

CHAPTER 31B  
HOSPITAL FINANCING

Authority

N.J.S.A. 26:2H-1 et seq.

Source and Effective Date

R.1995 d.507, effective August 14, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).

Executive Order No. 66(1978) Expiration Date

Chapter 31B, Hospital Financing, expires on August 14, 2000.

Chapter Historical Note

Subchapter 1, Hospital Rate Commission, was adopted as R.1979 d.285, effective July 20, 1979. See: 11 N.J.R. 233(a), 11 N.J.R. 439(c). Pursuant to Executive Order No. 66(1978), Subchapter 1, Hospital Rate Commission, expired on July 19, 1984. Subchapter 2, Hospital Reporting of Uniform Bill—Patient Summaries (Inpatient), was adopted as R.1979 d.450, effective November 13, 1979. See: 11 N.J.R. 435(b), 11 N.J.R. 621(a). Amendments to Subchapter 2 were filed and became effective August 7, 1980 as R.1980 d.361. See: 12 N.J.R. 392(d), 12 N.J.R. 517(b). Note that in order to allow time for implementing the UB-PS system, the original implementation date of September 30, 1980 was changed to January 1, 1981. Subchapter 2 was scheduled to expire November 14, 1984. The Governor granted a waiver of the scheduled expiration date from November 14, 1984 to February 12, 1985. See: 16 N.J.R. 2733(a) (October 15, 1984 New Jersey Register). Subchapter 2 was readopted, filed and became effective on December 17, 1984 as R.1984 d.610 with amendments thereto effective January 7, 1985. See: 16 N.J.R. 2728(a), 16 N.J.R. 2733(a), 17 N.J.R. 80(b). Subchapter 3, Financial Monitoring and Reporting Regulations, was adopted as R.1979 d.408, effective October 17, 1979. See: 11 N.J.R. 436(a), 11 N.J.R. 550(b). Subchapter 3 was amended by R.1979 d.484, effective December 14, 1979. See: 11 N.J.R. 545(b), 12 N.J.R. 15(b). N.J.A.C. 8:31B-3.48 was completely replaced and recodified as N.J.A.C. 8:31B-5 by R.1980 d.318 effective July 17, 1980. Further amendments were filed as R.1980 d.455, effective October 16, 1980. See: 12 N.J.R. 515(b), 12 N.J.R. 645(a). Subchapter 3 was amended and substantially recodified (including the recodification of N.J.A.C. 8:31B-5 as N.J.A.C. 8:31B-3.78 through 3.82) by R.1981 d.494, effective January 4, 1982. See: 13 N.J.R. 486(b), 14 N.J.R. 45(a). The Executive Order No. 66(1978) expiration date for Subchapter 3 was extended by gubernatorial waiver from October 17, 1984 to October 17, 1985. See: 16 N.J.R. 2733(a). Subchapter 3 was readopted pursuant to Executive Order 66(1978) effective October 15, 1985 with amendments effective November 4, 1985 as R.1985 d.551. See: 17 N.J.R. 2000(a), 17 N.J.R. 2633(a). Subchapter 3 was amended by R.1993 d.593, effective November 15, 1993. See: 25 N.J.R. 3117(a), 25 N.J.R. 5149(a). Subchapter 4, Financial Elements and Reporting, was adopted as R.1979 d.407, effective October 17, 1979. See: 11 N.J.R. 329(a), 11 N.J.R. 550(a). Amendments to Subchapter 4 became effective October 16, 1980 as R.1980 d.453. See: 12 N.J.R. 516(a), 12 N.J.R. 645(a). Further amendments to Subchapter 4 became effective January 9, 1981 as R.1981 d.10. See: 12 N.J.R. 643(d), 13 N.J.R. 92(a). Subchapter 4 was scheduled to expire October 17, 1984. The Governor granted a waiver of the scheduled expiration date from October 17, 1984 to October 17, 1985. See: 16 N.J.R. 2733(a) (October 15, 1984 New Jersey Register). Subchapter 4 was readopted pursuant to Executive Order No. 66(1978) effective October 15, 1985 with amendments effective November 4, 1985 as R.1985 d.550. See: 17 N.J.R. 2004(a), 17 N.J.R. 2637(a). Subchapter 5, Diagnosis Related Groups, was adopted as R.1982 d.27, effective February 1, 1982. See: 13 N.J.R. 726(b), 14 N.J.R. 147(b). Subchapter 5 was repealed by R.1993 d. 593, effective November 15, 1993. See: 25 N.J.R. 3117(a), 25 N.J.R. 3566(a), 25 N.J.R. 5149(a). Subchapter 6, Mobile Intensive Care

