

1. To the CWA for programs, such as AFDC-Related Medicaid; Medicaid Only; New Jersey Care . . . Special Medicaid programs for pregnant women, children, and the aged, blind, or disabled; or for Medically Needy.

2. To the Social Security Administration for Supplemental Security Income benefits for the aged, blind, and disabled; or

3. In certain cases, to the New Jersey Division of Youth and Family Services, Department of Children and Families.

(b) If it is not known which agency is responsible for determining eligibility or which program might be applicable, the MACC will be able to provide guidance in this matter (for MACC Directory, see Appendix N.J.A.C. 10:49).

(c) All providers are encouraged to refer pregnant women who may be eligible for Medicaid or NJ FamilyCare to a provider authorized to determine presumptive eligibility. The names and addresses of these providers may be obtained by calling the HOT LINE at 1-800-328-3838.

(d) Medicaid applications are accepted by the State Health Benefits Coordinator.

(e) Applications for NJ FamilyCare can be downloaded free of charge and mailed to the Division or can be completed and submitted on the NJ FamilyCare website: <http://www.njfamilycare.org>.

Amended by R.1997 d.354, effective September 2, 1997.  
See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).  
Recodified from N.J.A.C. 10:49-2.16 by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).  
See: 30 N.J.R. 713(a).  
Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.  
See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).  
Readopted provisions of R.1998 d.116 without change.  
Amended by R.2003 d.82, effective February 18, 2003.  
See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).  
Amended by R.2008 d.230, effective August 4, 2008.  
See: 40 N.J.R. 984(a), 40 N.J.R. 4531(a).

In the introductory paragraph of (a) and in (c), inserted "or NJ FamilyCare"; in (a)1, substituted "CWA" for "CBOSS" and inserted a comma following the first occurrence of "programs"; in (a)3, substituted "Children and Families" for "Human Services"; and added (d) and (e).

#### 10:49-2.18 (Reserved)

#### 10:49-2.19 Medicaid or NJ FamilyCare eligibility—aliens

For any alien who does not qualify for Medicaid or NJ FamilyCare-Plan A based on his or her alien status, and thus is potentially eligible for Medicaid or NJ FamilyCare-Plan A payment for emergency services only (see N.J.A.C. 10:49-5.4, Medicaid or NJ FamilyCare-Plan A Emergency Services for Aliens) the provider of service shall complete a Form PA-1C and submit it with Certification of Treatment of Emergency Medical Condition (if necessary) to the eligibility determination agency in the county in which the individual lives. The provider shall inform the individual that a Form

PA-1C does not establish Medicaid eligibility or NJ FamilyCare-Plan A eligibility but serves only to protect the date of inquiry as an application date for Medicaid, or NJ FamilyCare-Plan A if an application is filed within three months of the date that the Form PA-1C is signed. The individual should be advised to file an application with the eligibility determination agency as soon as possible.

New Rule, R.1998 d.116, effective January 30, 1998 (operative February 1, 1998).

See: 30 N.J.R. 713(a).

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 with changes, effective August 17, 1998.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

### SUBCHAPTER 3. PROVIDER PARTICIPATION

#### 10:49-3.1 Provider types eligible to participate

(a) Effective July 1, 2006, P.L. 2006, c. 45 requires the Division to institute a moratorium on new Medicaid/NJ FamilyCare providers of chiropractic services, medical supplies, partial care services, pharmaceutical services and podiatry services.

1. Any provider that was not an approved Medicaid or NJ FamilyCare fee-for-service provider of chiropractic services, medical supplies, partial care services, pharmaceutical services or podiatry services prior to July 1, 2006 is ineligible to become an approved fee-for-service provider of such services for Medicaid or NJ FamilyCare, unless the Division affirmatively determines that the provider's services are necessary to meet special needs.

2. Situations not subject to the moratorium for fee-for-service providers of pharmacy services or medical supply services are as follows:

- i. A change of ownership only;
- ii. A change of location only. A provider that has not changed ownership on or after July 1, 2006, which changes location on or after July 1, 2006, and continues to operate as a Medicaid or NJ FamilyCare provider at the new location, continues to provide the same level of services and delivery and meets all applicable State and Federal rules and regulations; and
- iii. Medicare as the primary payer. Situations in which Medicare is the primary payer and the provider bills for cross-over claims and wraparound Medicare Part D payments.

