September 30, 2025

LEGAL NOTICE

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

Supplemental Payments for Physician and Professional Services at Qualifying Professional Services Practices

TAKE NOTICE that the New Jersey Department of Human Services (DHS), Division of Medical Assistance and Health Services (DMAHS) intends to seek approval from the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), for a Title XIX Medicaid State Plan Amendment in order to implement the following since the passage of State Fiscal Year 2026 (SFY26) budget provisions.

Physicians and other eligible professional service practitioners as specified below will qualify for supplemental payments for services rendered to Medicaid beneficiaries. To qualify for the supplemental payment, the physician or professional service practitioner must be licensed by the State of New Jersey and enrolled as a New Jersey Medicaid provider. In accordance with the SFY26 Appropriations Act, the qualifying providers are those associated with the following:

- AtlantiCare Health System (South Jersey)
- Holy Name Medical Center (North Jersey)
- Saint Peter’s University Hospital (Central Jersey)

Public nursing schools and hospitals with public appropriations derived from state general revenue are permitted to provide the non-federal share of supplemental Medicaid reimbursements, subject to federal approval, and subject to the approval of the Director of the Division of Budget and Accounting. The fee schedule is published on the Department's fiscal agent's website at https://www.njmmis.com under "rate and code information" when available.

Practitioners eligible for payments under this Program are either employed by or contracted with the identified providers. The defined Provider Class, which will include all Medicaid provider types, is critical to ensuring that Medicaid beneficiaries in the designated geographic regions have access to necessary primary and specialty services. By regionalizing this program across North, Central, and South Jersey, Medicaid beneficiaries will be afforded greater access to Medicaid services across New Jersey. The annual payments for all providers associated with the SPA are estimated to be $20,800,000 ($7,600,000 non-federal funds and $13,200,000 federal funds).

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

http://www.state.nj.us/humanservices/providers/grants/public/index.html. Comments or inquiries must be submitted in writing by mail or fax within 30 days of the date of this notice to:

Margaret Rose
Division of Medical Assistance and Health Services
Office of Legal and Regulatory Affairs
Mail Code #26
P.O. Box 712
Trenton, New Jersey 08625-0712
Fax: 609-588-7343
E-mail address: Margaret.Rose@dhs.state.nj.us