Units, was adopted as R.1982 d.38, effective February 16, 1982. See: 13 N.J.R. 647(a), 14 N.J.R. 208(a). Subchapter 6 was repealed by R.1990 d.462, effective September 17, 1990. See: 22 N.J.R. 1480(a), 22 N.J.R. 3004(a). Subchapter 7, Uncompensated Care Trust Fund, became effective July 20, 1987 as R.1987 d.298. See: 19 N.J.R. 495(a), 19 N.J.R. 1297(a). Subchapter 7, Uncompensated Care Trust Fund, was repealed by R.1993 d. 668, effective December 20, 1993. See: 25 N.J.R. 3125(a), 25 N.J.R. 6016(a).

Chapter 31B, Hospital Rate Setting, was readopted pursuant to Executive Order No. 66(1978), as R.1990 d.462, effective August 17, 1990. See: 22 N.J.R. 1480(a), 22 N.J.R. 3004(a). Notice of Receipt of Petition for Rulemaking. See: 24 N.J.R. 4131(a). Notice of Action on Petition for Rulemaking. See: 24 N.J.R. 4290(a). Chapter 31B, Hospital Financing, was readopted as R.1995 d.507, effective August 14, 1995. See: Source and Effective Date. See section annotations for specific rulemaking activity.

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SUBCHAPTER 1. GENERAL PROVISIONS

**8:31B-1.1 Purpose and scope**

The purpose of this chapter is to satisfy the requirements of the Health Care Facilities Planning Act, P.L. 1971, c.136 as amended by P.L. 1978, c.83; P.L. 1991, c.187; and P.L. 1992, c.160, and support the public policy of the State that hospital and related health care services of the highest quality, of demonstrated need, efficiently provided and properly utilized at a reasonable cost, be available to inhabitants of the State.

Amended by R.1993 d.593, effective November 5, 1993.  
See: 25 N.J.R. 3117(a), 25 N.J.R. 3566(a), 25 N.J.R. 5149(a).

**Case Notes**

New Jersey statutes and regulations were not preempted by ERISA because they referred to self-funded union plan. *United Wire, Metal and Mach. Health and Welfare Fund v. Morristown Memorial Hosp.*, C.A.3 (N.J.)1993, 995 F.2d 1179, certiorari denied 114 S.Ct. 382, 126 L.Ed.2d 332, leave to file for rehearing denied 115 S.Ct. 536, 130 L.Ed.2d 438, rehearing denied 114 S.Ct. 651, 126 L.Ed.2d 608, certiorari denied 114 S.Ct. 383, 126 L.Ed.2d 332, rehearing denied 114 S.Ct. 743, 126 L.Ed.2d 706.

Rate setting and review; peer comparison; reimbursement. In re: 1976 Hospital Reimbursement for Kessler Memorial Hospital, 78 N.J. 564, 397 A.2d 656 (1979).

**8:31B-1.2 Definitions**

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

“Adjusted admissions” means inpatient admissions increased to reflect outpatient activity and is calculated by admissions multiplied by total gross revenue divided by inpatient gross revenue.

“Base year” means the year from which historical cost data are utilized.

