

**LEGAL NOTICE
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH 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 any required amendments to the New Jersey Medicaid (Title XIX) State Plan in order to implement the following subject to the passage of the State Fiscal Year 2024 (SFY24) Appropriations Act,

Notwithstanding the provisions of any law or regulation to the contrary, payments for general acute care hospitals are subject to the following condition: subject to the approval of any required State plan amendment, fee-for-service and managed care payments to out-of-state pediatric hospitals whose number of discharges were within the first quartile of New Jersey Medicaid pediatric patient days in calendar year 2021 and that would otherwise be reimbursed at the established Diagnosis Related Groups payment rate described in N.J.A.C.10:52-14 shall be reimbursed at 100 percent of the established Medicaid claim-specific reimbursement methodology in the state in which the hospital is licensed, not to exceed a 50 percent increase above the established New Jersey fee-for-service payment amount.

The fee schedule for these rates will be published on the Department's fiscal agent's website at <https://www.njmmis.com> under the "Rate and Code Information" tab, Out of State Hospital Pricing - Acute Facility link.

DMAHS estimates the increased expenditures associated with this amendment for State Fiscal Year 2024 and Year 2025 will be \$761K in total funds each year (\$342.5K State funds), respectively.

This Notice is intended to satisfy the requirements of Federal law and regulations, specifically 42 CFR 447.205 and 42 U.S.C. 1396a(a)(13). A copy of this Notice is available for public review at the Medical Assistance Customer Centers, County Welfare Agencies, and the Department's website at:

<http://www.state.nj.us/humanservices/providers/grants/public/index.html>.

Comments or inquiries must be submitted in writing within 30 days of the date of this notice to:

Division of Medical Assistance and Health Services
Office of Legal & Regulatory Affairs

Attention: Margaret Rose
Mail Code #26, P.O. Box 712
Trenton, New Jersey 08625-0712
Fax: 609-588-7343
E-mail: Margaret.Rose@dhs.state.nj.us