New Jersey Medicaid Access to Physician Services (NJ MAPS) Program
Fiscal Year 2018
New Jersey
Medicaid Access to Physician Services Program
(NJ MAPS Program)

Operations Manual
Updated: August 2017

Scope of Manual:

This document provides a detailed description of New Jersey’s implementation of the NJ Medicaid Access to Physician Services (MAPS) Program within the New Jersey Medicaid program. This program is designed to improve access to primary care and specialty care services for Medicaid beneficiaries in light of the expansion of the Medicaid program as a result of the Affordable Care Act (ACA).

This manual describes the Division of Medical Assistance and Health Services (DMAHS)’s approach, details the payment methodology and program funding, and reviews the first year implementation which commenced on January 1, 2017, and second year implementation that commenced on July 1, 2017.

The payment methodology for the NJ MAPS Program is consistent with the final rule issued by CMS on Medicaid managed care rate setting and published on May 6, 2016, as well as additional guidance on “Pass-Through Payments in Medicaid Managed Care” issued by CMS on July 29, 2016.

Introduction:

Following the expansion of the New Jersey Medicaid program in January 2014, the NJ DMAHS investigated options to address provider payment rates and access to care. One of the identified approaches to help support this effort was to implement a Medicaid Access to Physician Services program that would provide Medicaid Managed Care Organizations (MCOs) with additional funding to pay physician practice plans affiliated with public medical and dental schools at a level consistent with their average commercial rate (ACR). These additional funds can be used to hire additional physicians, improve retention of existing physicians, and create population-based health care programs, thus preserving or expanding access to care.

New Jersey implemented the NJ MAPS Program on January 1, 2017 when the State issued actuarially sound managed care capitation rates that funded these higher payments. The core components of the program are outlined below and reflect suggestions provided by CMS to state officials.
Program Operations:

Medical Schools and Affected Practice Plans

The NJ Medicaid Access to Physician Services (MAPS) Program applies to physician and certain non-physician practitioners affiliated with all of the public medical and dental schools in New Jersey because these practitioners are key providers of primary, specialty, and subspecialty services to Medicaid beneficiaries. These entities are:

- 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

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 Cooper University Health Care or University Hospital.

Practitioner Types

Under the NJ MAPS Program, payments are limited to the following practitioner types:

- Physicians
- Certified Registered Nurse Anesthetists
- Certified Registered Nurse Practitioners
- Physician Assistants
- Dentists

Services Covered

The patient care services provided by the eligible practitioners listed above that are deemed professional claims and billed on the CMS-1500 Form or the Medicaid/NJ FamilyCare Dental Services Claim Form MC-10 are those that shall be eligible for enhanced payments under this program.

Services provided to enrolled members who are dually eligible for Medicaid and Medicare services are excluded from this program. Services provided under sub-capitated arrangements are also excluded, with sub-capitation defined as when an MCO pays a network healthcare practice/provider a set monthly fee that covers all the administrative and medical expenses of a defined population. However, to the degree that an MCO is using a sub-vendor to administer the healthcare benefits and network (such as dental benefits) but the MCO is still responsible
for each medical expense and the sub-vendor is paying the network healthcare practice/provider based on a fee schedule, the Program (and the Minimum Fee Schedule) shall apply. Services paid for under a case rate or bundled rate are also excluded.

Case rate/bundled payment is defined here as either a payment of a single rate for a defined group of procedures and services (some of which may even be inpatient or outpatient) or as the reimbursement of health care providers on the basis of expected costs for clinically-defined episodes of care.

**Payment Approach**

As part of the MCO rate development process each year, a vendor hired by the NJ Department of Treasury calculates the ACR for each practice plan using commercial and Medicaid data supplied by the practice plans. Specifically, for each covered CPT code for a recent base year, the vendor compares the fee-for-service payments of each practice plan’s top five commercial payers and the Medicaid fee-for-service payments in order to arrive at a percentage markup over Medicaid that is the commercial payment equivalent.

The vendor then takes that markup percentage over Medicaid and creates a minimum rate schedule by multiplying the Medicaid fee-for-service rate schedule for specialists by a statewide weighted average of the individual ACRs. MCOs are contractually obligated to pay at this minimum rate schedule or above for eligible providers throughout the MCO contract year. If a billed CPT code is not listed on the minimum rate schedule, MCOs pay according to the terms otherwise defined in the base contract agreement with the provider.

**NOTE:** The statewide minimum fee schedule for state fiscal year (SFY) 2018, beginning July 1, 2017 is contained in Appendix A.

The overarching principle of the payment model is to ensure MCO payment for each eligible code is the higher of the contracted payment rate as of March 31, 2016 or the new NJ MAPS minimum fee schedule (i.e., the NJ MAPS minimum fee schedule is the payment floor).

Another guiding principle in the design of the program is to minimize the administrative work to execute the billing and payment process for both the eligible providers and MCOs. The current working assumption is that the existing payment rules engines within the MCOs do not require any changes and that existing billing practices will remain the same for the providers. The only difference is the minimum rate table that is utilized at the end of the claims processing cycle.
Therefore:

- The MCOs will not need to alter their rules engines for reimbursement where those rules apply identically across all providers, merely that the NJ MAPS minimum fee schedule will be the base fee schedule onto which those reimbursement rules apply unless the contracted payment rate as of March 31, 2016 is already higher than the NJ MAPS minimum fee schedule.

- In those instances where the rules regarding codes and modifier combinations do not apply identically across all providers, then the NJ MAPS minimum fee schedule shall strictly apply as a reimbursement floor, per unit of service, unless the contracted payment rate as of March 31, 2016 is already higher than the NJ MAPS minimum fee schedule.

- Providers are responsible for submitting an invoice to an MCO at or above the Minimum Fee Schedule to be eligible for the full enhanced rate.

Additional points to note about certain modifiers under the guidelines above:

- Following the existing rules engines:
  - Modifier 50 (Bilateral Services) shall be paid at 1.5 times the single unit rate
  - Modifier 62 (Two Surgeons) shall be paid at 0.625 times the single rate unit
  - Modifier 22 (Increased Procedural services) shall be paid at 1.2 times the single rate unit
  - Anesthesia Pricing Modifiers QK, QX, and QY shall follow standard ASA reimbursement guidelines of 0.5 times the single rate unit as applied to the minimum fee schedule.

- Conversely, the following shall not apply and the minimum fee schedule shall instead strictly apply as a reimbursement floor per unit of service unless the contracted payment rate as of March 31, 2016 is already higher:
  - Modifier 51 (Multiple Procedure Discounts)
  - Modifier 58 (Related Procedure during post-operative period)
  - Modifier 78 (Unplanned return to the operating room)
  - Place of Service Code discounts

- Regarding Modifier 26, in instances where CPT codes with modifier 26 are not on the minimum fee schedule, the percentage discount for Modifier 26 from the Medicare fee schedule shall instead be applied to the minimum fee schedule.

The state’s independent actuaries determine the dollar value to be included in the MCO capitation Per Member Per Month (PMPM) rates to permit the MCOs to pay enhanced fees to physician and non-physician practitioners employed by the Universities in New
Jersey which operate the public medical or dental schools or employed by Cooper University Health Care or University Hospital. The PMPM that each MCO receives on a monthly basis has built into it the estimated cost of the NJ MAPS Program. DMAHS reviews and approves these results. The state’s actuaries review and certify these rates as being actuarially sound.

**NOTE:** No later than three months prior to the start of the fiscal year, the participating entities will provide state officials with a list of eligible practitioners along with their individual and group NPI numbers. State officials will then provide to the MCOs the list of eligible practitioners. The eligible group NPI numbers for the MCO contract year beginning July 1, 2017 is contained in Appendix B. The annual attestation and reporting form for group NPI numbers for eligible practitioners is contained in Appendix H.

If a participating entity employs a new practice group during a contract year and creates a new group number, that new group will not be eligible for enhanced payments under this program until the beginning of the next contract year. If a new practitioner is added to an existing group number, services provided by that practitioner are eligible for enhanced payments immediately.