“Current Cost Base” means the actual costs and revenue of the hospital as identified in the Financial Elements in the base reporting period.

“Equalization Factor” means the factor that is calculated based on defined Labor Market Areas and multiplied by hospital costs to permit comparability between differing regional salary costs.

“Financial Elements” means those items of revenue, expenses and other data defined in N.J.A.C. 8:31B-4 for reporting to the Department of Health.

“Labor Market Area” means counties and municipalities in the State that are grouped in accordance with similar labor costs.

“Neonate” means a newborn less than 29 days of age.

“Preliminary Cost Base” means the estimated revenue a hospital may collect based on an approved schedule of rates which includes DRG rate amounts and indirect costs not included in the all-inclusive rate. Those indirect costs will either be the dollar amount specified or the estimated amount determined by a specific percentage adjustment to the rate.

“Reporting Year” means the year in which current financial and statistical data is being reported.

“Uniform Bill-Patient Summary” (also referred to as the UB-82) means a common billing and reporting form used by the hospital for each inpatient (see N.J.A.C. 8:31B-2).

“Utilization Review Committee” means a group of physicians in a designated hospital who review the health care provided to patients.

“Utilization Review Organization (URO)” means a group of physicians within a designated geographical area who review the health care provided to patients in area hospitals.

Amended by R.1991 d.158, effective March 18, 1991.  
See: 22 N.J.R. 3724(a), 23 N.J.R. 898(a).

Definitions for full rate review and prospective operating adjustment added.

Amended by R.1992 d.62, effective February 3, 1992.  
See: 23 N.J.R. 3097(a), 24 N.J.R. 425(a).

Definition for Preliminary Cost Base revised.  
Amended by R.1993 d.593, effective November 15, 1993.  
See: 25 N.J.R. 3117(a), 25 N.J.R. 5149(a).

SUBCHAPTER 2. HOSPITAL REPORTING OF  
UNIFORM BILL—PATIENT SUMMARIES  
(INPATIENT)

**8:31B-2.1 Purpose**

(a) The purpose of this subchapter is to provide the basis for a single patient data reporting system to satisfy the health planning requirements of the Health Care Reform Act of 1992 (P.L.1992, c.160). The subchapter incorporates herein by reference the National Uniform Bill (UB-92 HCFA-1450) as the common hospital billing format for all payers. The data elements and design of the form have been determined by the National Uniform Billing Committee (NUBC). The NUBC includes representatives of the Federal Government, major payers and hospital associations.

(b) This subchapter will continue to allow hospitals to:

1. Satisfy Department of Health reporting requirements for patient level clinical and financial information;
2. Allow for common and consistent reporting of revenues for services related to patient care; and
3. Promote uniformity and accuracy of patient data reporting. Confidentiality of individual patients and physicians shall be maintained in fulfilling the above purposes.

Amended by R.1984 d.610, effective January 7, 1985.  
 See: 16 N.J.R. 2728(a), 17 N.J.R. 80(b).  
 Amended by R.1993 d.362, effective July 19, 1993.  
 See: 25 N.J.R. 1660(a), 25 N.J.R. 3205(a).  
 Amended by R.1994 d.488, effective September 19, 1994.  
 See: 26 N.J.R. 10(a), 26 N.J.R. 3839(a).

### 8:31B-2.2 Implementation

Beginning January 1, 1981 N.J.A.C. 8:31B-2.1, the rule on Hospital Reporting of Uniform Bill-Patient Summaries (Inpatient), has been used as a common billing and reporting mechanism for each inpatient discharged and ambulatory same day surgery outpatient treated in each hospital covered under Chapter 83, P.L. 1978.

