



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

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**TO:** Medical Suppliers – **For Action Only**  
Health Maintenance Organizations – **For Information Only**

**SUBJECT:** **The New Contractor/Subcontractor Information Form**

**EFFECTIVE:** Immediately

**PURPOSE:** To introduce the new **Contractor/Subcontractor Information Form** for medical suppliers to request information from their contractors/subcontractors or their parent entities for purposes of certifying and forwarding this information to the New Jersey Division of Medical Assistance and Health Services (DMAHS).

**BACKGROUND:** In accordance with the New Jersey Administrative Code (N.J.A.C.) 10:59-1.3(c)3, a medical supplier must “Receive approval from the New Jersey FamilyCare (NJFC)/Medicaid program for each site from which equipment and supplies are distributed and/or delivered” in order for a medical supplier to participate in the NJFC/Medicaid program.

In addition, N.J.A.C. 10:49-9.8 (c) and (d) further delineate what a provider’s contractor or subcontractor must comply with, and imposes liability on the provider if these requirements are not met.

Recent discussions with the medical supplier community have raised concerns regarding contractual arrangements between medical suppliers and contractors/subcontractors or their parent entities for the purpose of delivering (a/k/a “drop-shipping”) products directly to NJFC/Medicaid beneficiaries.

This Newsletter is intended to respond to these concerns and identify new requirements for medical suppliers to enter into or continue these arrangements without adversely affecting their continued participation in the NJFC/Medicaid program.

**ACTION:** **Effective immediately**, medical suppliers who have entered or intend to enter into a contractual arrangement with a contractor/subcontractor or its parent entity for the purpose of “drop-shipping” a product to a NJFC/Medicaid beneficiary shall request information from the contractor/subcontractor or its parent entity as indicated below:

1. Located on the Molina Medicaid Solutions website [www.njmmis.com](http://www.njmmis.com) is a new **Contractor/Subcontractor Information Form** which may be downloaded or printed. The Form may be found under **Forms & Documents**.
  - Under **Choose a Type:** Select “Provider”
  - Under **Choose a Topic:** Select “Administration”
  - Select **Contractor/Subcontractor Information Form**
2. A copy of the Information Form must be sent by the medical supplier to each contractor/subcontractor or its parent entity under contract with the supplier for the purpose of “drop-shipping” NJFC/Medicaid-covered products to a NJFC/Medicaid beneficiary.
3. The contractor/subcontractor or its parent entity is required to return the **completed and certified Contractor/Subcontractor Information Form** to the medical supplier.
4. The medical supplier must **certify and return** the completed Information Form to DMAHS, Office of Provider Enrollment, P.O. Box 712, Trenton, N.J. 08625.
5. The certified **Contractor/Subcontractor Information Form** will be filed as part of the provider’s enrollment record by DMAHS.

If you have any questions concerning this Newsletter, please contact Molina Medicaid Solutions (formerly Unisys) Provider Relations at 800-776-6334.

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