There is not a requirement for the MCO and participating practice plans to be contracted prior to the start of the program in order to receive the enhanced rates. Eligible and participating practice plans that enter into a contract with an MCO are eligible to receive the enhanced NJ MAPS Program rate once under contract.

The participating physician practice plans and the MCOs will both be required to report on a quarterly basis throughout the contract year on the increased funds they have received (in the case of the practice plans) or expended (in the case of the MCOs) as a result of the NJ MAPS Program. Copies of these quarterly reports are included in Appendix C and Appendix D of this operations manual. Reports from all groups shall be provided to DMAHS no later than 45 days following the close of each quarter.

**Risk Corridor**

Because the Medicaid Access to Physician Services is a new program and utilization of Qualified Practitioners will vary across MCOs, the State mitigates risk associated with overpaying or underpaying a particular MCO associated with the capitation increase for these particular providers and services as follows:

1. Each MCO is required to spend at least 99%, but no more than 101% of the medical portion of the capitation increase associated with the program for claims under the Medicaid Access to Physician Services Program.
2. Each MCO shall submit a separate final settlement calculation within 11 months of the end of the contract year accounting for incurred claims consisting of claims runout of at least six months and an estimate of the incurred but not paid claim liability. The State will confirm the calculations.

3. To the extent the incurred claims spent by an MCO are less than 99% of the additional medical portion of the funding on claims under the Medicaid Access to Physician Services Program, the difference between the incurred claims amount spent and 99% will be paid to the pool by that MCO.

4. To the extent the incurred claims spent by an MCO are more than 101% of the additional medical portion of the funding on claims under the Medicaid Access to Physician Services Program, the difference between the incurred claims spent and 101% will be paid to that MCO by the funds available in the pool.

5. If funds in the pool are not sufficient to appropriately reimburse MCOs who spent more than 101%, then the State will contribute additional funds to the pool to cover the shortfall.

6. If funds in the pool are more than sufficient to reimburse MCOs who spent more than 101%, excess funds will be withdrawn by the State.

7. The Medicaid Access to Physician Services Program Risk Corridor is a risk mitigation strategy based on assumptions underlying the increased funding.

8. The State maintains the option as to (i) whether or not to continue this Medicaid Access to Physician Services Program and/or the Risk Corridor in subsequent years and (ii) if continued, whether any changes to the Risk Corridor allocation and distribution process are necessary. Any return of funds to the State will be refunded to the federal government at the same FMAP as originally claimed by the State.

**NOTE:** Additional information of the Risk Corridor is contained in Appendix I.

**Funding Approach**

The NJ MAPS Program is entirely funded by transfers of existing state legislative appropriations, mostly from the parent universities of the medical schools. The SFY18 Appropriation Act contains language that permits such transfers at the discretion of the Department of Treasury.

Rutgers University, Rowan University, Cooper University Hospital, and University Hospital have signed memorandums of understanding with the state whereby they agree to the budgetary
transfers to fund the NJ MAPS Program and state Medicaid officials agree to use the transferred funds to finance the increased payments to the MCOs under the NJ MAPS Program.

The exact sources of the funding by school for SFY18 payments appear in the Appropriations Handbook for the given fiscal year for Rutgers, Rowan University School of Osteopathic Medicine, Cooper, and University Hospital.

As part of the annual MCO rate setting process, the state’s actuaries calculate the PMPM increase for the non-dual capitation rates for both the acute care and MLTSS program that is needed to fund the NJ MAPS Program.

The transfers from existing state appropriations to fund the NJ MAPS Program is equal to the cost of the state share to NJ Medicaid to finance the program plus any fees to be paid to consultants administering the NJ MAPS Program. In general, on a monthly basis, transfers from existing state appropriations equal the PMPM increases needed to fund the state share of the NJ MAPS Program based on projected enrollment and utilization. The transfers from the existing state appropriations for the year are locked into eleven months of identical transferred amounts per institution. The transfer from existing state appropriations on the twelfth month will reconcile projected enrollment and actual enrollment over the previous eleven months.

**NOTE:** If, however, during the fiscal year, the total actual enrollment to date differs from projected enrollment by more than 10%, a re-evaluation of the monthly transfers of existing state appropriations will be triggered and future transfers will be adjusted to reflect a revised projection of enrollment.

At the completion of the actuarial calculations of the current rate year, and the PMPM increases established to fund the NJ MAPS Program, program enrollment and utilization projections determine the estimated cost of the MAPS program for the upcoming SFY and MCO contract year.

The total non-federal costs are then apportioned between program participants based on their relative percentage of total expected program benefit, as calculated by the State’s actuary.

If the actuary projects that Participant A will receive 25% of total increase in payments, then Participant A will be responsible for 25% of the total State-share of those payments.

**NOTE:** Additional information is contained in Appendix J.

Approximately eight months following the close of the SFY, State officials will complete the cost allocation calculation a second time using the latest actual claims data available (including “incurred but not reported” or IBNR). The resulting school- and hospital-specific allocations from this analysis will be compared to the amounts actually transferred from appropriations in the prior year. Any overpayment or underpayment will then be included in the current year’s
appropriation transfer calculation to “true-up” each entity’s share of MAPS Program costs for the prior fiscal year.

Under no circumstance, however, may the net value of credits from this true-up exceed the value of funds returned to the State from the MCOs based on risk-corridor underspending. Similarly, any net additional costs allocated during the true-up may not exceed additional State costs resulting from risk-corridor overspending.

At the discretion of State staff at the Department of Human Services, a second risk corridor adjustment impacting MCO payments may be performed at some point greater than 12 months following the close of a fiscal year. In the event of such an adjustment, the current year MAPS calculation will also be modified to distribute the net overpayment or underpayment resulting from the second risk corridor adjustment.

Participants will be notified by Office of Management and Budget (OMB) staff of the required funding for the coming SFY and contract year. Specifically, each participant will receive the calculations outlined in Appendix J (for their institution only) that will govern the amount of funds that will need to be transferred from their legislative appropriation over the course of that year, as well as the anticipated exact monthly transfer of existing legislative appropriations.

Currently, the state’s payments to MCOs of their PMPMs occur once a month and the MCOs receive their capitation payments on the last Friday of the month. Those payments are retrospective, and while there is no formal reconciliation, a 12-month “look-back” process accounts for any changes in eligibility or enrollment.

For the first three months of the NJ MAPS Program (January 1 to March 31, 2017) the PMPM increase was funded by the Department of Treasury using state general revenues without transfers of school or hospital appropriations. The transfers that would have been made in the first three months of the program will be made at the end of the fiscal year (effectively doubling the April/May/June 2017 transfers).

At the beginning of each subsequent year, OMB will reserve funding appropriated to each of the participating medical schools and hospitals equal to the amount needed to fund enhanced NJ MAPS Program payments (as calculated by Medicaid actuaries, and including any adjustments for prior year risk pool overpayments or underpayments, and prior year actual utilization proportions by school) plus consultant fees, plus 10% to account for any unexpected increase in enrollment. OMB will process eleven uniform monthly appropriation transfers to DMAHS equal to one-twelfth of the total funding estimate, with the final monthly transfer serving as a true-up for actual enrollment during the course of the year.

NOTE: Additional information about the funding approach is contained in Appendix I.
Annual Attestation

To guard against double-claiming of Medicaid program costs, officials at both University Hospital (Newark) and Cooper University Hospital will annually submit to NJ Medicaid officials a letter attesting that the clinical services to patients (i.e. professional claims) covered under the NJ MAPS Program and billed on the CMS-1500 Form or the Medicaid/NJ FamilyCare Dental Services Claim Form MC-10 are either not included in the hospital’s cost reports, or are included but subsequently excluded as part of the hospital cost reporting process, so that they have no impact on Medicaid inpatient, outpatient or DSH reimbursement for the hospital.

