

10:52-14.12 Day outlier payment calculation for alternate level of care days

(a)-(b) (No change.)

(c) The day outlier payment is the number of alternate level of care days from the formula in (b) above multiplied by the annual nursing facility per diem rate set by the Facility Rate Setting program of the Division of Aging Services in the Department of Human Services.

(d)-(e) (No change.)

10:52-14.17 Appeal of the hospital’s Medicaid/NJ FamilyCare final rate

(a) (No change.)

(b) Each hospital, within 15 working days of receipt of its Medicaid/NJ FamilyCare inpatient rate package, including its final rate and applicable add-on amounts, shall notify the Division of any calculation errors in its final rate. For years after the initial year that rates are set under this system, and for which no recalibration or rebasing has occurred, only calculation errors that relate to adjustments that have been made to the rates since the previously announced schedule of rates shall be permitted. For subsequent years, calculation error appeals will be limited to the mathematical accuracy or data used for recalibration, rebasing or both. Calculation errors are defined as mathematical errors in the calculations, or data not matching the actual source documents used to calculate the DRG weights and rates as specified in this subchapter. Hospitals shall not use the calculation error appeal process to revise data used to calculate the DRG weights and rates. Calculation error appeals that challenge the methodology used to calculate DRG weights and rates shall not be adjudicated as calculation error appeals, but hospitals are permitted to file such appeals as rate appeals delineated in (c) below. If upon review it is determined by the Division that the error would constitute at least a one percent change in the hospital’s final rate, a revised final rate will be issued to the hospital within 10 working days. If the discrepancy meets the one percent requirement above and a revised Schedule of Rates is not issued by the Division within 10 working days, notification time frames to appeal calculation errors noted above will not become effective until the hospital receives a revised Schedule of Rates. The Division will issue a written decision regarding all calculation error appeal issues timely submitted in accordance with (d) below.

(c) Any hospital, which seeks an adjustment to its final rate shall submit a rate appeal request.

1. A hospital shall notify the Division in writing of its intent to submit a rate appeal. The notice of appeal shall be submitted to the Department of Human Services, Division of Medical Assistance and Health Services, Office of Hospital Reimbursement, Mail Code #44, PO Box 712, Trenton, New Jersey 08625-0712 within 20 calendar days of receipt by the hospital of its Medicaid/NJ FamilyCare inpatient final rate, including applicable add-on amounts.

2. A hospital shall identify its rate appeal issues and submit supporting documentation in writing to the Division within 80 calendar days of receipt by the hospital of its Medicaid/NJ FamilyCare inpatient final rate, including applicable add-on amounts.

3. In order to be considered a valid rate appeal, the hospital’s submission shall meet the following requirements:

i. (No change.)

ii. Detailed calculations showing the financial impact of the rate appeal issue on the hospital’s final rate and its estimated impact on the hospital’s Medicaid/NJ FamilyCare inpatient reimbursement for the rate year.

4. (No change.)

(d)-(e) (No change.)

(a)

CATASTROPHIC ILLNESS IN CHILDREN RELIEF FUND COMMISSION

Catastrophic Illness in Children Relief Fund Program

Adopted New Rules: N.J.A.C. 10:155

Proposed: February 21, 2017, at 49 N.J.R. 317(a).

Adopted: December 6, 2017, by the Catastrophic Illness in Children Relief Fund Commission, Executive Director, Claudia L. Marchese, Esq.

Filed: February 21, 2018, as R.2018 d.103, with a non-substantial change not requiring additional public notice and comment (see N.J.A.C. 1:30-6.3).

Authority: N.J.S.A. 26:2-148 et seq., specifically 26:2-159.

Effective Date: May 21, 2018.

Expiration Date: May 21, 2025.

Summary of Public Comment and Agency Response:

COMMENT: A joint comment submitted by Diana MTK Autin, Executive Co-Director of SPAN and Lauren Agoratus, NJ Coordinator—Family Voices at SPAN objected to the elimination of payments for leased vehicles.

RESPONSE: In response to the comment, the Commission will not be adopting the proposed amendment at N.J.A.C. 10:155-1.7(b). The Commission did not intend to eliminate payments for leased vehicles, and will continue to cover the cost of vehicle modifications, whether the vehicle is leased or purchased.

Federal Standards Statement

A Federal standards analysis is not required because the requirements of this rulemaking are dictated by State statutes and are not subject to Federal requirements or standards.

Full text of the expired rules adopted herein as new rules follows (additions to proposal indicated in boldface with asterisks *thus*):

SUBCHAPTER 1. CATASTROPHIC ILLNESS IN CHILDREN RELIEF FUND PROGRAM

10:155-1.2 Definitions

The following words and terms, as used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

“Catastrophic illness” means any illness or condition for which the incurred medical expenses are not covered by any other source, including, but not limited to, other State or Federal agency programs, insurance contracts, trusts, proceeds from fundraising, or settlements relative to the medical condition of a child that is equal to 10 percent of the first \$100,000 of annual income of a family plus 15 percent of the excess income over \$100,000.

“Eligibility standard” means that dollar amount equal to 10 percent of the first \$100,000 of annual income of a family plus 15 percent of the excess income over \$100,000.

“Executive director” means the professional employed by the Commission, in accordance with New Jersey Civil Service Commission procedures, to administer the Fund on a day-to-day basis on behalf of the Commission.

“Local agency” means the Special Child Health Services Office responsible for assisting families in the application process, forwarding applications to the State Office, and making appropriate referrals to other State programs and benefits.

10:155-1.4 Initial application process

Applications may be submitted on a year-round basis to the local agency. The name, address, and phone number for the local agencies shall be available from the State Office. The local agency shall forward

written applications on forms provided by the State Office. Applications also may be submitted online through the State website: www.njcatastrophicfund.org.