Amended by R.1981 d.404, effective November 2, 1981.  
 (to become operative January 1, 1982).  
 See: 13 N.J.R. 410(a), 13 N.J.R. 756(c).  
 Added paragraph (g) 1-3.  
 Amended by R.1984 d.610, effective January 7, 1985.  
 See: 16 N.J.R. 2728(a), 17 N.J.R. 80(b).  
 Amended by R.1989 d.154, effective March 20, 1989.  
 See: 20 N.J.R. 3057(a), 21 N.J.R. 752(b).  
 Newborn inpatient birthweight and Severity of Illness indicators added to DRGs.  
 Amended by R.1992 d.62, effective February 3, 1992.  
 See: 23 N.J.R. 3097(a), 24 N.J.R. 425(a).  
 (c)2i revised.  
 Amended by R.1993 d.362, effective July 19, 1993.  
 See: 25 N.J.R. 1660(a), 25 N.J.R. 3205(a).

### 8:31B-2.3 Billing form

(a) The UB-92 is a multi-part form set printed in red ink. Detailed specifications are included with the UB-92 completion guidelines.

(b) The form is designed to be typed or computer printed. It will be available as unit sets or in a printed version. The number of copies in each form set will be determined by the hospital according to its planned use of the forms.

Amended by R.1984 d.610, effective January 7, 1985.  
 See: 16 N.J.R. 2728(a), 17 N.J.R. 80(b).  
 Amended by R.1993 d.362, effective July 19, 1993.  
 See: 25 N.J.R. 1660(a), 25 N.J.R. 3205(a).  
 Amended by R.1994 d.488, effective September 19, 1994.  
 See: 26 N.J.R. 10(a), 26 N.J.R. 3839(a).

### 8:31B-2.4 Guidelines for completion of the patient billing and abstract form

(a) Procedural guidelines for completing the patient billing and abstract form follow:

1. Guidelines for completing the billing form, UB-92 HCFA-1450, have been developed by the NUBC for Medicare, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), and Commercial Insurers.

2. Specific instructions for Blue Cross, Medicaid, and other payers will be provided by those payers.

3. Additional data elements required for the Department of Health by this rule are described in detail by an addendum to the National Uniform Bill Manual. Note: The addendum consists of instructions for filling out the new, Federally mandated form; copies of the addendum can be obtained from the Department.

(b) Billing timelines requirements are as follows:

1. A UB-92 must be completed, finalized and submitted to the Data Intermediary for each patient within 30 days of discharge of the patient.

2. Where claims administration and cash flow considerations would dictate a more current billing than the 30 day requirement, a preliminary version of the UB-92 containing only those items required for the particular payer need be utilized at the time of billing. In interim billing cases, it is required that the full patient billing and abstract information be completed and submitted to the appropriate Data Intermediary in compliance with the Data Intermediary time limits and these rules, specifically N.J.A.C. 8:31B-2.5(g). Data items reported to the data intermediary for transmission to the Department of Health, shall not differ from data upon which payment was based.

Amended by R.1980 d.361, effective August 7, 1980.  
 See: 12 N.J.R. 392(d), 12 N.J.R. 517(b).  
 Amended by R.1981 d.404, effective November 2, 1981 (operative January 1, 1982).  
 See: 13 N.J.R. 410(a), 13 N.J.R. 756(c).  
 Item 41: Note substantially amended.  
 Amended by R.1983 d.598, effective December 19, 1983.  
 See: 15 N.J.R. 1325(a), 15 N.J.R. 2162(a).  
 022: New Jersey Blue Cross was "Other" New Jersey Blue Cross; reference to "Host Bank" deleted.  
 026: New Jersey Blue Cross was "Other" Blue Cross.  
 Amended by R.1984 d.610, effective January 7, 1985.  
 See: 16 N.J.R. 2728(a), 17 N.J.R. 80(b).  
 Amended by R.1989 d.154, effective March 20, 1989.  
 See: 20 N.J.R. 3057(a), 21 N.J.R. 752(b).  
 Citation error corrected.  
 Amended by R.1992 d.62, effective February 3, 1992.  
 See: 23 N.J.R. 3097(a), 24 N.J.R. 425(a).  
 DRG data items to be same as payment data.  
 Amended by R.1993 d.362, effective July 19, 1993.  
 See: 25 N.J.R. 1660(a), 25 N.J.R. 3205(a).  
 Amended by R.1994 d.488, effective September 19, 1994.  
 See: 26 N.J.R. 10(a), 26 N.J.R. 3839(a).

