

SUBCHAPTER 9. CONTESTED CASE HEARINGS

14:17-9.1 Contested case procedures

The hearing in any matter [which] **that** is determined by the Board to be a contested case shall be conducted pursuant to the procedures in the Administrative Procedures Act, N.J.S.A. 52:14B-1 **et seq.**, and 52:14F-1 **et seq.**, the Uniform Administrative Procedure Rules, N.J.A.C. 1:1, and the Board of Public Utilities Rules of Special Applicability, N.J.A.C. 1:14.

14:17-9.7 Motions and answers on rehearing, reopening, or reconsideration

(a)-(d) (No change.)

(e) Appeals of the Board's rulings on a motion for rehearing, reopening, or reconsideration must be made to the Appellate Division within 45 days of the Board's Order. The Rules Governing the Courts of the State of New Jersey provide the rules and procedures for filing the appeal. Information regarding filing an appeal may be obtained from the Superior Court of the State of New Jersey.

SUBCHAPTER 10. UNCONTESTED CASE PROCEEDINGS

14:17-10.3 Filing

Pleadings, correspondence, or other documents pertaining to an uncontested case shall be filed pursuant to N.J.A.C. 14:17-4. Copies of such correspondence shall be filed with the [presiding officer] **Secretary of the Board** and with the parties of record.

14:17-10.4 Cameras and recording devices

Cameras or recording devices may be used at uncontested case proceedings in accordance with the standards and procedures [of] **at** N.J.A.C. 14:17-1.8.

14:17-10.5 Appearances

Any person appearing in a representative capacity in any uncontested case proceeding shall conform to the requirements [of] **at** N.J.A.C. 14:17-3.

TREASURY—GENERAL

(a)

DIVISION OF PENSIONS AND BENEFITS

STATE HEALTH BENEFITS COMMISSION

State Health Benefits Program

Proposed New Rules: N.J.A.C. 17:9

Authorized By: State Health Benefits Commission, Kelly Fields,
Acting Secretary.

Authority: N.J.S.A. 52:14-17.25 et seq.

Calendar Reference: See Summary below for explanation of
exception to calendar requirement.

Proposal Number: PRN 2024-046.

Submit comments by May 31, 2024, to:

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The agency proposal follows:

Summary

The State Health Benefits Commission (Commission) is responsible for reviewing N.J.A.C. 17:9, the administrative rules governing the State Health Benefits Program (“SHBP” or “Program”). When these rules are due to expire, or when the Commission becomes aware of a change in the laws or a court decision that impacts the SHBP, the administrative rules are examined to see if any changes are mandated. When revision is necessary, steps are taken to propose amendments or new rules that uphold the new statute or court decision. Additionally, the rules are

periodically reviewed to ascertain if they are necessary, cost efficient, and reflect current practices. As the Commission has provided a 60-day comment period on this notice of proposal, this notice is excepted from the rulemaking calendar requirement pursuant to N.J.A.C. 1:30-3.3(a)5.

The State Health Benefits Commission proposes to adopt the expired rules at N.J.A.C. 17:9 as new rules. The rules in this chapter expired on September 30, 2023.

N.J.A.C. 17:9 sets forth the rules of the State Health Benefits Program pursuant to N.J.S.A. 52:14-17.25.

A summary of N.J.A.C. 17:9 follows:

N.J.A.C. 17:9-1 sets forth the administrative rules that govern the State Health Benefits Program. It outlines the procedures for public employees who wish to participate or terminate participation in the Program. It also specifies the process for appeals of SHBP decisions by members. Subchapter 1 provides a detailed guideline on how State Health Benefits Commission (SHBC) meetings should be held and how the minutes of such meetings should be maintained. Additionally, it explains the certifying officer's role at participating locations, how the SHBP should handle nonpayment of charges by participating employers, and allowable employer incentives for eligible employees who choose not to enroll. The subchapter also includes definitions relevant to the SHBP to help readers better understand the Program.

N.J.A.C. 17:9-2 provides enrollment procedures for coverage in the SHBP, including who is eligible to become a subscriber or a dependent, when coverage begins, what form(s) to use, and when coverage changes must occur. It also establishes effective dates for new hires and rules for the continuation of coverage for survivors of eligible subscribers, as well as for subscribers who transfer to other employing locations. Finally, provisions regarding the annual open enrollment period, election of coverage, duplication of benefits, out-of-network coverage, and charges for SHBP members are included.

N.J.A.C. 17:9-3 provides specific definitions for the area of dependent coverage. It also includes provisions about the documentation required as certification for dependency. In addition, it establishes dependent eligibility factors for children who are over 26 with disabilities, Chapter 375 dependents, and dependents who enlist in the military. Finally, it includes provisions that prohibit multiple coverage for subscribers and their dependents.

N.J.A.C. 17:9-4 details who is eligible for coverage pursuant to the SHBP, including full- and part-time employees, ineligibility, employer designations, and multiple positions.

N.J.A.C. 17:9-5 specifies charges and interest for participating employers, including payment procedures, due dates, resolutions for participation, Medicare refunds, rejected refunds, retroactive charges, and charges for 10-month employees.

