

CHAPTER 91

HEALTH ACCESS NEW JERSEY

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SUBCHAPTER 1. GENERAL PROVISIONS

8:91-1.1 Contents of chapter; application

(a) This subchapter sets forth the general provisions of this chapter, including definitions of words and terms used throughout this chapter.

(b) This subchapter applies to all enrollees and participants and other parties interested in, or affected by, the Health Access New Jersey program.

8:91-1.2 Definitions

Words and terms used in this chapter and subchapter shall have the meanings as set forth below, unless specifically defined otherwise in another subchapter of this chapter, or the context clearly indicates otherwise.

“Access Program” means the Health Access New Jersey Program.

“Board” means the Individual Health Coverage Program Board of Directors established pursuant to N.J.S.A. 17B:27A-10.

“Carrier” means an insurance company, a health service corporation or health maintenance organization admitted to transact the business of insurance in New Jersey, authorized to do the business of health insurance or provide coverage of health services, and which is issuing standard health benefits plans in accordance with the Individual Health Coverage Program, pursuant to N.J.S.A. 17B:27A-2 et seq.

“Commission” means the Essential Health Services Commission established pursuant to N.J.S.A. 26:2H-18.54.

“Contribution” means the amount of money which Access Program enrollees must submit to the Access Program towards the cost of purchasing health coverage.

“Credit or dividend” means the sum total of amounts returned to the Access Program and amounts retained by the participating carrier, pursuant to a formula established

by the Commission, which are necessary to assure minimum loss ratio standards are met.

"Enrollee" means a person who has been determined by the Access Program as eligible to receive a subsidy towards the purchase of health coverage, and who has agreed to abide by the rules of the Access Program in obtaining and maintaining such health coverage.

"Health Access New Jersey" means the subsidized insurance program of the Essential Health Services Commission authorized pursuant to N.J.S.A. 26:2H-18.65.

"Health care provider" means a person or facility providing health care within the scope of their licensure and includes Federally Qualified Health Centers, approved provider-sites participating in the New Jersey Primary Care Physician and Loan Redemption Program and Community and School-based Clinics.

"Participant" or "participate" means that a carrier has entered into a contract with the Commission to provide benefits or covered services to Access Program enrollees subject to the rules of the Access Program.

"Premium" means the total amount billed by a participating carrier for the purchase of a standard health benefits plan by an individual, husband and wife, parent and child(ren) or family.

"Standard health benefits plan" means those plans of health coverage promulgated by the Board in accordance with N.J.S.A. 17:27A-7.

"Subsidy" means the amount of money which the Access Program submits towards the cost of purchasing health coverage for an enrollee.

8:91-1.3 General provisions

(a) The Commission shall provide a subsidy for the cost of health coverage for persons who become enrollees of the Access Program.

1. The Access Program subsidy shall not cover the full amount of the cost of the enrollee's health coverage.

2. The amount of subsidy for each enrollee shall be determined by the Commission, based upon a consideration of family income, premiums to be charged by participating carriers, the number of current enrollees, and the current level of funding for the Access Program.

3. Subsidy amounts shall decrease as an enrollee's income increases.

(b) No person shall become an enrollee of the Access Program until a completed application form, including all required documentation, has been submitted to the Access Program, and the person has been determined eligible to be an enrollee in accordance with N.J.A.C. 8:91-3. Submission of a completed application shall be deemed by the Commission as an agreement by the applicant to abide by the rules of the Access Program, if the applicant becomes an enrollee.

(c) The Commission shall provide a subsidy for the purchase of an individual standard health benefits plan promulgated by the Board and offered by a participating carrier.

(d) No carrier shall become a participating carrier of the Access Program until a completed application form has been submitted to the Commission, and the carrier has been determined eligible to be a participant, in accordance with the provisions of this chapter. Submission of a completed application to be a participating carrier shall be deemed by the Commission as an agreement by the applicant to abide by the rules of the Access Program if the applicant becomes a participating carrier.

8:91-1.4 Enforcement and severability

(a) Any person or entity that violates the provisions of this chapter and subchapter shall be subject to all penalties and remedies available under law.

(b) The provisions of this chapter and subchapter shall be enforced by the Commission, and by the Departments of Health, Human Services and Insurance and the Individual Health Coverage Program Board, as appropriate.

(c) If any provisions of this chapter or subchapter are determined to be inapplicable to any person or circumstances, its applicability to other persons or circumstances shall remain unaffected thereby.

SUBCHAPTER 2. ADMINISTRATION OF THE ACCESS PROGRAM

8:91-2.1 Purpose and scope

This subchapter sets forth the general functions and administration of the Access Program as authorized by the Commission, including the coverage which shall be subsidized through the Access Program. The Commission may enter into or authorize contracts as necessary to effectuate the administration of the Access Program.

8:91-2.2 Definitions

Words and terms used in this subchapter shall have the definitions as set forth at N.J.A.C. 8:91-1.2, or as defined below, unless the context clearly indicates otherwise.

"Base Plan" means that benefits plan determined by the Commission to have the lowest premium used to calculate the subsidy and the minimum contribution.

"Minimum contribution" means the lowest amount of contribution an enrollee is expected to pay given the base plan available to the enrollee.