NOTE: Attestation forms are contained in Appendix E.

First Calendar Year Implementation

The vendor hired by NJ Department of Treasury calculated the ACR for each practice plan using FYE June 30, 2014 commercial data supplied by the practice plans. The vendor also calculated a minimum rate schedule by multiplying the Medicaid fee-for-service rate schedule by a statewide weighted average of the individual ACRs for the MCOs that began January 1, 2017).

The vendor also estimated the additional program cost through calculating the expected PMPM increase. DMAHS reviewed and approved these numbers and DMAHS actuaries certified the additional PMPM increase.

CMS approved the NJ MAPS program when it approved the MCO contract and rates.

The program was implemented effective to January 1, 2017.

The vendor hired by NJ Department of Treasury recalculated the ACR for each practice plan and recalculated the minimum rate schedule effective July 1, 2017. The SFY2018 statewide weighted average was 336% of the DMAHS fee-for-service specialist rate.

Measuring MAPS Program Impact:

Introductory Period

During the initial six months of the MAPS program, practice plans began to track the baseline access metrics outlined in Appendix D for future reporting. Practice plans were asked to submit quarterly reports for this introductory period – but they did not need to complete the metrics tab of Appendix D until the start of the first full fiscal year of the program.
NOTE: No later than September 30th, 2017, participating practice plans must submit to State officials a document outlining tentative plans for the use of the enhanced funding provided through MAPS. The document should include, at a minimum, a proposed list of initiatives including a brief description of the desired outcome of each investment.

July 1, 2017 and beyond

Participating practice plans will be required to submit quarterly reporting of access metrics as outlined in Appendix D. In recognition of the fact that the initial metrics identified by the State may not accurately measure the impact of all possible projects, the State will consider revisions to the list of metrics at the start of Year Two. The State welcomes suggested additions to the initial list of metrics outlined in Appendix D, but maintains sole discretion to approve the replacement of any existing metric. Any modification made to access metrics would be practice plan specific, and would not impact reporting by other providers.

Potential Changes to the Program in Succeeding Years:

During SFY17, in response to the new statewide minimum fee schedule that the MCOs will follow, the practice plans began to expand access to services.

DMAHS chose to adopt the above payment approach for SFY17 and SFY18 because of a desire to have the program commence on January 1, 2017. However, DMAHS’s preference is to incentivize alternative payment methodologies and innovative payment solutions to improve population health. The State desires to evolve the NJ MAPS Program over time to that end.

DMAHS officials indicated in discussions with CMS officials their support for a program approach that is not utilization-based and instead is centered on a dedicated add-on amount to the capitation payment to the MCOs. Such a payment approach, however, would need to comply with the rule on Medicaid managed care rate setting that was published on May 6, 2016 by CMS, as well as the additional rate setting guidance on “Pass-Through Payments in Medicaid Managed Care” issued by CMS on July 29, 2016.

Instead of continuing a minimum statewide fee schedule in future years, DMAHS would like to see the physician practice plans and MCOs create partnerships that lead to alternative payment methodologies that drive quality improvements and innovative payment solutions for population-based health programs. This policy comports with the delivery system reform visions outlined in New Jersey’s Section1115 Demonstration Waiver.

A quality- and access-centered approach requires detailed discussions, data exchange, and analysis among the practice plans, the MCOs, and State officials. Such work is anticipated to take several years.
Therefore, in a future year as early as is practical, state officials intend to pursue a revised MAPS Program design that is similar to that originally proposed to CMS in their October 15, 2015 letter such that the dedicated increased payments to the MCOs foster alternative payment methodologies with the physician practice plans that drive quality improvements and fund population-based health programs.
Contacts:

State Contacts

If you have questions about the NJ MAPS program, please contact:

- Brian Francz at NJ Department of Treasury
  - (609) 984-4271
  - Brian.Francz@treas.nj.gov

- Rob Durborow at DMAHS
  - (609) 588-2858
  - Robert.Durborow@dhs.state.nj.us

MCO Contacts

Each MCO has designated a contact for any questions related to the NJ MAPS Program:

<table>
<thead>
<tr>
<th>MCO</th>
<th>Contact Name</th>
<th>Contact Email</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Aetna</td>
<td>Jerry Mammano</td>
<td><a href="mailto:mammanoj@aetna.com">mammanoj@aetna.com</a></td>
<td>(609) 282-8204</td>
</tr>
<tr>
<td>Amerigroup</td>
<td>Jennifer Ciglia</td>
<td><a href="mailto:Jennifer.ciglia@amerigroup.com">Jennifer.ciglia@amerigroup.com</a></td>
<td>(732) 439-4360</td>
</tr>
<tr>
<td>Horizon</td>
<td>Ed Radwanski</td>
<td><a href="mailto:Edward_radwanski@horizonblue.com">Edward_radwanski@horizonblue.com</a></td>
<td>(609) 434-4538</td>
</tr>
<tr>
<td>United Healthcare</td>
<td>Aurelyn Robinson</td>
<td><a href="mailto:Aurelyn_Robinson@uhc.com">Aurelyn_Robinson@uhc.com</a></td>
<td>(732) 623-1125</td>
</tr>
<tr>
<td>WellCare</td>
<td>Victoria Herzberg</td>
<td><a href="mailto:Victoria.Herzberg@wellcare.com">Victoria.Herzberg@wellcare.com</a></td>
<td>(973) 848-3078</td>
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Practice Plan Contacts

Each practice plan has designated a contact for any questions related to the NJ MAPS Program:

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<th>Practice Plan Name</th>
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<th>Contact Email</th>
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<tr>
<td>Cooper Univ. Health Care / Cooper Medical School at Rowan Univ.</td>
<td>Kevin O’Dowd</td>
<td><a href="mailto:odowd-kevin@CooperHealth.edu">odowd-kevin@CooperHealth.edu</a></td>
<td>(856) 342-2050</td>
</tr>
<tr>
<td>Rowan Univ. School of Osteopathic Medicine</td>
<td>Frank MacLeon &amp; Elaine Mahoney-Kennedy</td>
<td><a href="mailto:macleon@rowan.edu">macleon@rowan.edu</a> and cc <a href="mailto:mahoney-kennedy@rowan.edu">mahoney-kennedy@rowan.edu</a></td>
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<tr>
<td>Rutgers Health</td>
<td>David Haier</td>
<td><a href="mailto:haierda@njms.rutgers.edu">haierda@njms.rutgers.edu</a></td>
<td>(973) 495-7857</td>
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<tr>
<td>University Hospital</td>
<td>Tom Daly</td>
<td><a href="mailto:dalytm@uhnj.org">dalytm@uhnj.org</a></td>
<td>(973) 972-3721</td>
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Appendices:

A: Services Eligible for MAPS Rate Increases
B: List of Eligible Providers by Group NPI Number
C: MCO Quarterly Report Template
D: Practice Plan Quarterly Report Template
E: Attestation forms for University Hospital (Newark) and Cooper University Hospital
F: List of Key Dates
G: NJ MCO Contract Language
H: Annual reporting and attestation form for Group NPI #s for Eligible Providers
I: NJ MAPS Program – Funds Flow Models
   i. Overview
   ii. PMPM Calculation and Distribution
   iii. State Appropriation Redirection and Allocation
Appendix A
Services Eligible for MAPS Rate Increases
### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.  
**MOD 1 =** MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**MOD 2 =** MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  

#### NOTE:
J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERIC =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.  
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Effective July 1, 2017

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CPT/HCPCS/CDT = PROCEDURE CODE NUMBER
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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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Effective July 1, 2017

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.  
**MOD 1 =** MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**MOD 2 =** MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

*CPT/HCPCS/CDT = PROCEDURE CODE NUMBER*

*W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.*

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## MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT = PROCEDURE CODE NUMBER**

**W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.**

**MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

**MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

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### NOTE:

J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Effective July 1, 2017  

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER
W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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## MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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**MOD 2** = Modifier 2 indicating the general group of services to which the procedure code belongs.

