State of Your Health: How the New Jersey Department of Banking & Insurance Can Help You

Are you having trouble with your health coverage? The Department of Banking & Insurance protects consumers by oversight of the insurance industry. For example, extreme delays in response to a prior authorization request or surprise billing from your insurer.

Why is it important to contact the Department? The Department learns about insurance problems because of consumer complaints. If you have any questions about actions by your insurance company, the Department can be a resource for you!

MEET THE INSURANCE COMMISSIONER

Marlene Caride was named to lead the New Jersey Department of Banking and Insurance by Governor Phil Murphy and began serving on January 16, 2018. Commissioner Caride is the first Hispanic to head the Department where she oversees New Jersey's insurance, banking and real estate industries.

WHY SHOULD YOU CONTACT THE DEPARTMENT OF BANKING & INSURANCE?

- You've already talked with your insurance company and aren't satisfied with the results.
 - Remember when you talk with your insurance company, document your phone calls by noting the name of the person you speak to, the date of the call and a brief summary of the conversation.
- The Department of Banking & Insurance wants to hear from you, the consumer. They can be extremely helpful if you are having trouble filing an appeal with your insurance company or experiencing a prior authorization that is taking too long.
 - You can file a complaint online https://sbs-nj.naic.org/Lion-Web/servlet/org.naic.sbs.ext.onlineComplaint.OnlineComplaintCtrl?spanishVersion=N
 - You can also contact the Department:
 - By email dobi.ihcap@dobi.nj.gov
 - By fax to (609) 454-8468
 - By mail to NJDOBI, P.O Box 471, Trenton, NJ 08625-0471
 - Keep your originals and send only copies of information. For a printed copy of the complaint form, contact (609) 292-7272
- By receiving consumer complaints, the Department will investigate and make sure that insurance companies are obeying state insurance laws*. If they don't receive written consumer complaints, they are not able to act.

WHAT HAPPENS WHEN YOUR COMPLAINT IS RECEIVED?

- A request for an external appeal must typically be filed within four months of receipt of the decision on the internal appeal.
- The Department will refer the case to a physician in the appropriate specialty and complete its review as soon as possible in accordance with the medical exigencies of the case, which will not exceed 45 days. Review time is limited to 48 hours in appeals involving urgent or emergency care, an admission, availability of care, continued stay, situations in which the covered person received emergency services but has not been discharged, and cases where the standard 45-day review time would seriously jeopardize the life or health of the covered person or jeopardize the covered person's ability to regain maximum function.
- The decision of the Department is binding on the carrier and the covered person, except if other remedies are available under state or federal law.
- Tor more information on the complaint process, visit: https://www.state.nj.us/dobi/division_consumers/insurance/appealcomplaintguide.pdf

HOW TO REQUEST MORE INFORMATION

■ Call the Department of Banking & Insurance at (800) 446-7467 or visit https://www.state.nj.us/dobi/aboutdobi.htm

HOW TO ENSURE YOUR VOICE IS BEING HEARD

■ Get involved with the Arthritis Foundation's Advocacy Program. For more information, visit: <u>arthritis.org/advocate</u> or email <u>advocacy@arthritis.org</u>.

^{*}Please note: The Department does not have jurisdiction over self-Insured employers and health & welfare benefit plans, Medicare or Medicaid. If you are unsure of the type of plan that you have, please refer to your member handbook on how to file an appeal.

