RULE ADOPTIONS

HUMAN SERVICES

(a)

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Notice of Readoption

Managed Health Care Services for Medicaid and NJ FamilyCare Beneficiaries

Readoption: N.J.A.C. 10:74

Authority: N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq.

Authorized By: Stephen Cha, MD, MHSR, Commissioner, Department of Human Services.

Effective Date: June 18, 2026.

New Expiration Date: June 18, 2033.

Take notice that, pursuant to N.J.S.A. 52:14B-5.1, N.J.A.C. 10:74, Managed Health Care Services for Medicaid and NJ FamilyCare Beneficiaries, was scheduled to expire on July 23, 2026. N.J.A.C. 10:74 regulates the enrollment of Medicaid/NJ FamilyCare beneficiaries into managed care as a health care delivery system and the provision of services by a managed care organization (MCO) to these beneficiaries. The Department of Human Services (DHS) has reviewed these rules and finds that they should be readopted because the rules are necessary, adequate, reasonable, efficient, understandable, and responsive to the purposes for which they were originally promulgated.

The chapter includes 14 subchapters, as follows.

Subchapter 1, General Provisions, sets forth the purpose, authority, scope, and definitions for the managed care rules and rules regarding the pharmacy lock-in program.

Subchapter 2, Criteria for Contracting with the Department, sets forth the contracting requirements imposed on MCOs when they contract with the DHS.

Subchapter 3, Benefits, sets forth the scope of benefits; responsibilities of the contractor; MCO benefits for Medicaid and NJ FamilyCare Plans A, B, and C enrollees; fee-for-service (FFS) program services requiring contractor assistance to the enrollee to access the services; services not requiring case management by the MCO; general Medicaid and NJ FamilyCare program limitations; general Medicaid and NJ FamilyCare program exclusions; reporting of services; and availability of services.

Subchapter 4, Marketing, sets forth requirements regarding marketing and the manner in which contractors may market services.

Subchapter 5, Information Provided to Enrollees, sets forth the information to be provided to enrollees by the contractor, which includes information regarding advance directives.

Subchapter 6, General Enrollment, sets forth enrollment information.

Subchapter 7, Disenrollment, pertains to disenrollment in general and disenrollment from an MCO.

Subchapter 8, Enrollees, sets forth requirements regarding mandatory managed care enrollment, enrollment exclusions, voluntary managed care enrollment (allowed and not allowed), reasons for exemptions from mandatory managed care, coverage prior to enrollment, coverage after enrollment, and protecting managed care enrollees against liability for payment.

Subchapter 9, Emergency Services, sets forth requirements regarding emergency services.

Subchapter 10, Medical Information and Quality Assurance, sets forth requirements for contractors regarding medical records/information and quality assurance.

Subchapter 11, Grievance Procedure, regulates the grievance procedure and fair hearing processes.

Subchapter 12, Reimbursement, regulates contractor compensation, derivation of capitation rates, adjustment of capitation rates, payment of capitation to contractors, coverage of hospitalized persons, and situations where no payment will be made.

Subchapter 13, General Reporting Requirements, sets forth the reporting requirements for contractors.

Subchapter 14, Contract Sanctions, sets forth contract sanctions.

While the DHS is readopting these rules without change to avoid expiration of the chapter, it recognizes that further rulemaking may be necessary to update these rules to reflect current program requirements and any applicable State or Federal rules. Thus, the DHS will continue to review the rules and may consider making substantive amendments prior to the next scheduled expiration.

The Department of Human Services has reviewed the rules and has determined them to be necessary, reasonable, and proper for the purpose for which they were originally promulgated, as required by Executive Order No. 66 (1978). Therefore, pursuant to N.J.S.A. 30:4D-1 et seq., and 30:4J-8 et seq., and in accordance with N.J.S.A. 52:14B-5.1.c(1), these rules are readopted and shall continue in effect for a seven-year period.

LAW AND PUBLIC SAFETY

(b)

DIVISION OF CONSUMER AFFAIRS

STATE BOARD OF VETERINARY MEDICAL EXAMINERS

Patient Records

Adopted Amendment: N.J.A.C. 13:44-4.9

Proposed: July 7, 2025, at 57 N.J.R. 1366(a).

Adopted: December 10, 2025, by the State Board of Veterinary Medical Examiners, Mark W. Logan, President.

Filed: January 15, 2026, as R.2026 d.044, **without change**.

Authority: N.J.S.A. 45:16-3.

Effective Date: July 20, 2026.

Expiration Date: July 24, 2031.

Summary of Public Comment and Agency Response:

The official comment period ended September 5, 2025. **The State Board of Veterinary Medical Examiners received no comments.**

Federal Standards Statement

A Federal standards analysis is not required because there are no Federal laws or standards applicable to the adopted amendment.

Full text of the adoption follows:

SUBCHAPTER 4. GENERAL RULES OF PRACTICE

13:44-4.9 Patient records

(a)-(f) (No change.)

(g) If the client or a subsequent treating veterinarian is unable to read the treatment record, either because it is illegible or prepared in a language other than English, the licensee shall provide a transcription or translation at no cost to the client.

Recodify existing (g)-(i) as (h)-(j) (No change in text.)
