

**ADOPTIONS**

**HUMAN SERVICES**

<u>Undergraduate</u>	<u>Semester Minimum</u>	<u>Semester Maximum</u>	<u>Academic Year Maximum</u>
<u>State Colleges and Universities</u>			
<u>Commuter</u>			
Full-time	\$100.00	\$625.00	\$1,250
Part-time:			
6-8 credits	\$100.00	\$313.00	\$626.00
9-11 credits	\$100.00	\$469.00	\$938.00
<u>Residential</u>			
Full-time	\$100.00	\$750.00	\$1,500
Part-time:			
6-8 credits	\$100.00	\$450.00	\$900.00
9-11 credits	\$100.00	\$600.00	\$1,200
<u>Public Research Universities</u>			
<u>Commuter</u>			
Full-time	\$100.00	\$625.00	\$1,250
Part-time:			
6-8 credits	\$100.00	\$313.00	\$626.00
9-11 credits	\$100.00	\$469.00	\$938.00
<u>Residential</u>			
Full-time	\$100.00	\$750.00	\$1,500
Part-time:			
6-8 credits	\$100.00	\$450.00	\$900.00
9-11 credits	\$100.00	\$ 600.00	\$1,200
<u>Independent Colleges</u>			
Full-time	\$100.00	\$1,300	\$2,600
Part-time:			
6-8 credits	\$100.00	\$650.00	\$1,300
9-11 credits	\$100.00	\$975.00	\$1,950

SUBCHAPTER 3. GRADUATE EOF FINANCIAL ELIGIBILITY

9A:11-3.4 Grant amounts

(a)-(c) (No changes.)

(d) The Board shall annually review the State grant amounts for EOF students and make adjustments, if necessary. The minimum and maximum semester and maximum academic year award ranges for Article III graduate grants for each sector of higher education follows:

<u>Graduate</u>	<u>Semester Minimum</u>	<u>Semester Maximum</u>	<u>Academic Year Maximum</u>
State Colleges and Universities	\$100.00	\$1,200	\$2,400
Independent	100.00	1,475	2,950
Public Research Universities	100.00	1,475	2,950
Biomedical and Health Sciences Schools	100.00	2,225	4,450

(e) (No change.)

**HUMAN SERVICES**

**(a)**

**DIVISION OF FAMILY DEVELOPMENT**

**Child Support Program**

**Clarification of the Term “Regular Payments” When Used to Determine FIDM Eligibility; Denial, Revocation, or Limitation of U.S. Passport**

**Adopted Amendment: N.J.A.C. 10:110-15.2**

Proposed: September 5, 2017, at 49 N.J.R. 2866(a).

Adopted: December 11, 2017, by Elizabeth Connolly, Acting Commissioner, Department of Human Services.

Filed: December 15, 2017, as R.2018 d.028, **without change**.

Authority: N.J.S.A. 30:1-12, Claims Resolution Act (Public Law 111-291).

Effective Date: January 16, 2018.

Expiration Date: February 22, 2023.

**Summary of Public Comment and Agency Response:**

**No comments were received.**

**Federal Standards Statement**

The Department of Human Services has reviewed the applicable Federal laws and regulations and that review indicates that the adopted amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

**Full text** of the adoption follows:

## SUBCHAPTER 15. ENFORCING SUPPORT OBLIGATIONS

## 10:110-15.2 Child support enforcement remedies

(a) Available enforcement remedies shall include, but are not limited to:

1.-3. (No change.)

4. Financial institution data match (FIDM) provisions are as follows:

i. The OCSS, in accordance with N.J.S.A. 2A:17-56.53 and 2A:17-56.57 et seq., shall conduct both in State and multistate financial institution data matches (FIDM) to identify assets of non-custodial parents held in financial institution accounts or in accordance with this subsection and Federal law at 42 U.S.C. § 666(a)17. The OCSS has authority to enter into cooperative alliances with other states for purposes of obtaining FIDM information.

(1) (No change.)

(2) Each financial institution shall provide information on all non-custodial parents who maintain an account at the financial institution and who owe past due child support that equals or exceeds the amount of support payable for three months and for which no regular payments are being made.

(A) As used in this sub-subparagraph, "regular payments" is defined as a payment of the full monthly support order, including any required arrears repayment amount due for the month. Past-due spousal support is only eligible when the obligee is living with the child and the spousal support and child support obligations are included in the same order.

(3)-(6) (No change.)

ii.-v. (No change.)

5.-11. (No change.)