(b) Subject to the moratorium set forth in (a) above, the following provider types shall be eligible to apply to participate as Medicaid/NJ FamilyCare-Plan A providers:

1. Advanced practice nurses;

2. Case managers;
3. Chiropractors and/or chiropractic groups;
4. Clinics (independent outpatient health care facilities);
5. Clinical laboratories;
6. Dentists and/or dentist groups;
7. Hearing aid dealers;
8. Health maintenance organizations/managed care organizations;
9. Home health agencies;
10. Homemaker agencies;
11. Hospices;
12. Hospitals;
  - i. General;
  - ii. Psychiatric; and
  - iii. Special;
13. Local health departments;
14. Nursing facilities, including intermediate care facilities for the mentally retarded;
15. Medical suppliers;
16. Mental health rehabilitation providers:
  - i. Residential child care facilities (see N.J.A.C. 10:77 and 10:127);
  - ii. Children's group homes (see N.J.A.C. 10:77 and 10:128);
  - iii. Psychiatric community residences for youth (see N.J.A.C. 10:37B and 10:77);
  - iv. Providers of behavioral assistance services for children/youth or young adults (see N.J.A.C. 10:77-4);
  - v. Mobile response agencies (see N.J.A.C. 10:77-6);
  - vi. Providers of intensive in-community mental health rehabilitation services (see N.J.A.C. 10:77-5);
  - vii. Programs for Assertive Community Treatment (PACT) Agencies/Teams (see N.J.A.C. 10:37J and 10:76); and
  - viii. Community residences for mentally ill adults (see N.J.A.C. 10:37A and 10:77A).
17. Medical day care centers;
18. Nurse-midwives;
19. Opticians;
20. Optometrists;

21. Orthotists;
22. Pharmacies;
23. Physicians and/or physician groups;
24. Podiatrists and/or podiatric groups;
25. Prosthetists;
26. Psychologists and/or psychologist groups;
27. Residential treatment facilities;
28. Transportation providers; and
29. State and county agencies that have agreed to provide personal care assistant services.

(c) In order for professional practices to be eligible to participate in the Medicaid and NJ FamilyCare programs as specific provider entities, such practices shall comply with all applicable State licensing statutes and rules governing their ownership and direction.

Amended by R.1997 d.354, effective September 2, 1997.

See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

Inserted new (a)1; recodified former (a)1 through 25 as (a)2 through 26; in (a)7, inserted reference to managed care organizations.

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

In (a), inserted a reference to NJ KidCare—Plan A in the introductory paragraph.

Amended by R.1998 d.143, effective March 16, 1998.

See: 29 N.J.R. 543(a), 30 N.J.R. 1081(a).

In (a), inserted a new 12, and recodified former 12 through 26 as 13 through 27.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

Amended by R.2000 d.309, effective August 7, 2000.

See: 32 N.J.R. 1342(a), 32 N.J.R. 2900(a).

In (a), inserted a new 1, and recodified former 1 through 27 as 2 through 28.

Amended by R.2001 d.144, effective May 7, 2001.

See: 32 N.J.R. 4387(a), 33 N.J.R. 1378(b).

Inserted new (a)16 and recodified former (a)16 through 28 as new (a)17 through 29.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

Added (b).

Amended by R.2003 d.89, effective March 3, 2003.

See: 34 N.J.R. 1593(a), 35 N.J.R. 1281(a).

Rewrote (a)16.

Amended by R.2003 d.479, effective December 15, 2003.

See: 35 N.J.R. 2146(a), 35 N.J.R. 5584(a).

In (a)16, inserted a new iv and recodified former iv as new v.

Amended by R.2004 d.8, effective January 5, 2004.

See: 35 N.J.R. 2620(a), 35 N.J.R. 4204(a), 36 N.J.R. 189(a).

In (a)16, added vi.

Amended by R.2005 d.68, effective February 22, 2005.

See: 36 N.J.R. 379(a), 37 N.J.R. 659(a).

