

## **Urgent Need for State Action to Improve Primary and Preventive Care Access** ***Better Funding Through NJ Medicaid Program is Needed***

New Jersey's health care system is at a critical inflection point. Severe cuts in federal funding for ACA subsidies, Medicaid coverage, and health care systems have occurred and will accelerate in the next few years. New Jersey residents will lose coverage and struggle to address basic health care needs.

High-quality primary care is the foundation of a high-performing health care system. Extensive evidence shows that access to primary care is associated with lower overall health care spending, fewer emergency department visits and hospitalizations, improved health equity, and better population health outcomes over time. Primary care provides whole-person, continuous, and coordinated care — addressing prevention, chronic disease management, behavioral health needs, and social factors that influence health. New Jersey must improve its primary and preventive health care systems to better support residents for the changes that are coming.

Unfortunately, due to prior policy and budgetary decisions, New Jersey has chronically underinvested in primary care. Action is needed now. The good news is that investing in primary and preventive care is relatively inexpensive and the blueprint for how to implement these changes already exists. Increasing the state's commitment to primary care now is not only a defensive response to federal threats, but a smart, proactive strategy to protect access, improve health outcomes, and control health care spending for residents and taxpayers.

### **The Facts:**

- New Jersey ranks 49<sup>th</sup> among the states in primary care investment.<sup>i</sup>
- New Jersey ranks 46 out of 50 in access to primary care providers.<sup>ii</sup>
- New Jersey ranks 41 out of 50 in childhood immunizations rates.<sup>iii</sup>
- New Jersey ranks 41 out of 50 in preventable hospitalizations.<sup>iv</sup>
- Because New Jersey's Medicaid primary care reimbursement rates are so low (about half of Medicare rates), New Jersey ranks low in the percentage of physicians that participate in Medicaid.<sup>v</sup>
- Low rates, especially in Medicaid, discourage clinicians from accepting new patients and disproportionately harm communities of color, children, older adults, and people with complex needs who rely on NJ Medicaid for coverage.
- The same is true for preventive dental services, with New Jersey ranking in the bottom 10%; and NJ Medicaid pediatric dental rates have not increased since 2007.<sup>vi</sup>

- A recent independent audit of the MCOs' provider directories, found that in sampling the providers listed in the network directories who confirmed when called that they were taking new patients covered by the MCO, primary care access rates ranged from **25% to 54%** across MCOs, while dental access rates ranged from **22% to 56%**.<sup>vii</sup> This audit and others highlight the access issues that must be addressed.

### **Action Needed:**

1. New Jersey must increase primary care rates in Medicaid to be on par with Medicare rates and contractually require those rates as the floor for Managed Care Organizations (MCOs) to pay. A list of the relevant billing codes to increase is attached as **Appendix A**. This change would lead more physicians to participate in Medicaid and expand access to care. The state currently spends a very nominal percentage of the Medicaid budget on primary care and these rate increases are not expected to be a significant percentage of the annual budget. Over time, more use of primary care should save money by reducing Emergency Department use and reduce avoidable hospitalizations by addressing needs sooner. This investment would also strengthen the state's foundation of primary care services for all residents.
2. New Jersey must increase, for the first time in 19 years, its rates for pediatric preventive oral health care. Legislation is pending to increase the state's fee rate list by 20% and to require the MCOs to use that rate list as the floor. The cost of this change is estimated at \$50 million annually. This change would improve school attendance and the overall health of New Jersey's children. About 36% of New Jersey third graders have untreated tooth decay, compared with the national average of 20%, according to a 2022 survey by the Health Department.<sup>viii</sup> It would also attract more dentists to accept Medicaid in New Jersey. Today, due to low rates and shortages, New Jersey's average rate for children getting annual dental visits is 21.8% for the youngest children even though NJ Medicaid and MCOs promise every child a regular dentist office for visits starting at age 1.<sup>ix</sup>
3. To train and retain more primary care physicians in the state, NJ should fund Medicaid residency slots for Primary Care and OB/GYN through the SFY 27 budget.

For more information about what the state can do to advance high quality primary care read the Quality Institute report [\*\*Findings and Recommendations to Support Advanced Primary Care\*\*](#). For more information on the state of Oral Health for Young Children enrolled in NJ's

Medicaid Program, read the [\*Quality Institute Medicaid Oral Health Quality Performance and Secret Shopper Report\*](#), which highlights the profound access issues.

