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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 20-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

March 30, 2021

Carole Johnson
Commissioner
Medical Assistance and Health Services
Department of Human Services
CN 12 Quakerbridge Plaza
Trenton, New Jersey 08625-0712

RE: Title XIX State Plan Amendment (SPA), Transmittal #20-0021

Dear Ms. Johnson:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 20-0021. This amendment was submitted in order to add a COVID-19 Administration Fee.

Based upon the information provided by New Jersey, we have approved the amendment with an effective date of December 19, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Division of Reimbursement Review (DRR) analyst Debi Benson at (312) 886-0360 or Deborah.Benson@cms.hhs.gov

Sincerely,

Todd McMillion Director Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES		FORM APPROVED
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	OMB NO. 0938-0193 2. STATE
STATE PLAN MATERIAL	20-0021 MA	New Jersey
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
	SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	December 19, 2020	
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):		
5. THE OF PLAN WATERIAL (CHECK OHE).		
□ 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:	7. FEDERAL BUDGET IMPACT:	
42 U.S. C. 1396a(a)(30)(A)	a. FFY 2021 \$708,067	
	b. FFY 2022 \$581,632	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
ATTACHMENT.	SECTION OR ATTACHMENT (II AP	рисаріе).
ATTACHMENT 4.19-B Page 10 (m)	New	
Attachment 4.19-B Page 36 (b)	same	
3 (/		
10. SUBJECT OF AMENDMENT:		
COVID-19 Administration fee		
11. GOVERNOR'S REVIEW (Check One): ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT		
☐ 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:	
	Jennifer Langer Jacobs Assis	tant Commissioner
	Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance and Health	
	Services	and ricalti
13. TYPED NAME: Carole Johnson	P.O. Box 712, Mail Code #26	
14. TITLE: Commissioner,	Trenton, NJ 08625-0712	
Department of Human Services		
15. DATE SUBMITTED:	1	
12/31/20 FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 18. DATE APPROVED:		
12/31/2020	3/30/2021	
PLAN APPROVED - ONE COPY ATTACHED		

12/19/2020 21. TYPED NAME:

23. REMARKS:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

Todd McMillion

Pen and ink change to Block 8/9 authorized by the state via email on 3/17/2021

20. SI

22. TITLE:

OFFICIAL:

Director, Division of Reimbursement Review

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE OF NEW JERSEY

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES FOR NON-INSTITUTIONAL SERVICES

FEE SCHEDULE EFFECTIVE DATES

• Provider Payment Increase for Specific Codes

The rates for enhanced physician services are updated annually and paid based on the
percentage noted on this page in accordance with the annual Medicare update. The rates
are the same for both governmental and private providers.

Primary Care – 52% of the current published Medicare rate

Preventative and Screening Services – 70% of the current published Medicare rate

Postpartum Services – 50% of current published Medicare rate

Covid-19 Vaccine Administration Fee

 Effective December 19, 2020, Covid-19 Vaccine Administration Fee will be paid at 100% of Medicare rates

21-0021 MA (NJ)

TN: 21-0021 MA (NJ) Approval Date: 3/30/21

SUPERCEDES: 16-0003 Effective Date: December 19, 2020