In (a), added 16v, recodified existing v to vi as vi to vii.

Amended by R.2005 d.98, effective April 4, 2005.

See: 36 N.J.R. 1158(a), 37 N.J.R. 1022(a).

In (a), added a new vi, recodified existing vi, vii as vii, viii in 16.

Amended by R.2007 d.238, effective August 6, 2007.

See: 39 N.J.R. 1388(a), 39 N.J.R. 3377(a).

Added new (a), recodified former (a) and (b) as (b) and (c); and in the introductory paragraph of (b), substituted "Subject to the moratorium set forth in (a) above, the" for "The" and inserted "apply to".

Amended by R.2008 d.230, effective August 4, 2008.  
See: 40 N.J.R. 984(a), 40 N.J.R. 4531(a).

Added new (b)1; recodified former (b)1 as new (b)2; and deleted former (b)2.

#### Cross References

Regional Perinatal Centers and Community Perinatal Centers, providing services in accordance with this section, see N.J.A.C. 8:33C-4.2.

Case Management Program/Mental Health, providing services in accordance with this section, see N.J.A.C. 10:73-2.4.

#### Case Notes

Provider participation in programs such as Medicaid is conditioned upon a provider's fitness, i.e., integrity, honesty, and responsibility. Participation is contractual; there is no right to participation as a Medicaid provider, and a provider must comply with federal and state laws. *Farhat v. DMAHS*, OAL Dkt. No. HMA 11600-05, 2006 N.J. AGEN LEXIS 457, Initial Decision (July 13, 2006).

### 10:49-3.2 Enrollment process

(a) Providers shall complete a Provider Application and sign a Provider Agreement (see Appendix, N.J.A.C. 10:49) or a specialized agreement, and submit such other information or documentation, including, but not limited to, social security number and date of birth, as the program may require, depending on the nature of the services provided.

1. Policies and rules pertaining to shared health care facilities are outlined in N.J.A.C. 10:49-4.

2. All practitioners participating in a group practice shall personally sign both the group application and the provider agreement if individual documents, or shall sign a single signature sheet if both documents are contained in a single packet.

(b) All providers shall be required to complete Form CMS-1513, Ownership and Control Interest Disclosure Statement (see Appendix, Form #10) at the time of application or reapplication. In addition, at the time of application or reapplication, all professional practices must certify that they comply with all applicable State statutes and rules governing their ownership and direction (see Appendix, Form #12). Out-of-State providers shall certify that they comply with the requirements of the state in which the facility is located. Providers prior to 1973 were not required to utilize provider agreement forms; however, they shall comply with all applicable State and Federal Title XIX and Title XXI laws, policies, rules and regulations.

1. As a condition of continued participation in the New Jersey Medicaid and NJ FamilyCare programs, a provider may, from time to time, be required to:

- i. Complete a provider reenrollment application form and sign a provider participation agreement; and/or
- ii. Complete a Form CMS-1513, Ownership and Control Interest Disclosure Statement.

2. The New Jersey Medicaid program or NJ FamilyCare program shall terminate any existing agreement or

contract if the provider fails to disclose information required by (b)1ii above.

3. Enrollment documentation requested by the New Jersey Medicaid or NJ FamilyCare program shall be furnished within 35 calendar days of the date of the written request.

(c) An out-of-State provider shall have a current, approved provider agreement with the New Jersey Medicaid or NJ FamilyCare program and hold a current, valid certification and/or license from the appropriate agency under the laws of the respective state in which the provider is located.

(d) A provider application may be requested from the fiscal agent of the New Jersey Medicaid and NJ FamilyCare program. An appropriate program enrollment package will be mailed to the requesting provider. The enrollment application must be completed in full and returned to the fiscal agent, along with all the necessary attachments.

1. The applicant's eligibility to participate in the New Jersey Medicaid and NJ FamilyCare program will be confirmed in writing. A provider number will be assigned and returned to the applicant along with the appropriate program Provider Manual.

2. If the application is denied, the applicant will receive a notification which explains the decision to deny and the applicant's right to appeal the decision (see N.J.A.C. 10:49-10).

