

IN THE MATTER OF THE FAILURE OF)
UNIVERSITY HEALTH PLANS, INC.) ORDER RESCINDING A PRIOR
TO SUBMIT REQUESTED HEALTH) ADMINISTRATIVE ORDER
CARE PROVIDER DIRECTORIES AND)
MEMBERSHIP DATA)

THIS MATTER having been opened by the Department of Health and Senior Services (“Department”) in accordance with the authority set forth at N.J.S.A. 26:1A-15, and N.J.S.A. 26:2J-1 et seq.;

WHEREAS, the Department issued an order against University Health Plans, Inc. (“University”), for failing to submit data requested by the Department in a timely manner, assessing a fine and requesting other action be taken by University (OMC Order 2003-07, entitled In the Matter of the Failure of University Health Plans, Inc. to submit requested Health Care Provider Directories and Membership Data); and

WHEREAS, University indicated to the Department that University believed that the requested data had been submitted; and

WHEREAS, the Department investigated the matter;

WHEREAS, the Department determined that University had not submitted the information;

WHEREAS, the Department determined that, when University personnel last contacted the Department about the data request, the Department provided information to University suggesting that University’s data had been received at the Department from a former University employee that had recently left University;

WHEREAS, University may have relied upon the erroneous statements of the Department;

NOW, THEREFORE, IT IS ORDERED ON THIS 7th day of May, 2003, that:

1. OMC Order 2003-07, dated April 1, 2003 is hereby rescinded in its entirety.

2. University shall submit the following data within five business days following the date of this Order:

a. With respect to the practitioner information:

(1) the provider's license number,

(2) the provider's name,

(3) the provider's address(es),

(4) the county of location,

(5) the provider's office phone number, including area code,

(7) the provider's hospital affiliations,

(8) languages other than English spoken by the provider,

(9) the provider's practice classification(s) consistent with the classifications used in the HMO Annual Supplement.

b. With respect to non-practitioner provider information:

(1) name of each hospital, specialty hospital, outpatient facility and ambulatory care facility, including all ancillary, tertiary and specialty care providers with which University has a contractual relationship, consistent with the requirements of the HMO Annual Supplement for the reporting of such data,

(2) identification of the classification of the provider (that is, acute care, specialty hospital, residential treatment, etc.), consistent with the requirements of the HMO Annual Supplement for reporting of such data,

(3) address(es),

(4) county,

(5) telephone number, including area code.

c. With respect to membership, the total number of members within each zip code, separated by Commercial, Medicare and Medicaid, as appropriate, and by gender and age.

3. University shall submit the data in accordance with the following specifications:

a. Separate records shall be submitted for multiple office locations, with all fields completed for each record.

b. Addresses submitted shall be street addresses, not post office boxes or similar such mail routing systems, and shall include full street names and numbers.

c. Addresses shall not include abbreviations, except with respect to the United States Postal Services' standardized two-letter State identifiers (that is, Ave., Rd., St., Blvd., N., S., etc., are not acceptable).

d. Suite numbers in addresses shall be set forth in a separate field.

e. Addresses shall include zip codes, and the zip codes shall include leading zeros when necessary.

Questions regarding this Order should be submitted to Marilyn Dahl, Senior Assistant Commissioner at 609-9843939 or to Sylvia Allen-Ware, Director of the Office of Managed Care, at 609-633-0660.

MARILYN DAHL
Senior Assistant Commissioner
Health Planning and Regulation
New Jersey Department of Health and
Senior Services

/s/ Marilyn Dahl