

## INSURANCE LAW ALERT

MARCH 1, 2012

### **New Jersey Department of Banking Insurance Amends Regulations Governing Member/ Provider Appeals**

The New Jersey Department of Banking and Insurance has significantly increased the time to appeal of a member or covered person ("Person") and/or provider from a final adverse benefit determination by a health maintenance organization, insurance company, hospital service corporation, medical service corporation, or a health service corporation (collectively "Carrier"), under the New Jersey Independent Health Care Appeals Program ("IHCAP").

IHCAP permits a Person and/or provider to appeal a Carrier's final benefit decision to a third-party Independent Utilization Review Organization (IURO). Previously, the regulation provided that the Person and/or provider could exercise this right within a sixty (60)-day period after receiving the final adverse benefit determination.

The Amendment significantly increases the time to appeal to a minimum of four (4) months from the date of receipt by the Person and/or provider of the Carrier's final adverse benefit determination. The Amendment became effective on February 6, 2012. All Carriers and their Organized Delivery Systems should carefully review their utilization management appeal policies and specimen Person/provider appeal communications to ensure compliance.

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