### Note:

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### Medicaid Access to Physician Services Fee Schedule

**Effective July 1, 2017**

**CPT/HCPCS/CDT =** Procedure Code Number

**W.X.Y.Z PLUS FOUR NUMERICS =** For Hard Copy Submission Only. For HIPAA Transactions Refer to the HIPAA Companion Guide.

**MOD 1 =** Modifier 1 Indicating the General Group of Services to Which the Procedure Code Belongs

**MOD 2 =** Modifier 2 Indicating the General Group of Services to Which the Procedure Code Belongs

**NOTE:** J and Q Code Fees are for Cross-over Claims Only. Straight Medicaid Claims are priced from the NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT** = **PROCEDURE CODE NUMBER**

**W.X.Y.Z PLUS FOUR NUMERICS** = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1** = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

**MOD 2** = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

**NOTE:**

J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**Effective July 1, 2017**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT = PROCEDURE CODE NUMBER**  
**W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.**  
**MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**  
**MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**  

**NOTE:**  
J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### Effective July 1, 2017

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

**CPT/HCPCS/CDT = PROCEDURE CODE NUMBER**

**W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.**

**MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

**MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### Medicaid Access to Physician Services Fee Schedule

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.**  
**MOD 1 =** MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**MOD 2 =** MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT = PROCEDURE CODE NUMBER**

**W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.**

**MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

**MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

**NOTE:**

J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT** = PROCEDURE CODE NUMBER

**W,X,Y,Z PLUS FOUR NUMERICS** = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1** = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2** = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

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**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER  
**W.X.Y.Z PLUS FOUR NUMERICs =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.  
**MOD 1 =** MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**MOD 2 =** MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

Effective July 1, 2017

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

**W.X.Y.Z PLUS FOUR NUMERICS** = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1** = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2** = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

### NOTE:

J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

#### CPT/ HCPCS/ CDT MOD 1 MOD 2 SHORT - DESCRIPTION

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT =** Procedure Code Number

**W,X,Y,Z Plus Four Numerics** = For Hard Copy Submission Only. For HIPAA Transactions Refer to the HIPAA Companion Guide.

**MOD 1 =** Modifier 1 indicating the general group of services to which the procedure code belongs.

**MOD 2 =** Modifier 2 indicating the general group of services to which the procedure code belongs.

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**NOTE:** J and Q Code Fees are for cross-over claims only. Straight Medicaid claims are priced from the NDC.

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### Section: MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**Effective July 1, 2017**

**CPT/HCPCS/CDT =**  
**PROCEDURE CODE NUMBER**

**W,X,Y,Z PLUS FOUR NUMERICS =**  
**FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.**

**MOD 1 =**  
**MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

**MOD 2 =**  
**MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

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**NOTE:**  
J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Effective July 1, 2017

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

CPT/HCPCS/CDT = PROFESSION CODE NUMBER
W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NOTE: PROCEDURE CODES LISTED ARE FOR STRAIGHT MEDICAID CLAIMS. CROSS-OVER CLAIMS ARE PRICED FROM THE NDC.

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Effective July 1, 2017

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER
W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Effective July 1, 2017

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

CPT/HCPCS/CDT =  PROCEDURE CODE NUMBER
W.X.Y.Z PLUS FOUR NUMERICS =  FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
MOD 1 =  MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 =  MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Medicaid Access to Physician Services Fee Schedule

Effects July 1, 2017

CPT/HCPCS/CDT = Procedure Code Number
W,X,Y,Z Plus Four Numerics = For Hard Copy Submission Only. For HIPAA Transactions Refer to the HIPAA Companion Guide.
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MOD 2 = Modifier 2 Indicating the General Group of Services To Which the Procedure Code Belongs

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**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

**NOTE:** J and Q code fees are for cross-over claims only. Straight Medicaid claims are priced from the NDC.

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NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.
### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT**: PROCEDURE CODE NUMBER

**W,X,Y,Z PLUS FOUR NUMERICS**: FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1**: MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2**: MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE**: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

Effective July 1, 2017

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Effective July 1, 2017

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1 =** MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2 =** MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Effective July 1, 2017

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER
W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Effective July 1, 2017

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1** = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2** = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.
### Effective July 1, 2017

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

CPT/HCPCS/CDT = **PROCEDURE CODE NUMBER**

W,X,Y,Z PLUS FOUR NUMERICS = **FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.**

**MOD 1** = **MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

**MOD 2** = **MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS**

**NOTE:**

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Effective July 1, 2017

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1 =** MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2 =** MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Note: J and Q code fees are for cross-over claims only. Straight Medicaid claims are priced from the NDC.
**Effective July 1, 2017**

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER
W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

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**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### Effective July 1, 2017

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

**W,X,Y,Z PLUS FOUR NUMERICS =** FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1 =** MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2 =** MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

#### NOTE:

J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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## CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1** = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2** = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

### NOTE:

- J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

**CPT/HCPCS/CDT** = PROCEDURE CODE NUMBER

**W,X,Y,Z PLUS FOUR NUMERICS** = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFERENCE THE HIPAA COMPANION GUIDE.

**MOD 1** = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2** = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

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**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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Effective July 1, 2017

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MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT** = PROCEDURE CODE NUMBER

**W.X.Y.Z PLUS FOUR NUMERICS** = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1** = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2** = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

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**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Effective July 1, 2017  

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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Effective July 1, 2017

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER
W,X,Y,Z PLUS FOUR NUMERIC = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Effective July 1, 2017

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1** = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2** = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

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## MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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Effective July 1, 2017

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Effective July 1, 2017

MEDICAID ACCESS TO PHYSICIAN SERVICES FEES SCHEDULE

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER
W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### Effective July 1, 2017

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER  
W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.  
MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

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**NOTE:**  
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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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**Effective July 1, 2017**

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### Medicaid Access to Physician Services Fee Schedule

CPT/HCPCS/CDT = Procedure Code Number

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**NOTE:** J and Q Code Fees are for Cross-over Claims Only. Straight Medicaid Claims are Priced from the NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

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Effective July 1, 2017

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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### Effective July 1, 2017

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

**W.X.Y.Z PLUS FOUR NUMERICS** = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1 =** MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2 =** MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

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**NOTE:**

J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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## MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

**W,X,Y,Z PLUS FOUR NUMERICS =** MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2 =** MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

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**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

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- **W.X.Y.Z PLUS FOUR NUMERICS** = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
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**Effective July 1, 2017**

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT** = PROCEDURE CODE NUMBER

**W,X,Y,Z PLUS NUMERICS** = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1** = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2** = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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# Medicaid Access to Physician Services Fee Schedule

Effective July 1, 2017

**CPT/HCPCS/CDT =** Procedure Code Number

**W,X,Y,Z Plus Four Numerics =** For Hard Copy Submission Only. For HIPAA Transactions Refer to the HIPAA Companion Guide.

**MOD 1 =** Modifier 1 Indicating the General Group of Services to Which the Procedure Code Belongs

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**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

**CPT/HCPCS/CDT** = PROCEDURE CODE NUMBER  
**W.X.Y.Z PLUS FOUR NUMERICS** = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.  
**MOD 1** = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS  
**MOD 2** = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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### Medicaid Access to Physician Services Fee Schedule

**CPT/HCPCS/CDT**: Procedure Code Number

**W, X, Y, Z Plus Four Numerics**: For hard copy submission only. For HIPAA transactions refer to the HIPAA companion guide.

**Mod 1**: Modifier 1 indicating the general group of services to which the procedure code belongs.

**Mod 2**: Modifier 2 indicating the general group of services to which the procedure code belongs.

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**NOTE:**

J and Q code fees are for cross-over claims only. Straight Medicaid claims are priced from the NDC.