### 8:31B-2.5 Health data submissions to the Department of Health

(a) A data intermediary shall be selected as follows:

- v. Personnel;
- vi. Public Relations;
- vii. Communications;
- viii. Management Engineering;
- ix. Health Sciences Library;
- x. Auxiliary Groups;
- xi. Travel;
- xii. Purchasing and Stores;
- xiii. Motor Pool;
- xiv. Postage;
- xv. Medical Library;
- xvi. Medical Photography and Illustration;
- xvii. Licenses and Taxes (other than income taxes and payroll taxes);
- xviii. Insurance (other than Malpractice and Employees Fringe Benefits);
- xix. Security;
- xx. Planning;
- xxi. Professional Association Memberships;
- xxii. Legal and Audit Fees;
- xxiii. Duplicating and Printing;

Amended by R.1995 d.507, effective September 5, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).

#### 8:31B-4.119 Fiscal (FIS)

Fiscal includes Admitting and Outpatient registration, cashing (excluding cafeteria), patient billing and receivables (including outpatients), financial administration and controllership, data processing (as it relates to these functions), payroll, accounts payable, general ledger, budgets and reimbursement, fund accounting and internal audit.

Repeal and New Rule, R.1995 d.507, effective September 5, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).  
Section was "Inpatient Administrative Services (IAM)".

#### 8:31B-4.120 (Reserved)

Repealed by R.1995 d.507, effective September 5, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).  
Section was "Outpatient Administrative Services (OAM)".

#### 8:31B-4.121 Malpractice Insurance (MAL)

Function: Malpractice Insurance should include the institution's total premium or self-insurance cost for hospital and professional liability coverage. No other type of insurance coverage is to be included here.

#### 8:31B-4.122 (Reserved)

Repealed by R.1995 d.507, effective September 5, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).  
Section was "Employee Health Insurance (EHI)".

#### 8:31B-4.123 (Reserved)

Repealed by R.1995 d.507, effective September 5, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).  
Section was "Repairs and Maintenance (RPM)".

#### 8:31B-4.124 Utilities Cost (UTC)

##### (a) Function:

1. The center should be used to account for all utility costs such as electricity, gas, oil, disposal services and water. A breakdown of the cost and source of these utilities should be provided per N.J.A.C. 8:31B-4.131.

2. Telephones are not considered utilities and thus such costs and revenues are not to be reported in this center. Costs associated with utilities provided to buildings and areas not involved in patient care are to be excluded and reported as reconciliations per instructions in N.J.A.C. 8:31B-4.62 through 4.66 and N.J.A.C. 8:31B-4, Part VI.

#### 8:31B-4.125 Interest (INT)

The interest cost center includes the total cost of interest incurred by the institution. All interest costs related to the acquisition of institutional facilities should be reported as facilities interest. Working capital interest is reported as other expense in this cost center. Interest not applicable to services related to patient care (for example, rental of apartments) should be reported as reconciliations per N.J.A.C. 8:31B-4, Part IV and N.J.A.C. 8:31B-4.131.

New Rule, R.1995 d.507, effective September 5, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).

#### 8:31B-4.126 Legal Fringe Benefits (LFB)

The Legal Fringe Benefits cost center should include the cost of all employee benefits required by law such as: FICA-OASDI, FICA-Medicare, worker's compensation, unemployment compensation and disability insurance.

New Rule, R.1995 d.507, effective September 5, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).

#### 8:31B-4.127 Pensions (PEN)

The Pensions cost center should include the cost of all pensions and annuity plans for hospital employees.

New Rule, R.1995 d.507, effective September 5, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).

