

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 10-13-MA	2. STATE New Jersey
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE December 31, 2010	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN 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)(42)(B)(i) and 42 CFR Part 455	7. FEDERAL BUDGET IMPACT a. FY 2011 - \$1.8 Million \$ 0 b. FY 2012 - \$0.0 Million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.5 New section ** SEE REMARKS	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): NEW

10. SUBJECT OF AMENDMENT:
Purpose is to establish a program to contract with RACs to audit payments to Medicaid providers in compliance with section 6411 of the Affordable Care Act (P.L. 11-148).

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required, pursuant to 7.4 of the Plan
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Division of Medical Assistance and Health Services P.O. Box 712, #26 Trenton, NJ 08625-0712
13. TYPED NAME: Jennifer Velez	
14. TITLE: Commissioner	
15. DATE SUBMITTED: 12/30/2010	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED: FEB 23 2011
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: DEC 30 2010	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Julie R. Alberino	22. TITLE: Acting Associate Regional Administrator Division of Medicaid and State Operations

23. REMARKS:

Originally submitted pages have been replaced with revised pages via State email of February 11, 2011.

Please note that a pen and ink modification has been made to the HCFA-179 Form at the request of the State of New Jersey, making the Federal Budget impact of this SPA \$0, as payment to the RACs will be contingent on their recoveries.