

## DOBI FAQ

### **Q: What policies are subject to review through the IHCAP?**

A: All health benefits plans delivered or issued for delivery in New Jersey by a carrier, as these terms are defined at N.J.S.A. 26:2S-2, are subject to the review through the IHCAP if the policies include UM provisions in the policies. Most policies providing coverage of hospital and medical expense benefits that are delivered or issued for delivery in New Jersey are reviewable through the IHCAP. This includes, for instance, contracts between HMOs and the New Jersey Department of Human Services for Medicaid managed care. However, other government-sponsored coverage, such as Medicare, coverage through the Federal Employee Health Benefits Program (FEHBP), and the New Jersey State Health Benefits Program (SHBP), is not subject to review through the IHCAP (these each have their own review systems). In addition, the IHCAP does not provide reviews of issues arising with respect to self-funded health plans. Policies for coverage of dental services issued by dental service corporations and dental plan organizations are not reviewable through the IHCAP.

<http://www.state.nj.us/dobi/chap352/352umappealsqanda.html#whatpoliciesubjectoreview>

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