#### 8:31B-4.128 Policy Fringe Benefits (PFB)

(a) The Policy and Fringe Benefits cost center should include the cost of all employee benefits granted by institution policy, excluding pension costs, such as: medical in-

urance, life insurance, other employee related insurance (excluding malpractice), deferred compensation, tuition reimbursement and other employee recognition programs.

(b) Employee Health Insurance includes all premium payments and associated costs with union or group health insurance for employees. Hospitals which self-insure for employees, health insurance should report no insurance costs in this cost center; however, deductions from operating revenue for personnel health programs are to be reported by cost center.

New Rule, R.1995 d.507, effective September 5, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).

#### 8:31B-4.129 Reconciling Items (RIT)

The Reconciling Items cost center should include the difference between total institutional costs from the hospitals' certified financial statements and the cost of services related to hospital patient care. The costs of services not related to patient care should also be reported as reconciliations per N.J.A.C. 8:31B-4 and N.J.A.C. 8:31B-4.131.

New Rule, R.1995 d.507, effective September 5, 1995.  
See: 27 N.J.R. 2148(a), 27 N.J.R. 3481(a).

#### 8:31B-4.130 (Reserved)

#### 8:31B-4.131 Financial Elements Report

The Commissioner of Health shall approve Financial Elements Report forms and reporting instructions consistent with the five Parts of the Financial Elements and Reporting Regulations for completion by all New Jersey hospitals. The Commissioner may refine these report forms for research purposes by adding, modifying, or changing cost centers.

Amended by R.1983 d.596, effective December 19, 1983.  
See: 15 N.J.R. 1334(a), 15 N.J.R. 2166(a).

(b) deleted.

Amended by R.1993 d.593, effective November 15, 1993.  
See: 25 N.J.R. 3117(a), 25 N.J.R. 5149(a).

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#### SUBCHAPTER 5. (RESERVED)

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#### SUBCHAPTER 6. (RESERVED)

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#### SUBCHAPTER 7. (RESERVED)

#### APPENDIX I

#### (RESERVED)

Repealed by R.1993 d.593, effective November 15, 1993.

See: 25 N.J.R. 3117(a), 25 N.J.R. 3566(a), 25 N.J.R. 5149(a).

#### APPENDIX II

#### (RESERVED)

Amended by R.1985 d.189, effective April 15, 1985.  
See: 17 N.J.R. 153(a), 17 N.J.R. 914(a).

Section substantially amended.

Amended by R. 1985 d.551, effective November 4, 1985.

See: 17 N.J.R. 2000(a), 17 N.J.R. 2633(a).

Labor 1. Proxies completely amended.

Amended by R.1989 d.78, effective February 6, 1989.

See: 20 N.J.R. 2543(a), 21 N.J.R. 297(a).

Changed household linens 40% to Textile home furnishings 40% and household linens 20% to Textile home furnishings 20%.

Amended by R.1989 d.387, effective July 17, 1989.

See: 21 N.J.R. 135(a), 21 N.J.R. 2058(a).

Labor proxy adjustment factor added.

Amended by R.1990 d.462, effective September 17, 1990.

See: 22 N.J.R. 1480(a), 22 N.J.R. 3004(a).

Clarification of derivation of economic factor.

Amended by R.1992 d.62, effective February 3, 1992.

See: 23 N.J.R. 3097(a), 24 N.J.R. 425(a).

Text deleted.

#### APPENDIX III

#### (RESERVED)

Amended by R.1992 d.62, effective February 3, 1992.

See: 23 N.J.R. 3097(a), 24 N.J.R. 425(a).

Text at E-G deleted; H recodified.

Repealed by R.1993 d.593, effective November 15, 1993.

See: 25 N.J.R. 3117(a), 25 N.J.R. 3566(a), 25 N.J.R. 5149(a).

Was "Preliminary Cost Base Report".