N.J.A.C. 17:9-6 defines retired employees and outlines the eligibility requirements for retired coverage. This subchapter also explains how health benefits are affected upon the suspension of a retiree's monthly retirement allowance. The subchapter also covers other important topics related to coverage in retirement, such as beneficiary, dependent and survivor coverage, eligibility for State payment in case of a disability retirement, and the Retiree Prescription Drug Plan. Terms that apply specifically to the Retiree Prescription Drug Plan are defined. Lastly, the qualifications to receive employer-paid retired SHBP benefits pursuant to P.L. 2001, c. 209, are listed.

N.J.A.C. 17:9-7 covers voluntary termination, termination of eligibility, and termination effective dates. Provisions for the continuity of coverage pursuant to Workers' Compensation, a leave of absence, the State and/or the Federal Family Leave Act, and COBRA, are found in this subchapter.

N.J.A.C. 17:9-8 covers the eligibility rules and effective dates of coverage for the Employee Prescription Drug Plan. Other topics that are set forth in this subchapter include: the issuance of prescription drug cards, coverage under other free-standing prescription drug programs, voluntary termination, and effective date of termination.

N.J.A.C. 17:9-9 outlines the details of the employee dental plan, which include identification cards, enrollment charges, orthodontic expenses, and deductibles.

N.J.A.C. 17:9-10 sets forth the procurement of the State Health Benefits Program and lists the part-time eligibility requirements,

enrollment, available coverage, effective date of coverage, payment and cost of coverage, termination of coverage, and coverage in retirement.

N.J.A.C. 17:9-11 addresses part-time eligibility requirements, enrollment, available coverage, effective date of coverage, payment and cost of coverage, termination of coverage, and coverage in retirement.

N.J.A.C. 17:9-12 concerns the retiree dental expense plan. Plan details, such as the expense plan, plan premiums, plan progressive coinsurance design, covered expenses, and deductibles, are also set forth in this subchapter.

N.J.A.C. 17:9-13 sets forth the eligibility criteria, enrollment procedures, available coverage, premium rates, and termination of coverage for Chapter 375 dependents, pursuant to N.J.S.A. 52:14-17.29.k.

The State Health Benefits Commission proposes to adopt the expired rules as new rules without change. The expired rules proposed herein as new rules, thus, will continue to provide the regulatory framework to enable the State Health Benefits Program to function at its current status.

Social Impact

Members, retirees, and dependents of the State Health Benefits Program rely on the efficient operation of the SHBP, and the presence and predictability of rules that guide the effective and efficient administration of their health benefits. Likewise, participating employers rely on the existence of efficient enrollment and payment procedures that are based on current law. The protections and guarantees that the chapter affords members, retirees, dependents, and employers of the State-administered retirement systems who participate mandate their continued existence. The taxpaying public is also affected by these rules, since public monies are used to fund the benefits. Therefore, taxpayers also benefit from the proper and efficient administration of the SHBP.

Economic Impact

The efficient operation of the health plans administered by the State of New Jersey allows member benefits to be delivered and the employer reporting process to occur in a timely manner, thereby providing an invaluable benefit to members, retirees, dependents, and public employers alike. The expired rules proposed herein as new rules will continue existing, longstanding regulatory requirements, while also improving current policies and procedures. In addition, the rules will continue to provide for the effective and efficient delivery of health benefits.

Federal Standards Statement

There are no Federal requirements or standards that affect the subject of this rulemaking, except that there is reference to compliance with the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. §§ 1320d et seq., as well as compliance with the Federal Patient Protection

and Affordable Care Act (PPACA), Pub. L. 111-148 and Pub. L. 111-152; however, these laws are not exceeded.

Jobs Impact

The operation of the expired rules proposed herein as new rules will not result in the generation or loss of jobs. The rules have been in effect for many years, and have served to efficiently and effectively guide the Division of Pensions and Benefits in the operation and administration of the SHBP.

Agriculture Industry Impact

The expired rules proposed herein as new rules will not have an impact on the agriculture industry.

Regulatory Flexibility Statement

The expired rules proposed herein as new rules affect members, retirees, and dependents enrolled in the SHBP. Thus, the expired rules proposed herein as new rules do not impose any reporting, recordkeeping, or other compliance requirements upon small businesses, as defined in the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq. Therefore, a regulatory flexibility analysis is not required.

Housing Affordability Impact Analysis

The expired rules proposed herein as new rules will have no impact on the affordability of housing in New Jersey, nor will they evoke a change in the average costs associated with housing, because the rules pertain to administration of the SHBP for members, retirees, and dependents of members and retirees.

Smart Growth Development Impact Analysis

The expired rules proposed herein as new rules will not have any impact on the achievement of smart growth; nor will they evoke a change in housing production in Planning Areas 1 or 2, or within designated centers, under the State Development and Redevelopment Plan because the rules pertain to the administration of the SHBP for members, retirees, and dependents of members and retirees.

Racial and Ethnic Community Criminal Justice and Public Safety Impact

The State Health Benefits Commission has evaluated this rulemaking and determined that it will not have an impact on pretrial detention, sentencing, probation, or parole policies concerning adults and juveniles in the State. Accordingly, no further analysis is required.

Full text of the expired rules proposed herein as new rules may be found in the New Jersey Administrative Code at N.J.A.C. 17:9.