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT** = PROCEDURE CODE NUMBER

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Effective July 1, 2017

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MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**Effective July 1, 2017**

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**Effective July 1, 2017**  
**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT** = PROCEDURE CODE NUMBER

**W.X.Y.Z PLUS FOUR NUMERICS** = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

**MOD 1** = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**MOD 2** = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Effective July 1, 2017

MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER
W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.
MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS
MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Effective July 1, 2017

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W,X,Y,Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

NOTE: J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

CPT/HCPCS/CDT = PROCEDURE CODE NUMBER

W.X.Y.Z PLUS FOUR NUMERICS = FOR HARD COPY SUBMISSION ONLY. FOR HIPAA TRANSACTIONS REFER TO THE HIPAA COMPANION GUIDE.

MOD 1 = MODIFIER 1 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

MOD 2 = MODIFIER 2 INDICATING THE GENERAL GROUP OF SERVICES TO WHICH THE PROCEDURE CODE BELONGS

**NOTE:** J AND Q CODE FEES ARE FOR CROSS-OVER CLAIMS ONLY. STRAIGHT MEDICAID CLAIMS ARE PRICED FROM THE NDC.

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Note: J and Q code fees are for cross-over claims only. Straight Medicaid claims are priced from the NDC.
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Effective July 1, 2017

**MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE**

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**NOTE:** CPT/HCPCS/CDT MOD 1 MOD 2 SHORT - DESCRIPTION

**PRACTITIONER:** DME/P&D

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**Effective July 1, 2017**

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### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

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## Effective July 1, 2017

### MEDICAID ACCESS TO PHYSICIAN SERVICES FEE SCHEDULE

**CPT/HCPCS/CDT =** PROCEDURE CODE NUMBER

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### NOTE:

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| G0268 |       | REMOVAL OF IMPACTED CERUMEN (ONE OR)
| G0268 | TC    | REMOVAL OF IMPACTED CERUMEN (ONE OR)
| G0289 |       | ARTHROSCOPY, KNEE, SURGICAL, FOR REM |
| G0389 |       | ULTRASOUND EXAM AAA SCREEN |
| G0389 | TC    | ULTRASOUND EXAM AAA SCREEN |
| G0389 | TC    | ULTRASOUND EXAM AAA SCREEN |
| G0414 |       | OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE |
| G0415 |       | OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR |
| G0447 |       | FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES |
| G0600 |       | STEREOSCOPIC X-RAY GUIDANCE |
| G0602 |       | STEREOSCOPIC X-RAY GUIDANCE |
| G0602 |       | STEREOSCOPIC X-RAY GUIDANCE |
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Appendix B
List of Eligible Providers by Group NPI Number
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Appendix C
MCO Quarterly Report Template
**NEW JERSEY MEDICAID ACCESS TO PHYSICIAN SERVICES PROGRAM**

**QUARTERLY REPORT BY MANAGED CARE ORGANIZATIONS**

Report for the time period ending: [Date]

Quarterly reports are due within 45 days of the end of the quarter

NAME OF MCO:

DURING THIS QUARTER, DID YOU HAVE CONTRACTS WITH THE FOLLOWING PRACTICE PLANS? (YES/NO)

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Please note that accuracy of data is important. The information contained in this reporting form will be used in the operation of the risk pool and risk corridor of the NJ MAPS Program.

*Total "Incremental Increase by MAPS Fee Schedule" should tie to Lag Report Line 38*
### NJ MAPS - Participating Providers Incremental Increase in Payments due to the NJ MAPS Program

**Note:** The row totals by month should aggregate to the column total. The "Incremental Increase" is the Net of the "Payments" - "Refunds." **Total: 38+39+40+41+42**

#### PROVIDER MAPS: NJ MAPS Program

| Month of Payment | 3rd Prior Month | 10th Prior Month | 21st Prior Month | 15th Prior Month | 23rd Prior Month | 3rd Prior Month | 2nd Prior Month | 26th Prior Month | Total before FFS IBNR (38+39+40+41+42) | 7th Prior Month | 16th Prior Month | 27th Prior Month | 5th Prior Month | 11th Prior Month | 28th Prior Month | 19th Prior Month | 22nd Prior Month | 29th Prior Month | 3rd Prior Month | 2nd Prior Month | 30th Prior Month | 3rd Prior Month | 2nd Prior Month | 31st Prior Month | 3rd Prior Month |
|------------------|-----------------|------------------|------------------|------------------|------------------|-----------------|-----------------|-----------------|------------------------------------------|----------------|-----------------|------------------|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|

#### Note:
1. Amounts that could not be reflected in the paid claims shown.
2. Black font denotes only that no change shown and should not be edited.
# NEW JERSEY MEDICAID ACCESS TO PHYSICIAN SERVICES PROGRAM

## QUARTERLY REPORT BY MANAGED CARE ORGANIZATIONS

Report for the time period ending:  

Quarterly reports are due within 45 days of the end of the quarter

**NAME OF PRACTICE PLAN (Include a Separate Tab for Each Practice Plan):**

<table>
<thead>
<tr>
<th>Incurred Quarter Ending</th>
<th>Contracted Primary Care Practitioners</th>
<th>Contracted Specialty Care Practitioners</th>
<th>Total Practitioners</th>
<th>Total Visits</th>
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<td>Dec. '19</td>
<td>0</td>
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</tbody>
</table>

## TERM:

**Contracted Primary Care Practitioners**

Total number of eligible primary care practitioners at eligible Group NPI #s which your MCO has under contract to provide services to Medicaid clients*

**Contracted Specialty Care Practitioners**

Total number of eligible specialty care practitioners at eligible Group NPI #s which your MCO has under contract to provide services to Medicaid clients*

**Total Visits**

# of Total Office Visits performed during SFY'17 by eligible practitioners at eligible Group NPI #s for which your MCO paid for services under the state’s Medicaid managed care contract

* A practitioner under contract should only be counted once and then either as primary care or specialty care
Any notes or further explanations of any items contained in any of the reports are to be noted here. Appropriate references and attachments are to be used as necessary. Space is provided below or you may use a separate page as necessary.

<table>
<thead>
<tr>
<th>Tab</th>
<th>Notes</th>
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</thead>
<tbody>
<tr>
<td>&quot;Payments&quot; Tab</td>
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<td>&quot;Lag Reports&quot; Tab</td>
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<td>&quot;Access Metrics&quot; Tab</td>
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</tbody>
</table>
Appendix D
Practice Plan Quarterly Report Template
NEW JERSEY MEDICAID ACCESS TO PHYSICIAN SERVICES (NJ MAPS) PROGRAM
QUARTERLY REPORT BY PRACTICE PLANS
Services Rendered in Fiscal Year 2017 (program operational January 1, 2017 through June 30, 2017)

Report for the quarter ending [highlight one]:

- Mar. 31, 2017
- Jun. 30, 2017
- Sep. 30, 2017
- Dec. 31, 2017

- Mar. 31, 2018
- Jun. 30, 2018

Quarterly reports are due within 45 days of the end of the quarter.

NAME OF PRACTICE PLAN:

DURING THIS PERIOD OF SY17, DID YOU HAVE CONTRACTS WITH THE FOLLOWING MEDICAID MANAGED CARE PLANS (YES/NO)

- AETNA
- Amerigroup
- Horizon
- United
- Wellcare

SUMMARY SECTION -- ESTIMATE OF THE FINANCIAL BENEFIT FROM THE PROGRAM
Complete this section at the end, once the table of detail in the next section is populated

For the claims/encounters in the table you report below by CPT code, please sum up all the payments by Medicaid managed care organization (MCO), thereby calculating what you received in total payments from the MCOs under the NJ MAPS Program.

In this calculation, do not include any claims/encounters that are above the Minimum Fee Schedule.

- AETNA
- Amerigroup
- Horizon
- United
- Wellcare

For the claims/encounters in the table you report below by CPT code, and only for those claims/encounters, please calculate what you would have been paid under contracted payment rates as of March 31, 2016 to NJ MAPS Program eligible providers.

In this calculation, do not include any claims/encounters that are above the Minimum Fee Schedule.

