

Table of Contents

State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 21-0005

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

November 16, 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 #21-0005

Dear Ms. Johnson:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 21-0005. This amendment was submitted in order to update Ambulance rates.

Based upon the information provided by New Jersey, we have approved the amendment with an effective date of July 1, 2021. 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,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 21-0005 MA	2. STATE New Jersey
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 U.S. C. 1396a(a)(30)(A)		7. FEDERAL BUDGET IMPACT: a. FFY 2021 \$47,866 b. FFY 2022 \$200,971	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B page 14		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same	
10. SUBJECT OF AMENDMENT: Ambulance rates			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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 State Plan	
12. SIGNATURE OF STATE AGENCY OFFICIAL:  Digitally signed by Sarah Adelman Date: 2021.09.28 10:53:57 -04'00'		16. RETURN TO: Jennifer Langer Jacobs, Assistant Commissioner Division of Medical Assistance and Health Services P.O. Box 712, Mail Code #26 Trenton, NJ 08625-0712	
13. TYPED NAME: Sarah Adelman			
14. TITLE: Acting Commissioner, Department of Human Services			
15. DATE SUBMITTED: 9/30/21			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 30, 2021		18. DATE APPROVED: November 16, 2021	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2021		20. REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Director, Division of Reimbursement Review	
23. REMARKS:			

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
Reimbursement for Services**

TRANSPORTATION SERVICES

“Transportation charge” or base allowance (one way or round trip) is an all-inclusive sum which covers the placement and removal of a patient into and out of the vehicle at the point of origin and the point of destination.

Reimbursement for nonemergency medical transportation is provided by means of risk capitation paid to a designated transportation broker, who coordinates nonemergency transportation Statewide. Non-emergency medical transportation services allowed as an administrative cost are not part of the broker’s contract.

Reimbursement for MICU/ALS (Mobile Intensive Care Unit/Advanced Life Support) services provided by a hospital will be made on a reasonable cost basis, based on Medicare principles of reimbursement. There are two components, the MICU component and the transportation component, that must be billed together by the hospital. The hospital MICU/ALS provider must be certified as a MICU/ALS provider by the State of New Jersey Department of Health..

Reimbursement for MICU/ALS (Mobile Intensive Care Unit/Advanced Life Support) services provided by a non-hospital MICU/ALS transportation provider will be based on a maximum fee allowance. The non-hospital MICU/ALS provider must be certified as a MICU/ALS provider by the State of New Jersey Department of Health.

Reimbursement for ambulance services including emergency basic life support provided to Medicaid and Medicaid fee-for-service recipients who are also Medicare eligible will be paid at the applicable Medicare rate.

When the transportation component is provided by a volunteer ambulance service, there will be no reimbursement by Medicaid for the transportation component.

Meal and lodging costs associated with transportation to and from medically necessary services are reimbursed at the lesser of: the amount billed to the general public; or the State maximum allowable per day, which is based on the government rate established for all publicly funded travel-related room and board.