## Appendix A- Primary Care CPT Codes to Include in Primary Care Parity<sup>1</sup>

10060	20552	76817	90634	90743	99238	99395	99468	3008F	G8417	S8110
10061	20600	76830	90636	90744	99239	99396	99469	3044F	J0561	S9470
10120	20604	76856	90648	90746	99281	99397	99471	3045F	J0665	T1502
10160	20605	81000	90649	90747	99282	99401	99472	3046F	J0696	
11055	20606	81001	90650	90748	99283	99406	99473	3048F	J1010	
11056	20610	81002	90651	90750	99284	99407	99474	3049F	J1020	
11102	20611	81003	90655	92551	99285	99415	99475	3050F	J1030	
11103	20612	81015	90656	93000	99291	99416	99476	3051F	J1040	
11104	26010	81025	90657	93010	99292	99417	99477	3052F	J1050	
11200	29125	82270	90658	94640	99304	99421	99478	3074F	J1071	
11300	29126	82272	90661	94642	99305	99422	99479	3075F	J1815	
11301	29130	82945	90662	95249	99306	99423	99480	3077F	J1885	
11305	36416	82950	90670	95251	99307	99424	99483	3078F	J2001	
11310	46220	82962	90674	96372	99308	99425	99484	3079F	J2790	
11401	46600	83036	90677	98012	99309	99426	99487	3080F	J2919	
11402	51702	83037	90680	98013	99310	99427	99489	3120F	J2920	
11420	54060	86580	90681	99024	99315	99437	99490	3210F	J3301	
11421	54100	86710	90682	99080	99316	99439	99491	4004F	J3420	
11422	56405	87210	90686	99173	99341	99446	99492	4037F	J7297	
11446	56420	87220	90687	99202	99342	99447	99493	4158F	J7298	
11730	57061	87400	90688	99203	99344	99448	99494	G0008	J7300	
11900	57454	87430	90691	99204	99345	99449	99495	G0009	J7301	
11976	57455	87804	90696	99205	99347	99451	99496	G0010	J7307	
11981	57456	87880	90697	99211	99348	99452	99497	G0101	J7609	
11982	57500	88174	90698	99212	99349	99453	99498	G0402	J7611	
11983	57505	90460	90700	99213	99350	99454	0500F	G0403	J7613	
12001	58100	90461	90707	99214	99381	99457	0501F	G0438	J7620	
15851	58110	90471	90710	99215	99382	99458	0502F	G0439	J7644	
15853	58300	90472	90713	99221	99383	99459	0503F	G0442	P3001	
15854	58301	90473	90714	99222	99384	99460	1111F	G0443	Q0091	
16020	59425	90474	90715	99223	99385	99461	1123F	G0444	Q0111	
17000	59426	90480	90716	99231	99386	99462	1124F	G0446	Q2038	
17003	59840	90619	90723	99232	99387	99463	1157F	G0447	Q4010	
17110	69200	90620	90732	99233	99391	99464	1159F	G0472	Q4049	
20526	69209	90621	90734	99234	99392	99465	1160F	G2181	S0190	

<sup>1</sup> This list was created with expert input from clinicians and MCOs in spring 2025 and can be reviewed, validated, and updated as needed in advance of the FY27 budget.

20550	69210	90632	90736	99235	99393	99466	2000F	G2211	S0191	
20551	76815	90633	90739	99236	99394	99467	2028F	G2212	S0630	

<sup>i</sup> Kaiser Family Foundation (KFF), Medicaid-to-Medicare Fee Index, 2024, <https://www.kff.org/medicaid/state-indicator/medicaid-to-medicare-fee-index/?currentTimeframe=0&selectedDistributions=primary-care&sortModel=%7B%22colId%22:%22Primary%20Care%22,%22sort%22:%22desc%22%7D>

<sup>ii</sup> [https://www.americashealthrankings.org/explore/measures/clinical\\_care](https://www.americashealthrankings.org/explore/measures/clinical_care)

<sup>iii</sup> [https://www.americashealthrankings.org/explore/measures/clinical\\_care](https://www.americashealthrankings.org/explore/measures/clinical_care)

<sup>iv</sup> [https://www.americashealthrankings.org/explore/measures/clinical\\_care](https://www.americashealthrankings.org/explore/measures/clinical_care)

<sup>v</sup> Medicaid and CHIP Payment and Access Commission (MACPAC). 2019. Physician Acceptance of New Medicaid Patients: New Findings. Washington, DC: MACPAC. <https://www.macpac.gov/publication/physician-acceptance-of-new-medicaidpatientsnew-findings/>.

<sup>vi</sup> <https://www.njhcqi.org/wp-content/uploads/2025/01/Looking-at-NJ-Medicaid-Oral-Health-Quality-Performance-for-Children.pdf>

<sup>vii</sup> [https://www.nj.gov/humanservices/dmahs/news/2024\\_Core\\_Medicaid-MLTSS\\_Annual\\_Technical\\_Report.pdf](https://www.nj.gov/humanservices/dmahs/news/2024_Core_Medicaid-MLTSS_Annual_Technical_Report.pdf)

<sup>viii</sup> <https://www.njhcqi.org/wp-content/uploads/2025/10/NJDOH-Smile-Survey-2022.pdf>

<sup>ix</sup> [https://www.nj.gov/humanservices/dmahs/news/2024\\_Core\\_Medicaid-MLTSS\\_Annual\\_Technical\\_Report.pdf](https://www.nj.gov/humanservices/dmahs/news/2024_Core_Medicaid-MLTSS_Annual_Technical_Report.pdf)