- AETNA
- Amerigroup
- Horizon
- United
- Wellcare

This next chart automatically calculates the cumulative estimated total financial benefit of the Program to the practice plan by MCO.

- AETNA
- Amerigroup
- Horizon
- United
- Wellcare

In performing the summary calculation above to estimate what you would have received in payments if the NJ MAPS Program did not exist, did you undertake a detailed analysis by claim/encounter and CPT code or follow a more general and less exact approach? (CHECK WHICH APPLIES)

- Performed detailed calculation
- Followed general approach
# DETAIL OF PAYMENTS RECEIVED FROM MCOs BY CPT CODE AND CLASSIFICATION

**Instructions:**

- In the table below, please report the total payments for services and total units of service made by CPT code to the NJ MAPS eligible providers by the following Medicaid managed care plans.
- "Payments" refer to payments received under the NJ MAPS minimum fee schedule.
- Please note:
  1. Exclude services provided to dual-eligibles (programs only covers services where Medicaid is the primary payer) and exclude services covered under a capitation arrangement.
  2. Utilize the Group NPI #s in Appendix B of the operations manual for the NJ MAPS Program to identify practice plans and MAPS eligible providers.
  3. Quarterly reports should restate all quarters since the beginning of the NJ MAPS program.
  4. Claims should only be reported if the Actual Payment is greater than the Base Payment. (Base Payment refers to claims that would have been paid under contracted payment rates as of March 31, 2016 to NJ MAPS Program eligible providers.)
  5. The Actual Payment should only be reported up to the NJ MAPS minimum fee schedule. (As noted below, instances where payments were above the NJ MAPS minimum fee schedule should be excluded from this report.)
  6. Any other claims amounts paid to NJ MAPS providers should not be included.
  7. Only report results by CPT code where payments from the MCOs were equal to the NJ MAPS minimum fee schedule. Do not report payments made above the NJ MAPS minimum fee schedule (i.e. where the NJ MAPS minimum fee schedule had no impact on reimbursement).

<table>
<thead>
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<th>CPT CODE</th>
<th>Physicians</th>
<th>Dentists</th>
<th>CRNAs</th>
<th>CRNPs</th>
<th>Physician Assistants</th>
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**Instructions:**
In the table below, please report the total payments for services and total units of service made by CPT code to the NJ MAPS eligible providers by the following Medicaid managed care plans.

*Payments* refers to payments received under the NJ MAPS minimum fee schedule.

**Please note:**
1. Exclude services provided to dual eligibles (program only covers services where Medicaid is the primary payer) and exclude services covered under subcapitation arrangements.
2. Utilize the Group NPI #s in Appendix B of the operations manual for the NJ MAPS Program to identify practice plans and MAPS eligible providers.
3. Quarterly reports should restate all quarters since the beginning of the NJ MAPS program.
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5. The Actual Payment should only be reported up to the NJ MAPS minimum fee schedule. (As noted below, instances where payments were above the NJ MAPS minimum fee schedule should be excluded from this report.)
6. Any other claim amounts paid to NJ MAPS providers should not be included.
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**UNITED HEALTHCARE**

**WELLCARe**
# NEW JERSEY MEDICAID ACCCESS TO PHYSICIAN SERVICES PROGRAM

## QUARTERLY REPORT BY PRACTICE PLANS

Services Rendered in Fiscal Year 2017 (program operational January 1, 2017 through June 30, 2017)

**NAME OF PRACTICE PLAN:**

- **Quarter Ending:**
  - Mar. 31, 2017
  - Jun. 30, 2017
  - Sep. 30, 2017
  - Dec. 31, 2017
  - Mar. 31, 2018
  - Jun. 30, 2018

**Quarterly reports are due within 45 days of the end of the quarter**

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<tr>
<th>Quarter Ending</th>
<th>Physical &quot;Brick and Mortar&quot; Locations</th>
<th>Annual Visit Across All Locations</th>
<th>Annual Visits per Employed Practitioner</th>
<th>Total Office Hours Available</th>
<th>Total &quot;Extended Office Hours Available&quot;</th>
<th>Average Reimbursement for all services</th>
<th>New Jersey Residence Retention</th>
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<td>data for SFY'16</td>
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**TERM:**

- **Physical "Brick and Mortar" Locations:** Locations are "bricks and mortar" locations that can include stand-alone practices, clinics or urgent care centers.
- **Annual Visits Across All Locations:** # of Total Office Visits performed during SFY'17 by eligible practitioners at eligible Group NPI #s for your practice plan.
- **Annual Visits Per Employed Practitioner:** # of Total Office Visits performed during SFY '17 by eligible practitioners at eligible Group NPI #s for your practice plan divided by number of FTEs of these eligible practitioners.
- **Total Office Hours Available:** Sum of (each location's operating hours multiplied by that location's FTEs of eligible practitioners at eligible Group NPI #s).
- **"Extended Office Hours"**:
  - "Extended office hours" are any hours of operation on Saturdays or Sundays, as well as hours of operation during other days outside of 8:30am to 4:30pm.
- **Total "Extended Office Hours Available"**:
  - Total extended office hours available across all locations -- sum of (each location's extended operating hours multiplied by that location's FTEs of eligible practitioners at eligible Group NPI #s).
- **Average Reimbursement for All Services**:
  - Across all codes, total payments divided by total units of services. Note that for anesthesia services, 1 base unit = 15 minutes.
- **New Jersey Residence Retention**:
  - Number of eligible MDs and DOs who were residents at a New Jersey medical school.
Appendix E
Attestation forms for University Hospital (Newark) and Cooper University Hospital
Certification of Physician and Non-Physician Cost

New Jersey Medicaid Access to Physician Services Program

Participation in the New Jersey Medicaid Access to Physician Services Program is in accord with the New Jersey Department of Human Services (DHS) Division of Medical Assistance and Health Services’ (DMAHS) contract with Medicaid managed care organizations, approved by CMS and effective January 1, 2017, and the state’s operations manual for the Medicaid Access to Physician Services Program. This form serves as certification to certain facts, representations and assurances regarding Health System employed physician and non-physician practitioners cost.

I, [print name], do hereby certify:

➤ That Cooper Health System (CHS) is a participant in the New Jersey Medicaid Access to Physician Services program. Cooper Health System maintains separate accounting systems for The Cooper Health System, D.B.A. Cooper University Hospital and The Cooper Health System, D.B.A. Cooper University Physicians.

➤ That CHS, D.B.A. Cooper University Hospital reports non-physician practitioner salaries on form CMS-2552-10, Medicare Hospital and Hospital Health Care Complex Cost Report, Worksheet A under different cost centers, and the fringe benefits associated with these non-physician providers are reported under the fringe benefits cost center on Worksheet A. The services rendered by the non-physician practitioner’s appearing on the Medicare Cost Report are not billed to the State of New Jersey for services rendered to Medicaid beneficiaries. In addition, the Hospital does not report any clinical expense associated with physician services rendered to any beneficiary on the Medicare Cost Report. The only physician salary expense appearing on the Hospital’s Medicare cost report is related to administrative efforts in leading Departments or educational efforts instructing Interns and Residents.

➤ That CHS, D.B.A. Cooper University Physicians employs both physician and non-physician practitioner’s for the direct purpose of rendering professional services to patients, including Medicaid eligible beneficiaries. That the costs associated with CHS, D.B.A. Cooper University Physicians, including the physician and non-physician practitioners performing professional services are not reported on the Hospital’s form CMS-2552-10, Medicare Hospital and Hospital Health Care Complex Cost Report. Therefore, the professional services costs of the physician and non-physician practitioners at CHS, D.B.A. Cooper University Physicians are not part of CHS’s hospital costs as they relate to any Medicaid inpatient, outpatient or Disproportionate Share Hospital reimbursement.

➤ That the person signing the certification on behalf of CHS is legally authorized to bind the hospital and attest to the matters described above.
Subscribed and sworn before me, ________________________________,
a Notary Public, on the ____________ day of ______________________, ________.

