



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
LEGISLATIVE AND REGULATORY AFFAIRS

PO Box 325
TRENTON, NJ 08625-0325

JON S. CORZINE
Governor

TEL (609) 984-3602
FAX (609) 292-0896

STEVEN M. GOLDMAN
Commissioner

BULLETIN NO. 07-07

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

FROM: STEVEN M. GOLDMAN, COMMISSIONER

RE: AMENDMENTS TO THE HINT FORMS

The purpose of this Bulletin is to advise health plans, health care providers and all other interested parties that the Department of Banking and Insurance (Department) intends to revise its forms as set forth in Exhibit 1A and 1B of the Appendix to N.J.A.C. 11:22-3 (Electronic Transmission and Receipt of Health Care Claims - "HINT Enrollment forms"). See attached. The Department intends to propose amendments to the rule containing Exhibits 1A and 1B in the near future. In the meantime carriers are permitted and encouraged to use the forms attached to this Bulletin. The Department is revising Exhibits 1A and 1B for the following reasons:

1. In order to incorporate language that accommodates continuation elections made pursuant to P.L. 2005, c.375, enacted on January 12, 2006 and effective on May 12, 2006, (the Dependent Under 30 Law or DU30). This provision grants to an eligible child of a parent covered under a group health benefits plan the option of maintaining dependent coverage after reaching the limiting age specified in the health benefits plan, until the over-age child's 30th birthday. Carriers will find that the revisions to Exhibit 1A negate the need to use the Temporary HINT Supplemental Information Form specified in Bulletin 06-12. Since, the DU30 law only applies to group coverage, the Department has made no revisions to Exhibit 1B in this regard.

2. In order to expedite the process of carrier compliance with the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). HIPAA mandated the adoption of standard unique identifiers for health care providers as part of an effort to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers. The NPPES assigns a National Provider Identifier (NPI) to health care providers.

CMS has specified that May 23, 2007 is the deadline for all parties to begin use of the NPI in electronic transactions. The NPI should also appear on all paper claim forms at some point in the future. Accordingly, carriers and health care providers are in the process of re-identifying providers by their NPI numbers across multiple documents and databases. Eventually, providers' NPI numbers may be included in provider directories that enrollees use to select primary care providers when they enroll in many network-based health benefits plans. The revised Exhibits 1A and 1B recognize the use of the NPI. Should a publicly accessible database of NPI numbers become available in the future, the Department intends to amend the instructions for Exhibits 1A and 1B to include a reference to that information source. Carriers are cautioned, however, that they may not reject or pend an application due to its failure to include one or more NPI numbers.

3. P.L. 2006, c.103, the "Civil Union Act", which became effective on February 19, 2007, requires all plans that include dependent coverage to be amended or administered to provide coverage to civil union couples. The Department is revising Exhibits 1A and 1B to specifically include references to civil union partners on substantially the same basis as spouses, so that employees and nongroup individuals will have the opportunity to make an election to cover a dependent acquired through a civil union on or after February 19, 2007.

4. Exhibit 1A – addressing group enrollment – permits a variation in treatment between spouses and civil union partners with respect to an election of coverage continuation for groups that provide a coverage continuation option solely pursuant to the federal Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985, (Pub. L. 99-272, Title X, Section 10002(a)). The Department reminds carriers that the New Jersey State Group Continuation (NJS GC) statute, at N.J.S.A. 17B:27A-27, applies to employers with 2 to 50 employees and, in accordance with sections 4, 5 and 92 of the Civil Union Act, the NJS GC provides covered civil union partners of employees of such employers the right to make a coverage continuation election in the same manner and to the same extent that the NJS GC creates a right for a spouse to make a coverage continuation election.

5. Finally, the Department is revising Exhibits 1A and 1B to make the forms somewhat more user-friendly. Although carriers are not required to use these revised forms in the precise format presented as long as the content is maintained, the Department has attempted to put the forms into a format that a carrier might be able to use without significant contextual or structural changes, if the carrier so chooses.

As was noted above, carriers are encouraged to immediately commence the use of the revised forms.

3/26/07
Date

/s/ Steven M. Goldman
Steven M. Goldman
Commissioner

DHT07-03/inoord