LEGAL NOTICE

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Reimbursement for Out-of-State Hospital Services

TAKE NOTICE that the New Jersey Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS), intends to seek approval from the United States Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS), for amendments to the New Jersey Medicaid (Title XIX) State Plan, in order to implement State Fiscal Year 2013 (SFY 13) budget provisions, subject to the passage of the New Jersey Fiscal Year 2013 Appropriations Act.

This amendment to the New Jersey Medicaid (Title XIX) State Plan, if approved, is to be effective July 1, 2012. Notwithstanding the provisions of any law or regulation to the contrary, the amounts hereinabove appropriated in Payments for Medical Assistance Recipients - Inpatient Hospital and Payments for Medical Assistance Recipients - Outpatient Hospital are subject to the following condition: for an out-of-state hospital participating in the New Jersey Medicaid or NJ FamilyCare program, other than an out-of-state hospital for which payment is based on a binding settlement agreement between the State and such hospital, payment for claims with Date of Discharge on or after July 1, 2012, shall be equal to the lowest of the following three amounts: (i) The amount charged by the billing hospital for the rendered services; (ii) The rate of payment for out-of-state hospitals as described at N.J.A.C. 10:52-4.5(a) through (d); or (iii) The average statewide rate of payment for New Jersey hospitals as described at N.J.A.C. 10:52-4.3 (outpatient services) or the rate of payment as described at N.J.A.C. 10:52-14.10 through 14.16 (inpatient services) utilizing the Statewide base rate as the hospital's final rate and an average hospital inpatient cost-to-charge ratio.

The proposed amendment is expected to save the State approximately \$2.5 million annually. This Notice is intended to satisfy the requirements of Federal law and regulations, specifically, 42 U.S.C. § 1396a(a)(13) and 42 CFR 447.205.

A copy of this Notice is available for public review at the local Medical Assistance Customer Centers, County Welfare Agencies, and on the DHS website at http://www.state.nj.us/humanservices/providers/grants/public/index.html. Comments or inquiries must be submitted in writing by mail or fax within 30 days of the date of this notice to:

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