



SEP 30 2013

Valarie Harr
Director
Department of Human Services
Division of Medical Assistance and Health Services
State of New Jersey
P.O. Box 712
Trenton, New Jersey 08625-0712

RE: New Jersey 13-01

Dear Ms. Harr:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 13-01. Effective January 1, 2013 this amendment eliminates the trend factor increase for inpatient hospital rates for calendar year 2013.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the regulations at 42 CFR 447 Subpart C. This is to inform you that New Jersey 13-01 is approved effective January 1, 2013.

We are enclosing the CMS-179 and the amended approved plan page. If you have any questions, please call Tom Brady at 518-396-3810 x109 or Rob Weaver at 410-786-5914.

Sincerely,

A black rectangular redaction box covers the signature of Cindy Mann. A small circular mark is visible above the box, likely from a stamp or a mark on the original document.

Cindy Mann
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-01 MA NJ	2. STATE New Jersey
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act Section 1902(a)(13)		7. FEDERAL BUDGET IMPACT: a. FFY 2013: (\$ 3.4M) b. FFY 2014: (\$ 4.6 M)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-A page 1-24 Attachment 4.19-A page 1-25		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same Same	
10. SUBJECT OF AMENDMENT: This amendment relates to the exclusion of the annual inflation factor, referred to as the economic factor recognized under the CMS TEFRA target limitations.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL.		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Not required, pursuant to 7.4 of the Plan	
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Valerie Harr, Director Division of Medical Assistance and Health Services P.O. Box 712, Mail Code #26 Trenton, NJ 08625-0712	
13. TYPED NAME: Jennifer Velez			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 2/13/13			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: SEP 30 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN 01 2013		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Penny Thompson		22. TITLE: Deputy Director, Policy & Finance / Mgt., PMCS	
23. REMARKS: PEN & INK change made to blocks #8 AND #9			

claims). A reduction in payments was also made to remove an amount for utilization review services that were previously paid for by hospitals, which will become a State obligation, effective August 3, 2009.

(b) The Statewide base rate is increased by the hospital specific add-on amounts to determine a final rate for each hospital. The final rate for new hospitals and hospitals that had no Medicaid discharges in the base year are set at the Statewide base rate.

(c) The Statewide base rate will be updated annually by the excluded hospital inflation factor, also referred to as the economic factor recognized under the CMS TEFRA target limitations, which is published in the Federal Register by CMS. The TEFRA factor will not be applied to the base rate in Calendar Year 2012 and 2013.

TN: 13-01-MA (NJ) 13-01-MA(NJ)
Supersedes 11-05-MA (NJ) Approval Date: SEP 30 2013
Effective Date: JAN 01 2013