______________________________
NOTARY SIGNATURE

______________________________
NOTARY SEAL

______________________________
COMMISSION EXPIRES

Notary Public, State of __________________, County of __________________

<table>
<thead>
<tr>
<th>Hospital</th>
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<tbody>
<tr>
<td>Name</td>
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<td></td>
</tr>
<tr>
<td>Printed/Typed Name of Signer (Legally Authorized Representative)</td>
<td>Title of Signer</td>
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Certification of Non-Physician Cost

New Jersey Medicaid Access to Physician Services Program

Participation in the New Jersey Medicaid Access to Physician Services Program is in accord with the New Jersey Department of Human Services (DHS) Division of Medical Assistance and Health Services’ (DMAHS) contract with Medicaid managed care organizations, approved by CMS and effective January 1, 2017, and the state’s operations manual for the Medicaid Access to Physician Services Program. This form serves as certification to certain facts, representations and assurances regarding hospital employed non-physician practitioners cost.

I, __________________________, do hereby certify:

➢ That University Hospital (UH) is a participant in the New Jersey Medicaid Access to Physician Services program. While University Hospital does not directly employ physicians it does employ non-physician practitioners that are part of this program.

➢ That UH reports non-physician practitioner salaries on form CMS-2552-10, Medicare Hospital and Hospital Health Care Complex Cost Report, Worksheet A under different cost centers, and the fringe benefits associated with these non-physician providers are reported under the fringe benefits cost center on Worksheet A. This is done so that all of UH’s expenses appear on Worksheet A and agree with UH’s audited financial statements.

➢ That the costs associated with the non-physician practitioners performing professional services are then excluded as an adjustment to expenses as part of the hospital cost reporting process on Worksheet A-8. Therefore, the professional services costs of the non-physician practitioners at UH are not part of UH’s hospital costs as they relate to any Medicaid inpatient, outpatient or Disproportionate Share Hospital reimbursement.

➢ That the person signing the certification on behalf of UH is legally authorized to bind the hospital and attest to the matters described above.

______________________________________
SIGNATURE OF SIGNER (Legally Authorized Representative) DATE

Subscribed and sworn before me, __________________________________________,
a Notary Public, on the _______________day of _________________________, _______.

______________________________________
NOTARY SIGNATURE

NOTARY SEAL

COMMISSION EXPIRES

Notary Public, State of ____________________, County of ____________________
<table>
<thead>
<tr>
<th>Hospital</th>
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<tbody>
<tr>
<td>Name</td>
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Appendix F
List of Key Dates
Appendix F: List of Key Dates 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>January 1, 2017</td>
<td>NJ MAPS Program begins</td>
</tr>
<tr>
<td>February 2017</td>
<td>New Minimum Fee Schedule announced for FY18</td>
</tr>
<tr>
<td>April, 2017</td>
<td>Budgetary transfer (doubled)*</td>
</tr>
<tr>
<td>May 1, 2017</td>
<td>Budgetary transfer (doubled)*</td>
</tr>
<tr>
<td>May 15, 2017</td>
<td>First 2017 Quarterly Report due</td>
</tr>
<tr>
<td>June, 2017</td>
<td>Budgetary transfer (doubled)*</td>
</tr>
<tr>
<td>July 1, 2017</td>
<td>New Minimum Fee Schedule takes effect</td>
</tr>
<tr>
<td>July, 2017</td>
<td>Budgetary transfer</td>
</tr>
<tr>
<td>August, 2017</td>
<td>Budgetary transfer</td>
</tr>
<tr>
<td>August 15, 2017</td>
<td>Quarterly reports due</td>
</tr>
<tr>
<td>September, 2017</td>
<td>Budgetary transfer</td>
</tr>
<tr>
<td>October, 2017</td>
<td>Budgetary transfer</td>
</tr>
<tr>
<td>November, 2017</td>
<td>Budgetary transfer</td>
</tr>
<tr>
<td>November 15, 2017</td>
<td>Quarterly reports due</td>
</tr>
<tr>
<td>November – December, 2017</td>
<td>New ACR Calculations performed</td>
</tr>
<tr>
<td>December, 2017</td>
<td>Budgetary transfer</td>
</tr>
<tr>
<td>February 15, 2018</td>
<td>Quarterly reports due</td>
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* For the first three months of the NJ MAPS program the PMPM increase will be funded by the Department of Treasury using state general revenues without transfers of school or hospital appropriations. The transfers that would have been made in the first three months of the program will be made at the end of the fiscal year (effectively doubling the April/May/June transfers).
Appendix G
NJ MCO Contract Language

8.5.10 New Jersey Medicaid Access to Physician Services Program (Program) – a program to preserve and promote access to medical services for Medicaid clients and underserved populations through setting minimum rates for professional services provided by qualified physicians and non-physician professionals affiliated with schools of medicine or dentistry.

A. Beginning January 1, 2017, the Contractor shall make payments to a Qualified Practitioner for services listed on the fee schedule attached as Exhibit __ in amounts at least equal to the amounts identified in Exhibit __ when these services are provided to all of the Contractor’s Members except enrolled members who are dually eligible for Medicaid and Medicare services.

B. For services that are not listed in the fee schedule attached as Exhibit ___ but are otherwise covered by the Contractor, the Contractor shall make payments to a Qualified Practitioner as specified in the Qualified Practitioner’s provider agreement with the Contractor.

C. Subcapitated arrangements between a Contractor and a Qualified Practitioner are excluded from this Program.

D. The Contractor will follow the NJ MAPS Operations Manual associated with the program attached as Exhibit ___.

E. For purposes of the Medicaid Access to Physician Services Program, a Qualified Practitioner is a physician, certified registered nurse anesthetist, certified registered nurse practitioner, physician assistant or dentists who bills for services under one of the Group NPI #s that are identified in Exhibit ___ and is employed by or under contract with any of the following:

• Rutgers University New Jersey Medical School
• Rutgers University Robert Wood Johnson Medical School
• Rutgers School of Dental Medicine
• Rutgers School of Nursing
• Rowan University School of Osteopathic Medicine
• Cooper Medical School of Rowan University
• Cooper University Health Care
• University Hospital (Newark)

F. The Medicaid Access to Physician Services Program will be funded through an increase to the non-dual capitation rates for both the acute care and MLTSS program.

G. The Contractor shall report claims paid under the Medicaid Access to Physician Services Program on a quarterly basis through the reporting template that will be developed and provided by the State.
H. Because the Medicaid Access to Physician Services is a new program and utilization of Qualified Practitioners will vary across Contractors the State will mitigate risk associated with over paying or underpaying a particular Contractor associated with the capitation increase for these particular providers and services as follows:

1. The Contractor is required to spend at least 99%, but no more than 101% of the medical portion of the capitation increase associated with the program for claims under the Medicaid Access to Physician Services Program.

2. The Contractor shall submit a separate final settlement calculation within 11 months of the end of the contract year accounting for incurred claims consisting of claims runout of at least six months and an estimate of the incurred but not paid claim liability. The State will confirm the calculations.

3. To the extent the incurred claims spent by the Contractor are less than 99% of the additional medical portion of the funding on claims under the Medicaid Access to Physician Services Program, the difference between the incurred claims amount spent and 99% will be paid to the pool by the Contractor.

4. To the extent the incurred claims spent by the Contractor are more than 101% of the additional medical portion of the funding on claims under the Medicaid Access to Physician Services Program, the difference between the incurred claims spent and 101% will be paid to the Contractor by the funds available in the pool.

5. If funds in the pool are not sufficient to appropriately reimburse Contractors who spent more than 101%, then the State will contribute additional funds to the pool to cover the shortfall.

6. If funds in the pool are more than sufficient to reimburse Contractors who spent more than 101%, excess funds will be withdrawn by the State.

7. The Medicaid Access to Physician Services Program Risk Corridor is a risk mitigation strategy based on assumptions underlying the increased funding.

