

BULLETIN

OMC 2001-04

TO: All Health Maintenance Organizations Doing Business in New Jersey, and all Insurers, Health Service Corporations and Medical Service Corporations offering Managed Care Plans

FROM: Marilyn Dahl, Senior Assistant Commissioner, New Jersey State Department of Health and Senior Services

DATE: August 3, 2001

RE: Coverage for Hemophilia Services and Compliance with L. 2000, c. 121

L. 2000, c. 121 (as codified, N.J.S.A. 26:2S-10.1 through 10.3, and variously codified in Titles 17 and 17B, and elsewhere in Title 26 of the New Jersey Statutes¹), herein referred to as the Act, was enacted and effective September 14, 2000. Essentially, the Act requires that health maintenance organizations (HMOs), insurers and health and medical service corporations (collectively, carriers) that offer managed care plans² that provide benefits or health care services for the home treatment of bleeding episodes associated with hemophilia, comply with certain standards in the provision of those benefits or services. This bulletin is intended to provide guidance for carriers in attempting to comply with the Act until such time as the Department of Health and Senior Services (DHSS), in consultation with the Hemophilia Association of New Jersey (Hemophilia Association), is able to promulgate regulations.

It should be noted that L. 2000, c. 121 did not repeal any of the statutes previously enacted mandating the provision of benefits for certain services and treatments for hemophilia bleeding episodes (L. 1987, c. 62, c. 63, and c. 64, effective March of 1987, herein referred to as the 1987 statutes), including coverage of blood products and blood infusion equipment required for home treatment. Accordingly, all carriers subject to these 1987 statutes must continue to comply with the provisions of the 1987 statutes for all policies that are in force, or that may be offered. However, carriers must also comply with the provisions of the Act when they offer managed care plans. Therefore, carriers offering a managed care plan must comply with the 1987 statutes, meaning that they must provide benefits for home treatment of hemophilia, as well as the Act, which establishes certain standards for the provision of in-network benefits or services for hemophilia treatment.

The Act requires carriers offering managed care plans to contract with and exclusively use, health care providers set forth on a list of acceptable providers developed by DHSS (see,

¹ Specifically, N.J.S.A. 17: 48A-7v, 48E-35.21, 17B: 26-2.1t, 17B:27-46.1w, 17B:27A-7.6, 17B:27A-19.8, and 26:2J-4.22.

² The term "managed care plan" is defined at N.J.S.A. 26:2S-2 as a health benefits plan that integrates the financing and delivery of appropriate health care services to covered persons by arrangements with participating providers, who are selected to participate on the basis of explicit standards, to furnish health care services and financial incentives for covered persons to use the participating providers and procedures specified in the plan. Readers should note that the term "health benefits plan" is also a defined term at N.J.S.A. 26:2S-2.

**BULLETIN
OMC 2001-04**

N.J.S.A. 26:2S-10.1). The list of acceptable providers would be composed of those health care providers that meet certain standards that ultimately must be set forth in regulation by DHSS. The minimum standards for the health care providers to meet are set forth in the statute (some aspects of the minimum standards may be subject to further interpretation), but the process for reviewing and accepting a provider's application to be on the list for purposes of contracting with carriers is not specified. Nevertheless, DHSS has developed a preliminary list of acceptable providers after consulting with the Hemophilia Association.

The Hemophilia Association has significant expertise and experience regarding issues related to hemophilia and other bleeding disorders, and treatments thereof provided in different settings. The Hemophilia Association has reviewed the practices and capabilities of those health care providers included on the list below, and the Hemophilia Association has indicated its belief that these providers meet the minimum standards as set forth under the Act.³ Accordingly, DHSS urges carriers to use the following health care providers in the provision of home care services and treatment of bleeding episodes related to hemophilia:

Caremark Therapeutic Services
Gentiva Health Services
Hemophilia Resources of America
Pediatric Services of America

In addition, carriers that offer managed care plans are required to provide payment for services to a clinical laboratory at a hospital with a State-designated outpatient regional hemophilia care center, whether or not the clinical laboratory is a carrier's participating provider with respect to a managed care plan, under certain circumstances (see, N.J.S.A. 26:2S-10.2). Specifically, the carrier must make payment if the covered person's attending physician determines that use of the clinical laboratory is necessary because: (1) it is medically necessary to obtain the results of laboratory tests immediately or sooner than the normal return time of a carrier's participating laboratory; or (2) the test results require closely supervised procedures in venipuncture and laboratory technique in controlled environments that cannot be achieved at a participating laboratory. The State's designated hemophilia treatment centers in New Jersey are:

North: Children's Hospital of New Jersey
Newark Beth Israel Medical Center
Valerie Fund Children's Center
201 Lyons Avenue
Newark, New Jersey 07112

St. Michael's Medical Center
Nadeene Brunini Comprehensive
Hemophilia Care Center
268 Dr. Martin Luther King Jr. Blvd.
Newark, New Jersey 07102-2094

Newark Beth Israel Medical Center
Adult Hematology Programs

³ The Hemophilia Association used the following criteria in determining which home care companies meet the Hemophilia Association's standards of care: 1) whether the company has all necessary New Jersey licenses; 2) whether the company is solvent; 3) the length of time the company has been in business and providing service to people with hemophilia; 4) the quality of the services provided as evidenced by references from consumers and physicians; 5) the company's geographic location and ability to deliver products within three hours; 6) ability of the home care facility to provide all brands of clotting factor in all assay levels, as evidenced by a site visit and documentation of inventory; 7) record-keeping and recall notification ability of the company as evidenced by interviews and system reviews; 8) verification of a mechanism for appropriate waste disposal.

**BULLETIN
OMC 2001-04**

201 Lyons Avenue
Newark, New Jersey 07112

Central: Robert Wood Johnson University Hospital
One Robert Wood Johnson Place
P.O. Box 2601
New Brunswick, New Jersey 08903-0019

South: The Children's Hospital of Philadelphia
New Jersey Section of Hematology/Oncology
1012 Laurel Oak Road
Voorhees, NJ 08043

Updates and possible changes regarding the State-designated hemophilia treatment centers may be obtained by calling DHSS, Special Child Health Services at (609) 984-0755, or checking the DHSS web pages at www.state.nj.us/health.

DHSS is in the process of developing regulations, in consultation with the Hemophilia Association. DHSS anticipates that the rules will address: (1) the standards and procedures by which a health care provider is accepted for addition to the hemophilia provider contracting list, as well as removal of a provider from the list; (2) the basis for adding or removing a hospital as a State-designated outpatient regional hemophilia care center; (3) the method for dissemination of notice of changes to the list and State-designation of hemophilia treatment centers outside of the rulemaking process; and (4) the standards for carriers for purposes of compliance with N.J.S.A. 26:2S-10.1 and 10.2.