

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
12-01-MA

2. STATE
New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
June 30, 2012

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:
Section 6401(a) of the Affordable Care Act and 42 CFR 455 subpart E

7. FEDERAL BUDGET IMPACT
a. FFY 2012 \$ 0 *
b. FFY 2013 \$ 0 *
*NJ is currently in the process of negotiating an extension of the current MMIS contract and specific additional costs are unknown at this time.

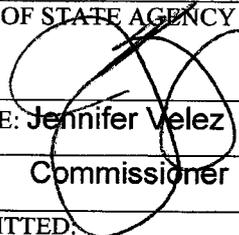
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Section 4.46 page 79(z)(1)
« «79(z)(2)
« «79(z)(3)

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
New
New
New

10. SUBJECT OF AMENDMENT:
Provider Screening and Enrollment

11. GOVERNOR'S REVIEW (Check One):
 GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Not required, pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:


13. TYPED NAME: **Jennifer Velez**

14. TITLE: **Commissioner**

15. DATE SUBMITTED:

16. RETURN TO:
Valerie Harr, Director
Division of Medical Assistance and Health Services
P.O. Box 712, #26
Trenton, NJ 08625-0712

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
June 08, 2012

19. EFFECTIVE DATE OF PLAN MATERIAL:
June 08, 2012

21. TYPED NAME:
Michael Melendez

18. DATE APPROVED:
April 03, 2013

20. SIGNATURE OF REGIONAL OFFICIAL:


22. TITLE:
Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:
****Section 6401(a) of the Affordable Care Act, as amended by section 10603 of the Affordable Care Act, amends section 1866(j) of the Social Security Act (the Act) adds a new paragraph "(2) Provider Screening." Section 1866(j)(2)(A) of the Act requires the Secretary, in consultation with the Department of Health and Human Services' Office of the Inspector General, to establish procedures under which screening is conducted with respect to providers of medical or other items or services and suppliers under Medicare, Medicaid, and CHIP.**
CMS implemented these requirements with Federal regulations in 42 CFR Part 455 subpart E that require that all participating providers be screened according to their categorical risk level, upon initial enrollment and upon re-enrollment or revalidation of enrollment. In addition, section 455.410 requires that all ordering and referring physicians or other professionals providing services under the State plan or under a waiver of the Plan be enrolled as participating providers.