



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

THIS BULLETIN HAS BEEN RENUMBERED TO "BULLETIN IC-29"

**BULLETIN IC-34 (Reissued)
November 2, 2011**

**TO: ALL HEALTH INSURERS AND HEALTH CARE CENTERS
AUTHORIZED TO CONDUCT BUSINESS IN CONNECTICUT**

RE: WEATHER RELATED EVENT OR OTHER DISASTER

Note: this Bulletin updates Bulletin IC -34 from August 25, 2011.

In the event of a weather-related event or other disaster for which the Governor declares a state of emergency in the state, it is the position of the Connecticut Insurance Department that all health insurers and health care centers in the state shall handle individual and group health insurance claims for disaster victims and evacuees throughout the duration of the Governor's proclamation, as follows:

1. Medical Equipment, Supplies and Services -

Health insurers and health care centers should authorize payment for necessary medical equipment, supplies and services regardless of the date upon which the service, equipment or supplies were most recently provided.

2. Prescription Drugs -

Except as otherwise indicated under state or federal law, and subject to monitoring by the Department of Consumer Protection related to controlled substances, health insurers and health care centers should authorize payment to pharmacies for up to a ninety day supply of a prescription medication for individuals regardless of the date upon which the prescription had most recently been filled.

In addition, health insurers and health care centers may not apply out-of network penalties where an impacted insured has no in-network pharmacy open and available within a reasonable geographic radius and therefore has a prescription filled at an out-of-network pharmacy. Health insurers and health care centers as well as their contracted Pharmacy Benefit Managers must provide all reasonable assistance to impacted insureds seeking to refill prescriptions during this time.

3. Out of Network Services-

Consistent with existing approved forms, for emergency services, health care centers shall permit enrollees, certificate holders and insureds to obtain emergency services out of network, and provide coverage for such emergency care the same as on an in-network basis. The prudent layperson standard applies to individuals seeking emergency room services.

Health care centers should also reimburse for out-of-network facility coverage, on the same basis as for in-network coverage, where a disaster victim or evacuee is transferred from an in-network facility to an out-of-network facility

Health insurers with products with out-of-network coverage may continue to apply plan provisions except for urgent situations and any other situations where a delay in seeking treatment may exacerbate or worsen a medical condition and where it is a hardship for the disaster victim or evacuee to go to a network provider.

4. Notification of Hospital Admissions

Health insurers and health care centers should extend any time period for notification of hospital admissions until after the duration of the Governor's proclamation.

5. Utilization Review

Health insurers and health care centers shall not apply any penalties for failure of an enrollee, insured, or certificateholder to provide notice as would otherwise be required by a health insurer's or health care center's utilization review requirements, where such individual is a disaster victim or evacuee, and needs medical care during the period of the Governor's proclamation.

6. Claim Filing Deadlines

Health insurers, health care centers, and any preferred provider networks or pharmacy benefit managers acting on their behalf should extend, during the period of the Governor's proclamation, the time limits for providers, enrollees, certificate holders, and insureds to submit claims.

For more information regarding this Bulletin, please contact: cid.ca@ct.gov or call (800) 203- 3447



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