3. If the application is denied, the applicant cannot resubmit a provider enrollment application for a period of one year from the date of the denial.

(e) If a provider is found to be currently enrolled, but has been inactive for at least two (2) years, the applicant will be required to complete a new application. If the application is approved, the provider's existing record on the Provider Master File will be reactivated.

(f) The New Jersey Medicaid program or NJ FamilyCare program may refuse to enter into or to renew a provider participation agreement with any applicant or provider who has been suspended, debarred, disqualified, or excluded by the Title XIX or Title XXI program of another state. The program may terminate any existing agreement with a provider, if good cause for exclusion of the provider from program participation exists under any of the provisions of N.J.A.C. 10:49-11.1(d)1 through 27.

(g) The New Jersey Medicaid program or NJ FamilyCare program shall not enter into a provider participation agreement with an applicant who has been suspended or excluded from participation in the delivery of medical care or services under Medicare (Title XVIII), Medicaid (Title XIX), or the Social Services Block Grant Act (Title XX) of the Federal Social Security Act, by the Secretary of the United States Department of Health and Human Services.

(h) The Division may place a moratorium on the enrollment of new providers for particular provider types and/or in particular geographic areas if it determines that beneficiary access to services would not be adversely affected, and:

1. That the number of providers already enrolled is sufficient to adequately serve beneficiaries;
2. That a moratorium is necessary in order to address fraud and/or abuse; or
3. That other compelling reasons warrant a moratorium.

Amended by R.1997 d.354, effective September 2, 1997.

See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

In (b)1i, inserted "reenrollment"; and in (f) and (g), substituted "New Jersey Medicaid program" for "Division".

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Inserted references to NJ KidCare and made corresponding language changes throughout; and in (b) and (f), substituted references to Title XIX and Title XXI for references to Medicaid.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 without change.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

Rewrote the section.

Amended by R.2006 d.25, effective January 17, 2006.

See: 37 N.J.R. 3176(a), 38 N.J.R. 802(a).

In (b), substituted "CMS-" for "HCFA" throughout, deleted "licensing" preceding "statutes," and added "Out-of-State providers shall certify that they comply with the requirements of the state in which the facility is located."

Amended by R.2008 d.230, effective August 4, 2008.

See: 40 N.J.R. 984(a), 40 N.J.R. 4531(a).

Added (d)3.

#### Cross References

Eye care providers, fulfillment of enrollment process as under this section, see N.J.A.C. 10:62-2.3.

#### Case Notes

Initial Decision (2007 N.J. AGEN LEXIS 789) adopted, which concluded that applicants' request for their 11-year-old child to be placed at a New Mexico school and treatment facility was correctly denied as a matter of law because the facility did not satisfy the pertinent federal and State regulations necessary to provide services to a New Jersey Medicaid beneficiary, where: (1) the facility was not licensed as a health care provider or provider of inpatient psychiatric services in New Mexico; (2) the facility was not an approved provider of inpatient psychiatric services for children in the New Mexico Medicaid program; (3) the facility was not accredited by JCAHO; and (4) the facility's therapy included physical restraint of children who were not at that time a danger to themselves or others. R.C. and C.M. ex rel. C.G. v. DMAHS, OAL Dkt. No. HMA 4414-06, 2008 N.J. AGEN LEXIS 274, Final Decision (January 8, 2008).

Initial Decision (2007 N.J. AGEN LEXIS 210) adopted, which concluded that while the word "shall" in N.J.A.C. 10:49-3.2(b)(3) creates a mandatory time limit of 35 days within which a Medicaid provider applicant is to supply enrollment information requested by the Division, there is no regulatory basis for the Division to deny an application for failure to meet the deadline. Grace Pharmacy v. DMAHS, OAL Dkt. No. HMA 6904-06, 2007 N.J. AGEN LEXIS 528, Final Decision (June 5, 2007).

#### 10:49-3.3 Providers with multi-locations

(a) All providers participating in the Medicaid or NJ FamilyCare program shall identify all locations from which they are providing services to Medicaid or NJ FamilyCare beneficiaries.

(b) Each location shall comply with provider participation requirements and shall be assigned a separate provider number. Services rendered to Medicaid or NJ FamilyCare beneficiaries at a location not approved for participation are not eligible for Medicaid or NJ FamilyCare reimbursement.

