



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

NEWSLETTER

Volume 31 No. 05

February 2021

TO: All providers – **For Action**
Managed Care Organizations – **For Information Only**

SUBJECT: **Re-Enrollment of Medicaid/NJ FamilyCare Fee-For-Service Providers**

PURPOSE: To notify Medicaid/NJ FamilyCare FFS providers that the Division, through its fiscal agent, will begin conducting provider re-enrollment in April 2021, as required by federal law.

BACKGROUND: The Affordable Care Act (ACA)¹ requires that states complete a re-enrollment, also called a re-validation, of all Medicaid providers every five years. The Division of Medical Assistance and Health Services (DMAHS) will begin the next cycle in New Jersey on April 1, 2021. This requirement applies to providers participating in any program administered in whole or in part by DMAHS.

This newsletter describes the process that providers must follow after they are contacted by the Division's fiscal agent, Gainwell Technologies.

If a provider fails to return a completed re-enrollment packet to Gainwell Technologies 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 identification (ID) number.

The re-enrollment process will be completed by provider type in monthly stages. The date used to determine if a provider must complete the five-year re-enrollment will be the later of the last validation date found in Provider Enrollment, Chain and Ownership System (PECOS) or the last validation date found in the New Jersey Medicaid Management Information System (NJMMIS).

¹ The Patient Protection and Affordable Care Act (PPACA) of 2010, 42 CFR Subpart E, Section 424.515.

ACTION: Providers will receive written notice from Gainwell Technologies 30 days prior to receiving a re-enrollment packet, which will be mailed to the address on file. Each re-enrolling provider will have a mandatory return date, which will be on the packet cover letter. Additionally, the packet coversheet will list all the included forms that must be completed, as well as the required credentials that must be returned.

Please review your re-enrollment packet carefully – the process for submitting a re-enrollment application depends on the provider type. The Centers for Medicare and Medicaid Services (CMS) require that “institutional providers,” as defined by CMS, pay an application fee.

In order to pay this fee and complete re-enrollment, these providers will need to mail additional documentation to the specific address. Institutional providers that have proof of payment to Medicare or another state Medicaid agency will instead follow the same process as non-institutional providers.

The following institutional providers identified by CMS are required to remit the application fee for each service location:

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| Ambulatory care clinics | Medical supplies/DME providers |
| Ambulatory surgical centers | Medicare-certified home health agencies |
| Cystic fibrosis clinics | Mental health/substance abuse clinics |
| Dispensing optical appliance providers | Pharmacies |
| Federally qualified health centers | Portable x-ray providers |
| Freestanding end stage renal dialysis centers | Prosthetic & orthotic (P & O) providers |
| Hospice agencies | Psychiatric hospitals |
| Hospitals | Transportation providers (ambulance only) |
| Independent laboratories | Work First NJ providers |
| Intermediate care facilities (ICF/MR) | |
| Long-term care facilities | |
| Long-term care respite providers | |

Providers NOT identified as institutional providers by CMS (or) who have PROOF OF PAYMENT to Medicare or another Medicaid state agency, and therefore are not required to remit an application fee, should mail their completed re-enrollment packets and required credentials directly to this address:

Provider Re-Enrollment Unit
Gainwell Technologies
P.O. Box 4804
Trenton, N.J. 08625

- Acceptable proof of application fee payment includes: cancelled checks, paid receipts provided by another state Medicaid Program, or printouts from the Medicare PECOS (provider login: <https://pecos.cms.hhs.gov/pecos/login.do>)
 - The Medicare Enrollment Letter is NOT acceptable as proof of payment of the application fee to Medicare.
 - Please do not contact the CMS Regional Office directly for proof of payment – the Medicare PECOS system provides the complete detail.

Application Fee Requirements for Institutional Providers

All re-enrolling provider applicants identified as institutional providers by CMS are required to remit a provider application fee to the State of New Jersey. This fee is CMS requirement at the time of the five-year re-enrollment and is not an annual payment.

For Calendar Year 2021, CMS has set a fee of \$599.00 for each service location. This fee is subject to change each year by CMS. Failure to submit an application fee or a hardship exception request may result in a provider re-enrollment application being denied and/or billing privileges being revoked.

Institutional providers identified by CMS who are required to remit an application fee must submit all of the following items to complete re-enrollment:

- Completed re-enrollment packet and required credentials
- Application Fee Form (form with instructions is a part of the re-enrollment packet)
- A signed check, made payable to the “*Treasurer, State of New Jersey*”

These items should be mailed to this address:

NJ Division of Revenue
Lockbox 656
200 Woolverton Ave., Building 20
Trenton, NJ 08646
Attention: Processing Bureau

- 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 re-enrollment application is submitted to the State of New Jersey.

If you have any questions concerning this Newsletter, please contact the Gainwell Technologies Provider Re-Enrollment Helpline at 1-833-909-1522, Monday through Friday between 8:00 AM and 5:00 PM.

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