12. Denial, revocation, or limitation of passport provisions are as follows:

i. Cases shall be certified by the OCSS to the Secretary of the U.S. Department of Health and Human Services for the possible denial, revocation, or limitation of delinquent obligors' passports pursuant to 42 U.S.C. § 652(K).

(1) (No change.)

(2) Past-due spousal support is only eligible for denial, revocation, or limitation of an obligor's passport when the obligee is living with the child and the spousal support and child support obligations are included in the same order.

13.-14. (No change.)

**INSURANCE****(a)****DEPARTMENT OF BANKING AND INSURANCE****OFFICE OF LIFE AND HEALTH****Insurance Group; Health Maintenance****Organizations: Health Care Quality Act****Application to Insurance Companies, Health****Service Corporations, Hospital Service****Corporations, and Medical Service Corporations****Adopted Amendments: N.J.A.C. 11:2-17.9, 11:24-8.7, and 11:24A-3.7**

Proposed: September 5, 2017, at 49 N.J.R. 2876(a).

Adopted: December 20, 2017, by Richard J. Badolato,

Commissioner, Department of Banking and Insurance.

Filed: December 20, 2017, as R.2018 d.066, **without change**.

Authority: N.J.S.A. 17:1-8.1, 17:1-15.e, 17B:17-1, and 26:2S-1 et seq.; and P.L. 2005, c. 352.

Effective Date: January 16, 2018.

Expiration Dates: July 5, 2018, N.J.A.C. 11:2;  
January 14, 2022, N.J.A.C. 11:24;  
March 1, 2018, N.J.A.C. 11:24A.

**Summary of Public Comment and Agency Response:**

The Department of Banking and Insurance (Department) received timely written comments from the New Jersey Hospital Association, Home Care & Hospice Association of NJ, the Medical Society of New Jersey, and the New Jersey Association of Health Plans.

1. COMMENT: Several commenters expressed their support for the Department's proposed amendments and applauds its work to clarify impermissible practices related to health benefit plan claims processing and utilization management.

RESPONSE: The Department appreciates the support for this notice of proposal.

2. COMMENT: One commenter recommended that the Department remove its proposed amendments to N.J.A.C. 11:2-17.9(l)1. The commenter noted that the proposed amendments to N.J.A.C. 11:2-17.9(l)1 provide an example for when a claim is denied for multiple reasons. The commenter believes that the example may be confusing because it would not be permitted under the Health Insurance Portability and Accountability Act (HIPAA) transaction and code set standards. The commenter stated that the HIPAA code standards create a uniform way to perform electronic data interchange transactions for submitting, processing, and paying claims. The commenter suggested amending this section to just provide that carrier explanations "shall be consistent with HIPAA standard transaction standards as may be amended."

RESPONSE: N.J.A.C. 11:2-17.9(l)1 addresses the carrier-drafted text used to explain one or more codes on the Explanation of Benefits. The text is akin to footnotes. The Department notes that in its investigation of consumer complaints and in the performance of market conduct examinations, the Department has seen denial codes on Explanation of Benefits that contain reasons that do not apply such as those connected with an "or." The HIPAA standard transaction code sets are applicable to remittance advice forms sent to providers, not to an Explanation of Benefits sent to covered persons. For these reasons, no change is being made in response to this comment.

3. COMMENT: Two commenters expressed concern with the 10-business day requirement found in N.J.A.C. 11:24-8.7. One commenter requested that the timeline be amended to require 15 days compliance with the determination by the independent utilization review organization (IURO) determination instead of the proposed 10 days. The commenter contends that the Department's proposed timeline may not be administratively feasible.

A second commenter requested that the Department consider changing the language to make the requirement read calendar days as opposed to business days. The commenter contends that the additional time can often lead to further exacerbation of the patient's illness or condition.

RESPONSE: The Department believes 10 business days provides a reasonable maximum timeframe during which the carrier must make payment or authorize a service or supply as required by the IURO determination. A reduction to 10 calendar days could create administrative burdens for the carriers and potentially lead to errors with the payment or authorization. Extending the period to 15 business days would unnecessarily delay payment or provision of a service or supply that has been determined to be medically necessary by the IURO. The Department notes that the requirement in the rule is to comply without delay, but no later than 10 business days from receipt of the determination. For these reasons, no change is being made in response to these comments.

4. COMMENT: One commenter requested that the Department amend N.J.A.C. 11:24-8.7(k) to require that the IURO provide notification of its decision to the provider as well as to the Health Maintenance Organization (HMO).

RESPONSE: The Department notes that external appeals are generally submitted by the patient or by the provider, with the patient's