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State/Territory Name: New Jersey

State Plan Amendment (SPA) #: 22-0010

This file contains the following documents in the order listed:

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- 2) CMS-179
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DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 601 E. 12th St., Room 355 Kansas City, Missouri 64106



Medic aid and CHIP Operations Group

April 27, 2022

Jennifer Langer Jacobs
Assistant Commissioner
NJ Department of Human Services
Division of Medical Assistance and Health Services
PO Box 712, Mail Code #26
Trenton, NJ 08625-0712

Re: New Jersey State Plan Amendment (SPA) #NJ-22-0010

Dear Ms. Jacobs:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) #NJ-22-0010. This amendment proposes to include assurances that the state complies with third party liability rules as authorized under both the Bipartisan Budget Act of 2018 and the Medicaid Services Investment and Accountability Act of 2019.

We conducted our review of your submittal according to statutory requirements in section 1905(a)(25)(E) of the Social Security Act as implemented at 42 CFR §433.135 -§433.154. This letter is to inform you that New Jersey Medicaid SPA #NJ-22-0010 was approved on April 27, 2022 with an effective date of January 1, 2022.

If you have any questions, please contact Terri Fraser at 410-786-5573 or via email at Terri Fraser@cms.hhs.gov.

Sincerely,

Ruth A. Hughes, Acting Director Division of Program Operations

cc: Nicole McKnight Terri Fraser Andrea Ormiston

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	2 2 0 0 1 0 NJ		
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022		
5. FEDERAL STATUTE/REGULATION CITATION	FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2022 \$ 0		
Social Security Act 1902(a)(25)(E)	a. FFY 2022 \$ 0 b. FFY 2023 \$ 0		
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
Page 69 Section 4 page 69 and 69a Supplement 2 to Attachment 4.22 Page 1 Attachment 4.22-B Page	Same New		
9. SUBJECT OF AMENDMENT			
State Plan Amendment to update the Third Party Liability (TPL) s	section of the State Plan to comply with current law.		
10. 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:		
11 SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO		
	Jennifer Langer Jacobs, Assistant Commissioner		
12. TYPED NAME	Division of Medical Assistance and Health Services P.O. Box 712, Mail Code #26		
Sarah Adelman	r.o. box 712, Maii Code #26 renton, NJ 08625-0712		
13. TITLE Acting Commissioner, Department of Human Services			
14. DATE SUBMITTED			
3/29/22			
FOR CMS USE ONLY			
16. DATE RECEIVED 3/29/22	DATE APPROVED 4/27/22		
PLAN APPROVED - O			
18. EFFECTIVE DATE OF APPROVED MATERIAL	19 SIGNATURE OF APPROVING OFFICIAL		
1/1/22			
20. TYPED NAME OF APPROVING OFFICIAL	1. TITLE OF APPROVING OFFICIAL		
Ruth A. Hughes	Acting Director, Division of Program Operations		
22. REMARKS			
4/25/22 - State requested P&I changes to the CMS-179 to align with	revisions made to the submission during the review process.		

Revision: HCFA-PM-94-1 (MB) 69

FEBRUARY 1994

State/Territory: New Jersey **Citation** 4.22 Third Party Liability 42 CFR 433.137 The Medicaid agency meets all requirements of: (a) (1) 42 CFR 433.138 and 433.139, (2) 42 CFR 433.145 through 433.148, (3) 42 CFR 433.151 through 433.154, 1902(A)(25)(H) and (I) Of the act (4) Sections 1902(a)(25)(H) and (I) of the Act. (5) Section 1902(a)(25)(E) of the Act. 42 FR 433.138(f) ATTACHMENT 4.22-A (b) (1) Specifies the frequency with which the data exchanges required in 433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in 433.138(e) are conducted: (2) Describes the methods the agency uses for 42 CFR 433.138(g)(1)(ii) meeting the follow up requirements contained in and (2)(ii) 433.138(g)(1)(i) and (g)(2)(i); 42 CFR 433.138(g)(3)(i) (3) Describes the methods the agency uses for and (iii) following up on information obtained through the State motor vehicle accident report file data exchange required under 433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party database and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources; and 42 CFR 433.138(g)(4)(i) (4) Describes the methods the agency uses for following up on paid claims identified under through (iii) 433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party database and third party recovery unit of all information obtained through the follow up that identifies legally liable third party resources.

TN: <u>#22-0010</u> Approval Date <u>4/27/22</u>

Supersedes TN: #95-42 Effective Date 1/1/22

Supersedes TN: #95-42	Effective Date 1/1/22
III. <u>#22-00 IU</u>	Approvar Date
TN: #22-0010	Approval Date 4/27/22
42 CFR 447.20 (e)	The Medicaid agency ensures that the provider furnishing a service for which a third party is liable follows the restrictions specified in 42 CFR 447.20.
42 CFR 433.139(f)(3)	(3) The dollar amount or time period the State uses to accumulate billings from a particular liable third party in making the decision to seek recovery of reimbursement.
42 CFR 433.139(f)(2)	(2) The threshold amount or other guideline used in determining whether to seek recovery of reimbursement from a liable third party, or the process by which the agency determines that sending recovery of reimbursement would not be cost effective,
42 CFR 433.139(b)(3)(ii)(C)	 The method used in determining a provider's compliance with the third party billing requirements at 433.139(b)(3)(ii)(C),
(d)	ATTACHMENT 4.22-B specifies the following:
42 CFR 433.130(b)(3) X (c) (ii)(A)	Providers are required to bill liable third parties when services covered under the plan are furnished to an individual on whose behalf child support enforcement is being carried out by the State IV-D agency.
Citation	
State/Territory: <u>New Je</u>	ersev
Revision: HCFA-PM-94-1 FEBRUARY 1994	(MB) 69a

Supersedes TN: <u>#95-42</u> **Effective Date**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE PLAN UNDER	TITLE XIX OF THE SOCIA	AL SECURITY ACT
State/Territory:	New Jersey	
Bipartisan Budget Act (BBA	Third Party Liability - .) of 2018 and Medicaid S tability Act (MSIAA) of 20	
Effective February 9, 2018, the BE to require a state to use standard of and chase" when processing clair and postpartum claims. Therefore that a third party is likely liable for and return it back to the provider no responsible for payment.	coordination of benefits one for prenatal services e, if the State Medicaid A a prenatal claim it must	cost avoidance instead of "pay s, including labor and delivery agency (SMA) has determined reject, but not deny, the claim
Effective October 1, 2019, the BB to require a state to make payme preventative services unless the effectiveness and access to care state has made a determination recan no longer pay and chase for peto 90 days, if warranted.	ents without regard to the state has made a dethat warrants cost avoided	ird party liability for pediatric etermination related to cost- ance for up to 90 days. If the ess and access to care, SMAs
The MSIAA of 2019 allows for pays submitted for claims related to med extend up to 100 days for claims re	dical support enforceme	nt. Therefore, New Jersey will
TN: <u>#22-0010</u>	Approval Date	4/27/22
Supersedes TN: NEW	Effective Date	1/1/22