

U.S.C. § 1397jj, allows clinic services, including ambulatory surgical center services, under the children’s health insurance program.

42 CFR Part 416 contains Federal regulations addressing the provision of ambulatory surgical center services. Specifically, 42 CFR Part 416, Subpart F contains the requirements related to reimbursement for Ambulatory Surgical Centers services.

The Department has reviewed the Federal statutory and regulatory requirements and has determined that the adopted amendments do not exceed Federal standards. Therefore, a Federal standards analysis is not required.

Full text of the adopted amendments follows:

SUBCHAPTER 1. GENERAL PROVISIONS

10:66-1.5 Basis for reimbursement

(a) Except as indicated at (c) through (e) below, reimbursement to independent clinics is in accordance with the maximum fee schedule indicated at N.J.A.C. 10:66-6.2 and is based on the same fees, conditions, and definitions for corresponding services governing the reimbursement of Medicaid/NJ FamilyCare fee-for-service-participating practitioners in “private” (independent) practice. Reimbursement is made directly to the clinic.

1. An independent clinic shall charge for services to all patients, except as provided by legislation. No charge will be made directly to the Medicaid/NJ FamilyCare fee-for-service beneficiary, and the charge to the New Jersey Medicaid/NJ FamilyCare fee-for-service program may not exceed the charge by the clinic for identical services to other groups or individuals in the community.

(b) The HCPCS procedure code system, N.J.A.C. 10:66-6, refers to procedure codes and maximum fee allowances corresponding to Medicaid/NJ FamilyCare fee-for-service-reimbursable services. An independent clinic may claim reimbursement for only those HCPCS procedure codes that correspond to the allowable services included in the clinic’s provider enrollment approval letter, as indicated at N.J.A.C. 10:66-1.3(a).

1. If a HCPCS procedure code(s), approved for use by a specific clinic, is assigned both a specialist and non-specialist maximum fee allowance, the amount of the reimbursement will be based upon the status (specialist or non-specialist) of the individual practitioner who actually provided the billed service. To identify this practitioner, enter the Medicaid/NJ FamilyCare fee-for-service Provider Services Number and the National Provider Identifier in the appropriate section of the claim, as indicated in the Fiscal Agent Billing Supplement, N.J.A.C. 10:66 Appendix.

(c) The basis for reimbursement of services provided in an ambulatory surgical center (ASC) is as follows:

1. (No change.)
 2. For facility reimbursement, surgical procedures performed in an ASC are separated into a classification system as specified by CMS and published in the Federal Register in accordance with 42 CFR 416.167 through 416.179, the Federal regulations governing payment for ASC services.
 - i.ii. (No change.)
 3. (No change.)
- (d)-(e) (No change.)

SUBCHAPTER 5. AMBULATORY SURGICAL CENTER (ASC)

10:66-5.1 Covered services

(a) Medicaid and NJ FamilyCare fee-for-service covered procedures in an ambulatory surgical center (ASC) are those surgical and medical procedures that appear at 42 CFR 416.166, the Federal regulations governing ASC services.

(b) (No change.)

(c) For reimbursement information for ASC services, see N.J.A.C. 10:66-1.5.

BANKING AND INSURANCE

(a)

DIVISION OF INSURANCE

**Notice of Readoption
Captive Insurance**

Readoption: N.J.A.C. 11:28

Authority: N.J.S.A. 17:1-8.1, 17:1-15.e, and 17:47B-1et seq.

Authorized By: Marlene Caride, Commissioner, Department of Banking and Insurance.

Effective Date: April 18, 2019.

Expiration Date: April 18, 2026.

Take notice that pursuant to N.J.S.A. 52:14B-5.1, the rules at N.J.A.C. 11:28 were scheduled to expire on May 21, 2019. N.J.A.C. 11:28 establishes the admission procedures and financial reporting requirements that are necessary to implement N.J.S.A. 17:47B-1 et seq., which governs Captive Insurance Companies.

The Department believes that the readoption of these rules will continue to provide a regulatory framework by which a company may form or redomesticate a captive insurance company in New Jersey. Additionally, the readoption of these rules helps the Department ensure the registration of Captive Managers, Actuaries, and Certified Public Accountants employed by Captive Insurance Companies.

The Department has reviewed these rules and has determined that the chapter remains necessary, reasonable, proper, efficient, understandable, and responsive to the purposes for which it was originally promulgated. Therefore, pursuant to N.J.S.A. 52:14B-5.1.c(1), N.J.A.C. 11:28 is readopted without change and shall continue in effect for a seven-year period.

LABOR AND WORKFORCE DEVELOPMENT

(b)

DIVISION OF WAGE AND HOUR COMPLIANCE

**Notice of Administrative Change
Prevailing Wages for Public Works
Scope—Chapter Application**

N.J.A.C. 12:60-1.4

Take notice that the Department of Labor and Workforce Development has requested, and the Office of Administrative Law has agreed to permit, an administrative change to N.J.A.C. 12:60-1.4(b). In pertinent part, that subsection states that N.J.A.C. 12:60 “shall apply to every contract in excess of \$15,444 awarded in whole or in part by a municipal public body and to every subcontract pursuant to said contract.” Pursuant to N.J.S.A. 34:11-56.26(11)(a), the latter amount “shall be adjusted on July 1 every five years in direct proportion to the rise or fall in the average Consumer Price Index for Urban Wage Earners and Clerical Workers for the New York metropolitan and the Philadelphia metropolitan regions as reported by the United States Department of Labor during the last full calendar year preceding the date upon which the adjustment is made.” The percent increase in the average Consumer Price Index for the specified regions over the previous five years was 5.3 percent. Therefore, pursuant to N.J.S.A. 34:11-56.26(11)(a), the \$15,444 prevailing wage contract threshold amount for public works paid for in whole or in part by a municipal public body must be changed to \$16,263 effective July 1, 2019. This notice of administrative change is published in accordance with N.J.A.C. 1:30-2.7.

Full text of the changed rule follows (addition indicated in boldface **thus**; deletion indicated in brackets [thus]):