(c) Billing through a central location for approved multi-location providers shall be allowed; however, providers shall utilize the applicable provider number for each service location. Selection of central or localized billing shall be left to providers, who shall state their preference on the application. The program reserves the right to assign unique provider numbers to maintain the accountability and integrity of the New Jersey Medicaid Management Information System (NJMMIS) and the New Jersey Medicaid or NJ FamilyCare program.

Amended by R.1997 d.354, effective September 2, 1997.

See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

Rewrote (a) and (b); and substantially amended (c).

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Inserted references to NJ KidCare throughout, and made a corresponding language change.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 with changes, effective August 17, 1998.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

#### 10:49-3.4 Medicaid or NJ FamilyCare provider billing number

(a) A seven digit Provider Billing Number shall be assigned by the fiscal agent to all providers approved for participation. The Provider Billing Number shall be entered upon all claims submitted in accordance with the instructions in the Fiscal Agent Billing Supplement. The Provider Billing Number should also be referenced in all written and telephone inquiries.

(b) Practitioners, as defined in (c)1 below, approved for participation, shall also be assigned a seven digit Provider Servicing Number by the Program fiscal agent. The Provider Servicing Number is an identification number which shall be entered upon all claim submittals in accordance with the instructions in the Fiscal Agent Billing Supplement.

(c) Providers who, for billing purposes, need a referring, ordering or prescribing practitioner's individual Provider Servicing Number, shall contact that practitioner or the fiscal agent, or shall access the Provider Servicing Number Directory, to obtain the number. A practitioner who does not

participate in the Medicaid or NJ FamilyCare program will not have a Provider Servicing Number. In the absence of the referring, ordering or prescribing practitioner's individual Provider Servicing Number, providers must enter seven fives (5's) for non-participating out-of-State providers or seven sixes (6's) for non-participating in-State providers to indicate non-participation in the New Jersey Medicaid or NJ FamilyCare program. Providers may contact the Medicaid/NJ FamilyCare Fiscal Agent for a copy of the participating provider directory. In addition, providers may obtain servicing and prescribing numbers at [www.njmmis.com](http://www.njmmis.com).

1. Each participating practitioner (that is, physician, certified nurse midwife, advanced practice nurse, chiropractor, dentist, optometrist, podiatrist, or psychologist) shall supply his or her individual Provider Servicing Number to other providers when referring a Medicaid or NJ FamilyCare beneficiary for services, or ordering or prescribing on his behalf.

(d) A shared health care facility (SHCF) (see N.J.A.C. 10:49-4.1) is assigned a registration code (Shared Health Care Facility Number), which must appear on a claim form submitted to the fiscal agent by every member of the SHCF. In

addition, each practitioner rendering a service in a shared health care facility must indicate his or her Provider Billing Number and individual Provider Servicing Number on the claim form (see Fiscal Agent Billing Supplement following the second chapter of each Provider Services Manual).

Amended by R.1997 d.354, effective September 2, 1997.

See: 29 N.J.R. 2512(a), 29 N.J.R. 3856(a).

Rewrote (a) and (b); and in (c)1, inserted reference to certified nurse practitioner/clinical nurse specialist.

Amended by R.1998 d.116, effective January 30, 1998 (operative February 1, 1998; to expire July 31, 1998).

See: 30 N.J.R. 713(a).

Inserted references to NJ KidCare and made corresponding language changes throughout.

Adopted concurrent proposal, R.1998 d.426, effective July 24, 1998.

See: 30 N.J.R. 713(a), 30 N.J.R. 3034(a).

Readopted provisions of R.1998 d.116 with changes, effective August 17, 1998.

Amended by R.2003 d.82, effective February 18, 2003.

See: 34 N.J.R. 2650(a), 35 N.J.R. 1118(a).

Rewrote (c).

Amended by R.2004 d.334, effective September 7, 2004.

See: 36 N.J.R. 312(a), 36 N.J.R. 4136(a).

In (c), substituted "advanced practice nurse" for "certified nurse practitioner/clinical nurse specialist" in 1.