STATE OF NEW JERSEY

Department of Banking and Insurance

Designated Hemophilia Health Care Provider

2024 Annual Report

_____

Name of Provider

December 31, 2024
Year Ending

Please submit the report electronically to the addresses below:

Barbara Hanlon
Supervising Healthcare Evaluator
New Jersey Department of Banking and Insurance
Office of Managed Care
PO Box 329
20 West State Street, 9th Floor
Trenton, New Jersey 08625-0329

E-mail: Barbara.Hanlon@dobi.nj.gov and
Danielle.Cifelli@dobi.nj.gov

Thank you for your cooperation.

Designated Hemophilia HealthCare Provider Annual Report

_____

Hemophilia Health Care Provider

ADMINISTRATIVE INFORMATION

Date of Designation: _____

Main Administrative Office: _____
(Street)

_____
(City, State & Zip Code)

Contact Person: _____ _____
(Name) (Area Code & Telephone Number)

_____
(E-Mail)

CERTIFICATION BY OFFICER

As Chief Executive Officer of _____, I certify that all information and statements made in this Annual Report are true, complete, and current to the best of my knowledge and belief.

_____ _____
Name of Chief Executive Officer Signature

CHANGES IN OPERATIONS

Pursuant to N.J.A.C. 11:24C-2.12, the designated provider shall report changes in writing at least 30 days prior to the expected date of change, or within no more than 10 days following the date of a change that was unexpected. Identify any change in operations not reported to the Department during 2024, or from the date of approval as a Designated Hemophilia Health Care Provider.

Designated Hemophilia HealthCare Provider Annual Report

1. Complete the chart below to identify each carrier under contract during 2024 and to report the number of covered persons, per carrier, who received services during the calendar year.

Carrier	Number of Patients Served

2. Submit a current organizational chart, identifying the names and titles of the persons responsible for operations. Include the principal officers and medical director, if applicable

3. Provide proof of all required licenses/certifications needed to conduct business in the State of New Jersey, including waste disposal contracts. (Blood Bank, Pharmacy license, etc.)

4. Provide proof of inventory available that will also verify access to all products, assays and contractual agreements with pertinent manufactures and/or distributors.

5. Provide a copy of all patient intake, evaluation and follow-up policies and procedures, including initial information on fee/reimbursements structure and emergency delivery procedures.

6. Provide a copy of all insurance reimbursement, billing and assistance procedures.

7. Explain how nursing services are provided on an as needed basis.

8. Explain the process for tracking and monitoring the timely delivery of services to all covered persons.

Designated Hemophilia HealthCare Provider Annual Report

9. Provide a copy of all performance reports submitted to each carrier.

10. During the past year, has the agency been required to submit a Plan of Correction (POC) to a carrier? If yes, provide a copy of the POC (s) and confirm the POC was accepted by the carrier.
    YES ☐ NO ☐

11. During the past year, has the agency, or any of its affiliates, failed to meet a carrier's performance measure(s) or been penalized by a carrier? If yes, provide a list of the performance measure(s) and/or penalties.
    YES ☐ NO ☐

12. During the past year, has the agency, its affiliates, or persons who are responsible for the conduct of the agency or affiliates been subject to any administrative, civil or criminal actions and proceedings. If yes, provide a list of the actions and a statement regarding the resolution of such actions.
    YES ☐ NO ☐

13. Report the total number of complaints received during the past year. Identify the top three (3) categories of complaints:

CARRIER	Number of Complaints	Complaint Categories

14. Is complaint data reported to carriers? YES ☐ NO ☐
    If yes, include a copy of the data reported to the carrier(s).

Designated Hemophilia HealthCare Provider Annual Report

15. Complete the chart below to report the number of covered persons treated by type of bleeding disorders.

Client Census by Bleeding Disorder as of December 31, 2024				
	Hemophilia A	Hemophilia B	von Willebrand Disease	Other Factor Deficiencies
Report number of fully insured covered persons				