

State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE PO Box 325 Trenton, NJ 08625-0325

JON S. CORZINE

Governor

TEL (609) 292-7272

STEVEN M. GOLDMAN

Commissioner

BULLETIN NO. 09-03

TO: ALL HEALTH INSURANCE COMPANIES, HMO's,

HOSPITAL/MEDICAL/HEALTH SERVICE CORPORATIONS, ODSs THAT PAY CLAIMS, THIRD PARTY ADMINISTRATORS, AND THIRD PARTY

BILLERS

FROM: STEVEN M. GOLDMAN, COMMISSIONER

RE: TIMELY PROVIDER PAYMENT DURING TIMES OF EMERGENCY/

SURVEY

The Department of Banking and Insurance ("Department") notes that statewide and nationally hospitals, providers and other healthcare vendors are engaged in a comprehensive preparation and planning effort regarding their ability to effectively respond to a public health emergency. The planning includes an examination of policies, procedures and best practices necessary to determine how to maintain healthcare delivery operations during a pandemic. In an effort to fulfill its obligation to ensure the prompt payment of claims pursuant to N.J.S.A. 17B:30-23, the Department is recommending that health insurance companies, HMO's, hospital/medical/health service corporations, ODSs that pay claims, third party administrators, and third party billers and all other entities that process the payment of healthcare claims, including the precertification process associated with the delivery of healthcare, review their current emergency plans as a first step to identifying how those policies and procedures may be improved in order to ensure that the prompt payment of claims will continue in the event of a pandemic or other public health emergency.

The attached questionnaire may be helpful to health insurance companies, HMO's, hospital/medical/health service corporations, ODSs that pay claims, third party administrators, and third party billers in formulating their emergency claim payment plans. The Department asks that health insurance companies, HMO's, hospital/medical/health service corporations, ODSs that pay claims, third party administrators, and third party billers submit the completed Questionnaires to the Department so that the timely payment of claims during times of a public health emergency may be better assured. Survey responses should be submitted to the

Department by (date is 45 days from date bulletin is signed). Surveys may be submitted via email to william.obyrne@dobi.state.nj.us or addressed to:

New Jersey Department of Banking and Insurance Office #1139 20 West State Street, PO Box 325 Trenton, NJ 08625-0325.

January 23, 2009 Date /s/ Steven M. Goldman Steven M. Goldman Commissioner

dht08-07/inoord Attachment