



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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July 30, 2010

Office of Consumer Information and Insurance Oversight
U.S. Department of Health and Human Services

Attention: OCIIO-9994-IFC
P.O. Box 8016
Baltimore, MD 21244-1850

Re: Department of Health and Human Services Final Rule and Proposed Rule: "Patient Protection and Affordable Care Act; Requirements for Group Health Plans and Health Insurance Issuers Under the Patient Protection and Affordable Care Act Relating to Preexisting Condition Exclusions, Lifetime and Annual Limits, Rescissions, and Patient Protections"
File code OCIIO-9994-IFC

Dear Office of Consumer Information and Insurance Oversight:

The New Jersey Division of Medical Assistance and Health Services submits the following comment in response to the above captioned regulation published in the June 28, 2010 Federal Register. The regulation summary states that "[t]his document contains interim final regulations implementing the rules for group health plans and health insurance coverage in the group and individual markets under provisions of the Patient Protection and Affordable Care Act regarding preexisting condition exclusions, lifetime and annual dollar limits on benefits, rescissions, and patient protections."

The State of New Jersey seeks clarification on whether the regulations apply to all HMO enrollees, or only to HMO commercial enrollees. Some New Jersey HMOs that provide coverage in the group and individual markets also have contracts with the Medicaid program to provide coverage for Medicaid enrollees. It is unclear whether these regulations also will apply to an HMO's Medicaid enrollees.

Thank you for the opportunity to comment on these interim final regulations.

Sincerely,

John R. Guhl
Director

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