

NEW JERSEY
INDIVIDUAL HEALTH COVERAGE PROGRAM

20 West State Street, 10th floor

CN 325

Trenton, NJ 08625

609-633-1882

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IHC ADVISORY BULLETIN 95-02

To: All IHC Member Carriers and Interested Parties

From: Kevin O'Leary, Executive Director

Date: February 28, 1995

The Individual Health Coverage Program Board has established permanent offices at the address indicated above. All filings and other communications to the IHC Board should be directed to the Executive Director at the new address, rather than the office of the Interim Administrator, which no longer exists. Attached please find the required changes in the IHC Rules to reflect the address change. These changes will be published in a future New Jersey Register.

Note: Deletions to the rules are indicated with brackets, {thus}; additions are indicated with underlining, thus.

**SUBCHAPTER 2 - INDIVIDUAL HEALTH COVERAGE PROGRAM
TEMPORARY PLAN OF OPERATION**

11:20-2.1 Purpose and structure

(a) -(l) (no change)

(h) All documents or other communications directed to the Board shall be sent {the Interim Administrator} to the Executive Director of the IHC Program at the following address:

{The Individual Health Coverage Program Board
c/o Interim Administrator
The Prudential Insurance Company of America
P.O. Box 4080
Iselin, NJ 08830}
New Jersey Individual Health Coverage Program
20 West State Street, 10th Floor
CN 325
Trenton, NJ 08625
Telephone (609)633-1882
Fax (609)633-2030

**SUBCHAPTER 6. INDIVIDUAL HEALTH BENEFITS CARRIERS
INFORMATIONAL FILING REQUIREMENTS**

11:20-6.4 Informational filing procedures

(a) The informational filing filed by the member with the Board pursuant to N.J.A.C. 11:20-6.3(a) or (b) above shall be filed in triplicate {as follows:

New Jersey Individual Health Coverage Program
c/o The Prudential Insurance Company of America
P.O. Box 4080

Iselin, NJ 08830} with the Executive Director at the address listed in N.J.A.C. 11:20-2.1(h).

SUBCHAPTER 8. THE IHC PROGRAM MARKET SHARE AND NET PAID LOSS REPORT

11:20-8.2 Filing of the market share and net paid loss report form

(a)-(b) (no change)

(c) Certified report forms shall be submitted by facsimile to the {Interim Administrator at (908) 632-7409, or to:} or mailed or delivered to the Executive Director at the address listed in N.J.A.C. 11:20-2.1(h).

{Interim Administrator
New Jersey Individual Health Coverage Program
c/o The Prudential Insurance Company of America
P.O. Box 4080
Iselin, New Jersey 08830}

SUBCHAPTER 9. EXEMPTIONS

11:20-9.2 Filing for an exemption from assessments for reimbursements

(a) A member seeking to be exempted from the obligation to pay assessments for reimbursement of losses shall submit a written request for such exemption to the Board. A written request for an exemption shall be submitted annually on or before May 1, except that in 1993, written request for exemptions shall be submitted to the Board on or before August 1, 1993 and in 1994, written request for exemptions shall be submitted to the Board on or before June 1, 1994. No exemptions from assessments for 1992 losses will be granted. Written requests shall be submitted to {:

Interim Administrator
New Jersey Individual Health Coverage Program
c/o The Prudential Insurance Company of America
P.O. Box 4080
Iselin, New Jersey 08830}

the Executive Director at the address listed in N.J.A.C. 11:20-2.1(h).

11:20-9.6 Good faith marketing report

(a) (no change)

(b) Carriers required to submit the marketing report described in (a) shall send it to {the following address:

New Jersey Individual Health Coverage Program
20 West State Street, 10th Floor
CN 325

Trenton, New Jersey 08625} the Executive Director at the address listed in N.J.A.C. 11:20-2.1(h).

(c)- (d) (no change)

SUBCHAPTER 13. CERTIFICATION OF NON-MEMBER STATUS

11:20-13.3 Filing of non-member certification requests

(a) A carrier or other entity that desires to be considered a non-member of the IHC Program for a given calendar year shall file with the Board a request for non-member certification by April 1, 1994, for calendar year 1993, and thereafter by March 1 following the end of the calendar year for which non-member status is sought. Such request shall be sent to {:

Non-Member Status Certification

IHC Program Administrator

c/o The Prudential Insurance Company of America

P.O. Box 4080

Iselin, New Jersey 08830} the Executive Director at the address listed in N.J.A.C. 11:20-2.1(h).

(b)- (c) (no change)

SUBCHAPTER 17. ENROLLMENT STATUS REPORT

11:20-17.3 Filing requirements

(a) - (c) (no change)

(d) Members shall submit completed enrollment status reports to the Executive Director at the address listed in N.J.A.C. 11:20-2.1(h) {the Board at the following address} no later than 45 days following the end of the quarter or end of the year (for annual reporting purposes){:}.

{Enrollment Status Report

IHC Interim Administrator

c/o The Prudential Insurance Company of America

P.O. Box 4080

Iselin, New Jersey 08830}

(e) - (f) (no change)

Appendix

EXHIBIT K
New Jersey Individual Health Coverage Program
Carrier Market Share and Net Paid Loss Report

This Report must be completed in accordance with the provisions of N.J.A.C. 11:20-8, and certified to by the Chief Financial Officer or other duly authorized officer of the Carrier. In 1993, Reports must be completed and returned on or before June 28, 1993. Thereafter, Reports must be completed and returned on or before March 1 annually. Completed Reports must be returned to {:

Interim Administrator, IHC Program
c/o The Prudential Insurance Co. of America
P.O. Box 4080
Iselin, NJ 08830

fax number (908)632-7409} the Executive Director at the address listed in N.J.A.C. 11:20-2.1(h)

(no further changes)