



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

NEWSLETTER

Volume 24 No. 04

May 2014

TO: All providers – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Re-Enrollment of NJ FamilyCare Fee-For-Service Providers and the New Application Fee Requirement**

PURPOSE: To notify NJ FamilyCare (NJFC) fee-for-service (FFS) providers of the New Jersey Division of Medical Assistance and Health Services' action to re-enroll or re-validate all FFS providers enrolled in the NJFC Program and to notify providers regarding a new Affordable Care Act application fee requirement for a provider to enroll or re-enroll in the NJFC-FFS Program.

BACKGROUND: A new requirement of The Patient Protection and Affordable Care Act (PPACA) of 2010, commonly called the Affordable Care Act (ACA), 42 CFR Subpart E, Section 424.515, mandates that the New Jersey Division of Medical Assistance and Health Services (DMAHS) complete a re-enrollment, also referred to as a "re-validation," of all enrolled NJFC providers every 5 years. NJFC/Medicaid providers were last re-enrolled starting in July 2004 and required approximately 24 months to complete. As a result of the new ACA requirements, DMAHS is required to complete the re-enrollment process by no later than March 2016.

ACTION: On or about June 1, 2014, DMAHS will begin the process of re-enrolling NJFC FFS providers who were enrolled in NJFC prior to January 1, 2013. Any provider that enrolled on or after January 1, 2013 or submitted a completed enrollment packet for re-activation of their NJFC FFS provider number on or after January 1, 2013 will not be required to re-enroll.

The re-enrollment process will be completed by provider type in monthly stages. Providers requested to re-enroll by Molina Medicaid Solutions, the State's fiscal agent, will receive a written notice 30 days prior to receiving a re-enrollment packet.

Each provider will receive a re-enrollment packet containing a cover letter, which will include the mandatory return date. The coversheet of the re-enrollment packet contains a list of all of the forms included in the re-enrollment packet along with the required credentials that must be returned by provider type.

If a provider fails to return a completed re-enrollment packet to Molina Medicaid Solutions by the mandatory return date, claims submitted by that provider shall be pended and/or denied due to the termination of a provider's enrollment number. It is important to note that the return of a completed re-enrollment packet is required for providers participating in any State program administered in whole or in part by DMAHS.

In the future, the re-enrollment information may be used by DMAHS to associate providers with HMOs that provide managed care benefits to NJFC beneficiaries.

Application Fee Requirements

PPACA, 42 CFR 455 Subpart E, Section 424.514, requires **all new and re-enrolling provider applicants identified as institutional providers** by the federal Centers for Medicare and Medicaid Services (CMS) to remit to the State of New Jersey a provider application fee. The **application fee for Calendar Year 2014 is \$542.00**. This fee is determined by CMS based on the Calendar Year in which the application is received. It is subject to change in 2015.

The following institutional providers identified by CMS are required to remit the application fee: ambulatory care clinics, ambulatory surgical centers, cystic fibrosis clinics, dispensing optical appliance providers, federally qualified health centers, freestanding end stage renal dialysis centers, independent laboratories, mental health/substance abuse clinics, Medicare-certified home health agencies, hospice agencies, hospitals, intermediate care facilities (ICF/MR), long-term care facilities, long-term care respite providers, medical supplies/DME providers, pharmacies, portable x-ray providers, prosthetic & orthotic (P & O) providers, psychiatric hospitals, transportation providers (ambulance only) and Work First NJ providers. **Providers not identified in the above paragraph are exempt from the application fee requirement.**

- ✓ Providers **NOT** identified as institutional providers by CMS, and therefore not required to remit an application fee, should send their completed enrollment/re-enrollment packets **directly** to the Provider Re-Enrollment Unit, Molina Medicaid Solutions, P.O. Box 4804, Trenton, N.J. 08625.
- ✓ The Medicare Enrollment Letter is **NOT** acceptable as proof of payment of the application fee to Medicare.
- ✓ The application fee shall be remitted for each service location upon initial enrollment or re-enrollment or with a change in ownership.
- ✓ The application fee shall not be remitted annually.
- ✓ Hardship Exception for Disaster Areas: CMS will assess on a case-by-case basis whether institutional providers enrolling from a geographic area that is a Presidentially-Declared disaster under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 32 USC 5121-5206 (Stafford Act), should receive an exception to the application fee requirement. A request for a hardship exception to the application fee requirement must be filed at the time the provider enrollment or re-enrollment application is submitted to the State of New Jersey.

Failure to submit an application fee or a hardship exception request may result in a provider enrollment or re-enrollment application being denied and/or billing privileges of a currently-enrolled provider being revoked.

Overview of Application Fee Process

- The Application Fee Form with instructions is a part of the enrollment/re-enrollment packet.
- All checks are to be made payable to the “***Treasurer, State of New Jersey.***”
- Institutional providers identified by CMS who are required to remit an application fee must submit their completed enrollment or re-enrollment packet, that includes the Application Fee Form, to the State of New Jersey. A signed check, a signed Application Fee Form and completed enrollment or re-enrollment packet are to be mailed to: Division of Revenue, Lockbox 656, 200 Woolverton Ave., Building 20, Trenton, NJ 08646 Attention: Processing Bureau.
- Providers **NOT** identified as institutional providers by CMS and therefore not required to remit an application fee, should send their completed enrollment/re-enrollment packets **directly** to the Provider Re-Enrollment Unit, Molina Medicaid Solutions, P.O. Box 4804, Trenton, N.J. 08625.
- Providers who previously paid the application fee to Medicare or another state Medicaid agency **and have proof of payment** should send their completed provider enrollment or re-enrollment packet **directly** to the Molina Medicaid Solutions Provider Re-Enrollment Unit.
- Acceptable proof of application fees include: cancelled checks, paid receipts provided by another state Medicaid Program, or printouts from the Medicare Provider Enrollment, Chain and Ownership System (PECOS). Providers may log into PECOS at <https://pecos.cms.hhs.gov/pecos/login.do>
- **PROOF OF THE APPLICATION FEE PAYMENT TO MEDICARE SHALL NOT BE PROVIDED BY A CMS REGIONAL OFFICE.**

If you have any questions concerning this Newsletter, please contact the Molina Re-Enrollment Helpline at 1-855-849-1099, Monday through Friday between 8:00 AM and 5:00 PM.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE