a Claim Determination* (DOBICAPPGEN 10/10) form will be posted on the Department's web site and also available for use by health care providers before January 1, 2011.

Health care providers and other interested parties should take notice that the revised *Health Care Provider Application to Appeal a Claim Determination* (DOBICAPPCAR 10/10) requires additional information. Attention should be given to the modified fields and the newly added section *D. Reason for Appeal (Required)*.

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Carriers may continue to accept both the generic and carrier-specific versions of the *Health Care Provider Application to Appeal a Claim Determination* form. Carriers should also continue to accept the *Health Care Provider Application to Appeal a Claim Determination* (DOBICAPPCAR 07/06) form, but are encouraged to communicate to health care providers that the revised form will be available for use on or before January 1, 2011.

Carriers are reminded that either the carrier-specific *Health Care Provider Application to Appeal a Claim Determination* form (DOBICAPPCAR 10/10) or the generic *Health Care Provider Application to Appeal a Claim Determination* form (DOBICAPPGEN 10/10) should be used for both claim payment and overpayment recoupment appeals¹. Carriers are also reminded that pursuant to the Act a review of the claim payment appeal must be conducted and a written determination issued on or before the 30th calendar day after receipt of the appeal.

Revisions have been made to the Claim Payment Frequently Asked Questions (FAQ's) as well as the Provider Independent Claims Payment Arbitration (PICPA) FAQ's that appear on the Department's website. Carriers, health care providers and other interested parties are encouraged to review the FAQ's that address Claim Payment Appeals at <http://www.state.nj.us/dobi/chap352/352claimsqanda.html> and the PICPA at <http://www.state.nj.us/dobi/chap352/352appealqanda.html>.

Health care providers and other interested parties are reminded that pursuant to the Act in order to submit a claim to the PICPA process the provider must first have availed itself of the statutory internal appeal process with respect to the claim payment determination. Claim determinations involving denials, reduction, termination or other limitation of a covered health service, or the benefit for such a service resulting from the application of a utilization management determination in which the carrier determines that the service is not medically necessary or appropriate, or is experimental, investigational or cosmetic, are not appropriate for the Internal Claim Payment Appeal and potential PICPA process. Rather, such claim determinations may be appealed through the process established pursuant to N.J.S.A. 26:2S-11, et seq.

Questions regarding this bulletin may be addressed to the Office of Managed Care by phone at 609-292-5316 ext. 50996 or by fax to 609-633-0807.

November 3, 2010

Date

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Thomas B. Considine
Commissioner

¹ Carriers are also reminded that a 45 day notice must accompany an overpayment request and that the request must explain in writing and in sufficient detail the reason for the overpayment request so that the provider can reconcile each covered person's bill.