10:155-1.5 State Office and Commission review process

(a) Upon receipt of the paper application from the local agency, or the web application from the family, the State Office shall consider the providers' and vendors' charges submitted.

(b)-(d) (No change.)

10:155-1.7 Limits on Fund disbursements

(a) (No change.)

(b) A one-time vehicle allowance will be capped at \$15,000 for the purchase ***or lease*** of a specialized vehicle. The allowance does not include modifications, which can be considered separately. The one-time vehicle allowance of \$15,000 shall be included in the total disbursement cap, in the year the vehicle allowance was disbursed.

(c)-(e) (No change.)

10:155-1.11 State Office responsibilities

(a) The State Office shall:

1. Screen applications to determine whether a child's eligible medical expenses meet the eligibility standard.

2.-6. (No change.)

7. Oversee payments to providers, vendors, and, in some cases, families; and

8. (No change.)

10:155-1.13 Time period for measuring expenses and income

In screening a child/family for eligibility for the Fund, expenses and income shall be measured by any prior consecutive 12-month time period. The income will be reported for the same prior consecutive 12-month time period back to January 1988. Applications may be accepted any time throughout the year.

10:155-1.14 Eligible health services

(a) Categories of incurred expenses, which are related to the medical care of a child with an illness or condition eligible for consideration in assessing whether a family has reached its eligibility standard include, but are not limited to, the following:

1. (No change.)

2. Specialized pediatric ambulatory care, including physician-authorized rehabilitative therapies (for example, speech, occupational, and physical), physician-authorized care for treatment of substance use disorders and behavioral health care, dental care, eye care, and chiropractic care;

3. Care in an acute hospital in New Jersey (treatment for acute and chronic conditions and treatment of substance use disorders and behavioral health conditions);

4. Care in acute hospitals in other states (treatment for acute and chronic conditions and treatment of behavioral health conditions, including substance use disorders);

5. Physicians and nursing services, including immunization services, in all settings;

6.-12. (No change.)

13. Purchase of a specialized, modified vehicle and any subsequent modifications that are related to the medical condition of the child at the time the expenses were incurred;

14.-15. (No change.)

16. Family transportation and travel-related expenses including, but not limited to, mileage allowance, tolls, parking receipts, and temporary shelter costs related to the medical condition.

(b) (No change.)

10:155-1.18 Special cases

(a) Special cases shall be referred to the Commission for its review and consideration. Special cases shall include, but are not limited to, the following:

1. (No change.)

2. For special hardship cases that come before the Commission during a batch cycle, after the standard disbursement guidelines have been applied to each case in the batch and sufficient monies remain in the

Fund, consideration shall be given to waiving the standard disbursement guidelines (that is, the family responsibility and the caps as outlined in N.J.A.C. 10:155-1.2 and 1.7).

INSURANCE

(a)

DEPARTMENT OF BANKING AND INSURANCE OFFICE OF PROPERTY AND CASUALTY

Homeowners Insurance: Standard Hurricane Deductibles and Expedited Process for Homeowners Insurance Rate Changes Notice of Administrative Correction

N.J.A.C. 11:2-42 Appendix Exhibits D and E

Take notice that the Department of Banking and Insurance (Department) discovered an error in the Appendix Exhibits of N.J.A.C. 11:2-42. Effective February 20, 2018, the Department adopted the repeal and replacement of N.J.A.C. 11:2-42.4 and 11:2-42 Appendices A, B, and C, along with amendments to N.J.A.C. 11:2-42.1, 42.2, and 42.3 (see 49 N.J.R. 624(a); 50 N.J.R. 899(b)). However, due to an inadvertent error in the notice of proposal, N.J.A.C. 11:2-42 Appendix Exhibits D and E were also proposed for repeal and that inadvertent error was adopted in the notice of adoption. The intention of the Department was to only affect N.J.A.C. 11:2-42 Appendix Exhibits A, B, C, as they were the only exhibits of this appendix discussed in the Summary; there is no discussion of the repeal of N.J.A.C. 11:2-42 Appendix Exhibits D and E.

This notice of administrative correction is published pursuant to N.J.A.C. 1:30-2.7.

Full text of the corrected rule follows (additions indicated in boldface **thus**):

SUBCHAPTER 42. HOMEOWNERS INSURANCE: STANDARD HURRICANE DEDUCTIBLES AND EXPEDITED PROCESS FOR HOMEOWNERS INSURANCE RATE CHANGES

APPENDIX

Exhibits A, B, and C (No change.)

EXHIBIT D

HURRICANE DEDUCTIBLE

For the premium charged, we will pay only that part of the total of the loss for all Section I Property Coverages that exceeds the Hurricane Deductible noted below:

This deductible applies, as described below, in the event of direct physical loss to property covered under this policy, caused directly or indirectly in the event of a hurricane named by the National Weather Service or its successor from which sustained hurricane force winds of 74 miles per hour or greater have been measured in New Jersey by the National Weather Service (regardless of whether the sustained hurricane force winds reach the risk insured under the policy) and shall replace any other applicable deductible in that event. In no case will this deductible be less than the Section I deductible amount shown in the Declarations.

The duration of the hurricane includes the time period:

1. Beginning 12 hours prior to the first time that sustained hurricane force winds of 74 miles per hour or greater have been measured in New Jersey by the National Weather Service (regardless of whether the sustained hurricane force winds reach the risk insured under the policy).

2. Continuing for the time period during which the hurricane conditions exist anywhere in New Jersey.

3. Ending 12 hours after the last time the hurricane force winds of 74 miles per hour or greater have been measured in New Jersey