

## **Table of Contents**

**State/Territory Name: NEW JERSEY**

**State Plan Amendment (SPA) #: 22-0016**

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



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**Financial Management Group**

November 4, 2022

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 #22-0016

Dear Ms. Johnson:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number 22-0016. This amendment was submitted in order to update the Medicaid Access Physician Services (MAPS) program.

Based upon the information provided by New Jersey, we have approved the amendment with an effective date of July 1, 2022. 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](mailto:Deborah.Benson@cms.hhs.gov)

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 6</u>	2. STATE <u>NJ</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION  
Social Security Act Section 1902(a)(13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 4,506,112  
b. FFY 2023 \$ 13,518,335

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Supplement 1 to Attachment 4.19-B page 4, 4.1, 4.2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Supplement 1 to Attachment 4.19-B page 4, 4.1, 4.2, and 4.3

9. SUBJECT OF AMENDMENT

NJ Medicaid Access Physician Services (MAPS) Program

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  
[Redacted] Digitally signed by Sarah Adelman  
Date: 2022.09.16 17:14:22 -04'00'

12. TYPED NAME  
Sarah Adelman

13. TITLE  
Commissioner, Department of Human Services

14. DATE SUBMITTED  
9/19/22

15. 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

**FOR CMS USE ONLY**

16. DATE RECEIVED September 19, 2022

17. DATE APPROVED  
November 4, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL  
[Redacted]

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY-New Jersey METHODS AND STANDARDS FOR  
ESTABLISHING PAYMENT RATES-OTHER TYPES OF CARE**

Supplemental Payments for Physician and Professional Services at Qualifying  
Professional Services Practices - NJ Medicaid Access to Physician Services (MAPS)

1. Qualifying Criteria:

Physicians and other eligible professional service practitioners as specified in 1A and 1B below will qualify for supplemental payments for services rendered to Medicaid beneficiaries. To qualify for the supplemental payment, the physician or professional service practitioner must be:

- licensed by the State of New Jersey;
- enrolled as a New Jersey Medicaid provider.

1A. Qualifying Providers Are those associated with the following medical schools:

- Rutgers New Jersey Medical School
- Rutgers Robert Wood Johnson Medical School
- Rutgers School of Dental Medicine
- Rutgers School of Nursing
- Cooper Medical School of Rowan University
- Rowan University School of Osteopathic Medicine
- Hackensack Meridian School of Medicine

Practitioners eligible for payments under this Program are either employed by or contracted with the Universities which operate the medical or dental schools or employed by or contracted with one of the following hospital systems: Cooper University Health Care, RWJBarnabas (affiliated with Rutgers), Bergen New Bridge Medical Center, or University Hospital. This definition includes Rutgers University Behavioral Health Care.

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**22-0016 MA (NJ)**

**Approval Date:** November 4, 2022

**Supersedes: 19-0002**

**Effective Date:** July 1, 2022

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE/TERRITORY-New Jersey**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER  
TYPES OF CARE**

Supplemental Payments for Physician and Professional Services at Qualifying  
Professional Services Practices (Con't)

1B. Qualifying Practitioner Types

All qualifying providers, as specified in 1A., who file CMS 1500 claims or the Medicaid/NJ  
FamilyCare Dental Services Claim Form MC-10 (excluding certain CPT codes).

2. Payment Methodology

The supplemental payment will be determined in a manner to bring payments for these services up to the average commercial rate level. The average commercial rate is defined as the rates paid by commercial payers for the same service. Under this methodology the terms physician and physician services include services provided by all qualifying practitioner types as set forth in 1B. above. The specific methodology to be used in establishing the supplemental payment for physician services is as follows:

a. For services provided by physicians or other eligible providers meeting the criteria as set forth in 1. above, the state will annually collect from each qualifying provider the practice groups commercial physician fees by CPT code for the groups' top five commercial payers by volume. If qualifying providers do not have five commercial payers the top three commercial payers may be used.

b. The state will annually calculate the average commercial rate for each CPT code for each qualifying provider, as defined under 1. above.

c. The state will collect the Medicaid paid claims history file for the preceding fiscal year for those qualifying providers, as defined under 1. above and sum the amount of the Medicaid payments. The state will align the average commercial rate for each CPT code as determined in "b." above to each Medicaid claim and calculate the amount that would have been paid using the average commercial rate. The resulting amount is summed for all claims. The state will calculate an average commercial rate conversion factor. The

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STATE/TERRITORY-New Jersey**

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES-OTHER  
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Supplemental Payments for Physician and Professional Services at Qualifying  
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average commercial rate conversion factor is the ratio of the sum of the average commercial rate payments to the sum of the Medicaid payments.

d. For each quarter the state will extract paid Medicaid claims for each qualifying provider type, as defined under 1. above for that quarter. Until such time that claims paid under the Office Based Addictions Treatment (OBAT) program are included in the base calculation described in 4c, such claims will be excluded from this extract.

e. The total amount that was paid for those claims is then multiplied by the average commercial rate conversion factor as computed in 2c. above. The amount Medicaid actually paid for those claims is subtracted to establish the supplemental payment amount for the qualifying provider for that quarter.

5. Effective Date of Payment

The supplemental payment will be made effective for services provided on or after July 1, 2022. These rates can be found in the most current MAPS Operations Manual found on NJMMIS.com/Rate & Code Tab.

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