#### APPENDIX IV

#### (RESERVED)

Repealed by R.1993 d.593, effective November 15, 1993.

See: 25 N.J.R. 3117(a), 25 N.J.R. 3566(a), 25 N.J.R. 5149(a).

Was "Preliminary Cost Base Gross Revenue Requirements".

#### APPENDIX V

#### (RESERVED)

Amended by R.1992 d.62, effective February 3, 1992.

See: 23 N.J.R. 3097(a), 24 N.J.R. 425(a).

References to 1980 deleted.

Repealed by R.1993 d.593, effective November 15, 1993.

See: 25 N.J.R. 3117(a), 25 N.J.R. 3566(a), 25 N.J.R. 5149(a).

Was "Revenue Budget Worksheet/Submitted Budget Supplied by NJDOH-Completed by Hospital".

#### APPENDIX VI

#### (RESERVED)

Administrative Correction to delete "DRG 383" and "Outpatient Dialysis".

See: 22 N.J.R. 3229(b).

Repealed by R.1993 d.593, effective November 15, 1993.

See: 25 N.J.R. 3117(a), 25 N.J.R. 3566(a), 25 N.J.R. 5149(a).

Was "Computation of reasonable direct patient care costs".

**APPENDIX VII****(RESERVED)**

Amended by R.1992 d.62, effective February 3, 1992.

See: 23 N.J.R. 3097(a), 24 N.J.R. 425(a).

Financial elements changed.

Repealed by R.1993 d.593, effective November 15, 1993.

See: 25 N.J.R. 3117(a), 25 N.J.R. 3566(a), 25 N.J.R. 5149(a).

Was "Preliminary Cost Base Reconciliation to Net Revenue Related to Patient Care".

**APPENDIX VIII****(RESERVED)**

Amended by R.1990 d.462, effective September 17, 1990.

See: 22 N.J.R. 1480(a), 22 N.J.R. 3004(a).

Dialysis deleted.

Amended by R.1992 d.62, effective February 3, 1992.

See: 23 N.J.R. 3097(a), 24 N.J.R. 425(a).

Direct and indirect cost items revised; payer classes introduced.

Repealed by R.1993 d.593, effective November 15, 1993.

See: 25 N.J.R. 3117(a), 25 N.J.R. 3566(a), 25 N.J.R. 5149(a).

Was "Schedule of Rates as Adjusted for Compliance".

**APPENDIX IX****(RESERVED)**

Amended by R.1989 d.387, effective July 17, 1989.

See: 21 N.J.R. 135(a), 21 N.J.R. 2058(c).

Specification for Rate Years through 1988 added.

Repealed by R.1990 d.462, effective September 17, 1990.

See: 22 N.J.R. 1480(a), 22 N.J.R. 3004(a).

Appendix IX, Volume Variability Adjustment, deleted.

**APPENDIX X****(RESERVED)**

Repealed by R.1990 d.462, effective September 17, 1990.

See: 22 N.J.R. 1480(a), 22 N.J.R. 3004(a).

Appendix X, Nursing Cost Allocation Methodology, deleted.

**APPENDIX XI****(RESERVED)**

Amended by R.1989 d.388, effective July 17, 1989.

See: 21 N.J.R. 1059(a), 21 N.J.R. 2082(a).

Amended by R.1990 d.266, effective May 21, 1990.

See: 22 N.J.R. 735(a), 22 N.J.R. 1591(a).

Medicine—Pediatrics added at I(a)10; Rehabilitation added at 14; DRGs conformed to New York Grouper 7.

Amended by R.1992 d.62, effective February 3, 1992.

See: 23 N.J.R. 3097(a), 24 N.J.R. 425(a).

GME reimbursement methodology revised.

Repealed by R.1993 d.593, effective November 15, 1993.

See: 25 N.J.R. 3117(a), 25 N.J.R. 3566(a), 25 N.J.R. 5149(a).

Was "Reimbursement Methodology for Graduate Medical Education".