8. The State maintains the option as to (i) whether or not to continue this Medicaid Access to Physician Services Program and/or the Risk Corridor in subsequent years and (ii) if continued, whether any changes to the Risk Corridor allocation and distribution process are necessary.

9. Any return of funds to the State will be refunded to the federal government at the same FMAP as originally claimed by the State.
Appendix H
Annual reporting and attestation form for Group NPI #s for Eligible Providers
Certification of Providers and Practitioners

New Jersey Medicaid Access to Physician Services Program

Participation in the New Jersey Medicaid Access to Physician Services Program ("the Program") is subject to the terms and conditions of the New Jersey Department of Human Services (DHS) Division of Medical Assistance and Health Services’ (DMAHS) contract with Medicaid managed care organizations, approved by CMS and effective January 1, 2017, and the requirements specified in the state’s operations manual for the Medicaid Access to Physician Services Program. This form serves as certification to certain facts, representations and assurances regarding medical providers and practitioners receiving payments under the Program.

I, _____________________________, do hereby certify that:

- [MEDICAL SCHOOL OR ELIGIBLE INSTITUTION] is a participant in the Program and employs or contracts with providers and practitioners who are qualified to receive payments under the Program.
- The providers and practitioners qualified to participate in the Program who are employed by or contracted with [MEDICAL SCHOOL OR ELIGIBLE INSTITUTION] are identified on [REPORT NUMBER], [REPORT NAME].
- [REPORT NUMBER], [REPORT NAME] includes the Group NPI, Individual NPI, Federal Tax ID, full name, specialty, general classification, and the contractual or employment arrangement for each qualified participating provider and practitioner.
- [MEDICAL SCHOOL OR ELIGIBLE INSTITUTION] understands that the information in [REPORT NUMBER], [REPORT NAME] will be used in making state and federally funded Medicaid payments under the Program.
- [REPORT NUMBER], [REPORT NAME] is true and correct to the best of [MEDICAL SCHOOL OR ELIGIBLE INSTITUTION]'s knowledge, information and belief.
- I am legally authorized to bind the [MEDICAL SCHOOL OR ELIGIBLE INSTITUTION] and attest to the matters described above.

________________________________________
SIGNATURE OF SIGNER (Legally Authorized Representative)   DATE

Subscribed and sworn before me, __________________________________________, a Notary Public, on the ____________ day of ______________________, ________.

_____________________________
NOTARY SIGNATURE

_____________________________
NOTARY SEAL

COMMISSION EXPIRES

Notary Public, State of __________________________, County of __________________________
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Group and Individual NPI Report Form
NJ Medicaid Access to Physician Services (MAPS) Program

Instructions:

Medical School or Eligible Institution - Identify the medical school or eligible institution to which this report refers

Group NPI - Refers to the group national provider identification number

Individual NPI - Refers to the individual practitioner's national provider identification number

Tax ID - Refers to the Federal Tax ID number for the Group NPI

Practitioner Name - Refers to the practitioner's full legal name as it appears on official documents

Practitioner Specialty - Refers to the practitioner's classification

General Classification - Refers to the practitioner's general classification. NOTE: The NJ MAPS Program only covers physicians, dentists, physician assistants (PA), certified registered nurse anesthetists (CRNA), and certified registered nurse practitioners (CRNP).

Arrangement - Refers to the practitioner's contractual or employment arrangement with the medical school. NOTE: Practitioners must be either an employee or operate under a contractual arrangement with the medical school.

Click over to the next tab below to complete the report
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<th>Group NPI</th>
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<th>Tax ID</th>
<th>Practitioner Name</th>
<th>Practitioner Specialty</th>
<th>General Classification</th>
<th>Arrangement</th>
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Appendix I
NJ MAPS Program – Funds Flow Models
NJ FamilyCare

New Jersey Medicaid Access to Physician Services (NJ MAPS) Program
Appendix I

Start Date = January 1, 2017
For the purposes of this presentation, the payments pertaining to the NJ MAPS Program are also known as the “Access Payment.”

**GOAL:** Expand access to physician services to the low income population

By redirecting General Fund appropriations from Higher Education to the Dept. of Human Services, practitioners affiliated with participating NJ medical schools would receive increased reimbursement from the MCOs.

– Start date = January 1, 2017
The Access Payment only applies to services billed on physician and dental claim forms (CMS1500 and MC-10 respectively). Hospital services billed on form UB04 are ineligible. Services provided to dual eligibles are not covered by the program nor are services provided under sub-capitated arrangements.

Services rendered by the following practitioners would be eligible for the Access Payment:
• Physicians
• Certified registered nurse practitioners
• Certified registered nurse anesthetists
• Physician Assistants
• Dentists

Participating Entities:
• Cooper Medical School of Rowan University
• Cooper University Health Care
• Rowan University School of Osteopathic Medicine
• Rutgers New Jersey Medical School
• Rutgers School of Dental Medicine
• Rutgers Robert Wood Johnson Medical School
• Rutgers School of Nursing
• University Hospital (Newark)
The Access Payment would be included within the State’s actuarially sound capitation rates paid to the MCOs.

- All five MCOs receive statewide rates; therefore, participating practice plans would need to contract with all MCOs.

- The State’s contract with the Medicaid MCOs would contain the Access Payment fee schedule for eligible services as well as the eligible practice plans that could receive this enhanced payment.
• Higher Ed appropriations would cover the state’s share of capitation payments made to MCOs

• MCOs would be required to pay providers at a level equal to or greater than a statewide Minimum Fee Schedule that is included in the state’s MCO contract

• Reimbursement in the form of increased rates would be tied to current utilization

• Exact return for the providers unknown and dependent on utilization

• Risk corridor created that ensures that (1) MCOs pay out at least 99% of the medical component of their Access Payments or pay them into a risk pool, (2) MCOs with higher costs (over 101%) are subsidized by the risk pool, and (3) state will make increased payments to or withdrawals from the risk pool if overall MCO experience is outside of the risk corridor.
The State’s share of the enhanced Medicaid payments would be provided from existing State appropriations to the higher education facilities.

During each year, funds would be transferred by OMB from each school’s appropriation to the Dept. of Human Services on a monthly basis to fund the increased capitation payments to the five Medicaid MCOs.

Individual provider’s share of the additional cost associated with access payments would be based on each school’s share of the overall increase in funding to all providers in the MAPS program.

Monthly transfers would be based on estimated enrollment and utilization, with a final adjustment for actual enrollment reflected in the June transfer.

In the first six months of CY2017, appropriations that would normally be transferred to the Dept. of Human Services in first three months of operation would instead be added to the April, May, and June transfer amounts. This delay is meant to aid the schools’ cash flow while the initial enhanced payments are being processed.
Funding Approach

Year One Calculation of Provider Contributions to MAPS

- Total State Share of MCO Rate Change
- MAPS Consultant Fee
- Provider’s % of Total MAPS $ Increase
- 10% Set-aside for Unanticipated Utilization Increase

Amount Reserved From Appropriation

Subsequent Year Calculation of Provider Contributions to MAPS

- Total State Share of MCO Rate Change
- Adjustments Related to Prior Year
- MAPS Consultant Fee
- Provider’s % of Total MAPS $ Increase
- 10% Set-aside for Unanticipated Utilization Increase

Amount Reserved From Appropriation
Funding Approach

Year One Appropriation Transfer Amount and Schedule

January through March = No Transfers to Account for Claims Lag

April = 1/3 of Initial Estimated Funding

May = 1/3 of Initial Estimated Funding

June = 1/3 of Initial Estimated Funding PLUS Enrollment True-up

Any Remaining Appropriation Authority Transferred to Institution

Subsequent Year Appropriation Transfer Amount and Schedule

July through May = 1/12\textsuperscript{th} of Initial Estimated Funding Each Month

June = 1/12\textsuperscript{th} of Initial Estimated Funding PLUS Enrollment True-up

Any Remaining Appropriation Authority Transferred to Institution