

FAQs – New Jersey Replacement Medicaid Management Information System (RMMIS)

All Providers – General

- 1. Q. What is an MMIS?**

A. The Medicaid Management Information System (MMIS) is the mechanized claims processing and information retrieval system that all states are required to have according to section 1903(a)(3) of the Social Security Act and defined in regulation at 42 CFR 433.111. All states operate an MMIS to support Medicaid business functions and maintain information in such areas as provider enrollment, member eligibility, including third party liability, benefit package maintenance, managed care enrollment, care management, financial management, claims processing and prior authorization.
- 2. Q. Why is the current MMIS being replaced?**

A. The current MMIS is more than 25 years old. Enhancements in technology have been developed since it was created, and these new developments will offer improvements in business processes for the NJ FamilyCare Program and its enrolled providers. Additionally, federal regulations require states to periodically re-procure an MMIS to improve efficiency.
- 3. Q. What is Health PAS?**

A. Health PAS is the Replacement MMIS (RMMIS) solution. It is a flexible and adaptable solution that maximizes the use of application-ready, Commercial-Off-the-Shelf (COTS) products to support existing health benefit programs with the capability to expand and support future benefit plans. Health PAS is a web-enabled, browser-based system that will integrate with the new Business Data Warehouse (BDW), Health Information Exchange (HIE), Health Insurance Exchanges (HIXs), and the State's Member Integrated Eligibility System.
- 4. Q. Which providers will use the Replacement MMIS at implementation?**

A. All providers who currently submit claims or encounters to NJ FamilyCare for payment through the current MMIS legacy system will use the RMMIS at implementation.
- 5. Q. Are there other states using Health PAS?**

A. Yes. Health PAS is a Medicaid Information Technology Architecture (MITA)-aligned System that is currently operating in three states (Idaho,

FAQs – New Jersey Replacement Medicaid Management Information System (RMMIS)

Maine, and West Virginia) and one territory (U.S. Virgin Islands) and is certified by CMS in the three states.

6. Q. How will providers be notified when new information is posted to the FAQs?

A. Molina will add more information as the RMMIS project progresses. Please check this site often for updated information.

7. Q. If I have questions about the Replacement MMIS, who should I contact?

A. A special mailbox has been established to address questions regarding the RMMIS: NJRMMISINFORMATION@molinahealthcare.com.

8. Q. As an enrolled NJMMIS provider, should I anticipate any changes to the claims and encounters process?

A. Yes. The RMMIS will use a provider's National Provider Identifier (NPI) as their new Medicaid Provider Identification (ID) Number. The NPI shall replace a provider's 7-digit Medicaid Provider ID now reported on claims to request payments. An additional change is that a provider's taxonomy code will determine a provider's specialty and determine those services a provider is qualified to bill to the NJFC FFS program. The RMMIS will accept standard HIPAA claim transactions. Updated Companion and Billing Guides can be found under "Information about new MMIS" at <https://www.njmmis.com>.

9. Q. Will the implementation have any impact on the State's policies regarding NJ FamilyCare FFS reimbursement?

A. No. The RMMIS implementation will have no impact on NJFC FFS reimbursement policies.

10. Q. As a current NJ FamilyCare FFS provider, should I anticipate any changes to the frequency of claim payments?

A. No. Like today, the RMMIS will adjudicate claims according to a fixed weekly payment cycle.

11. Q. How will reimbursement information be provided by the RMMIS?

The RMMIS will continue to provide timely reimbursement information via a secure provider web portal.

12. Q. What impact will the RMMIS have on my ability to request FFS prior authorizations?

FAQs – New Jersey Replacement Medicaid Management Information System (RMMIS)

- A.** Providers who currently request prior authorizations from a Medical Assistance Customer Center (MACC) office or the Dental or Podiatry Offices at DMAHS shall transmit their NJFC FFS prior authorization (PA) requests through their secure provider web portal. The portal will also be used by the RMMIS to communicate the outcome of PA requests. Providers shall receive additional information regarding prior authorization procedures. Procedures for requesting prior authorization from other sources, such as the Children’s System of Care, Contracted Systems Administrator (PerformCare), the Interim Managing Entity (IME), Logisticare or Molina Medicaid Solutions for the Medical Exception Process shall not change. Also, prior authorization requests currently submitted to Division of Developmental Disabilities (DDD) shall continue without any changes.
- 13. Q. Will the RMMIS have any impact on my contractual relationships with NJFC-participating managed care organizations?**
- A.** No. The RMMIS will have no impact on the contractual relationship between a provider and a NJFC-participating Health Maintenance Organization (HMO).
- 14. Q. Will the RMMIS provide the reason(s) for FFS claims being denied payment?**
- A.** Yes. HIPAA-Accepted Error Codes indicating the outcome of the claim adjudication process will be posted to a provider’s Remittance Advice and as part of 835 responses which will be accessible through a provider’s secure web portal. Also, real-time responses received from the State’s point-of-sale (POS) claims processing system will continue to provide pharmacies Error Code descriptions relevant to the adjudication of pharmacy claims.
- 15. Q. Will my claims vendor be required to enter into a new Trading Partner Agreement (TPA) with the RMMIS?**
- A.** Yes. Submitters will be required to complete a new TPA for the RMMIS. The TPA registration will be accessible through the RMMIS web portal. Providers will receive additional information regarding the approval process for submitting claims to the RMMIS.
- 16. Q. Will my claims vendor be required to submit test transactions to continue their relationship with Molina Medicaid Solutions?**

FAQs – New Jersey Replacement Medicaid Management Information System (RMMIS)

- A.** Yes. A minimum of three (3) successful test files (100% passing) will be required for each X12 transaction in order to be approved to submit those transactions utilized in production.
- 17. Q. Will providers be able to continue to submit paper claims and hard-copy adjustments?**
- A.** Yes. The new system will still be able to accept paper claims and hard-copy adjustments. However, providers are encouraged to submit HIPAA compliant electronic claims through the web portal in order to receive expedited FFS payments.
- 18. Q. With the new RMMIS, will providers continue to be able to submit claims through Direct Data Entry (DDE)?**
- A.** Yes, this functionality will be available in the RMMIS.
- 19. Q. Will the replacement MMIS have any impact on the processing of point-of-sale (POS) pharmacy claims?**
- A.** The replacement POS system shall continue to process pharmacy claims in a manner consistent with the current MMIS. The replacement POS system shall be fully compliant with all NCPDP D.0 standards.
- 20. Q. Will the replacement POS system continue to support the processing of claims submitted on behalf of all State pharmacy benefit programs?**
- A.** Yes. Pharmacies shall continue submitting NJ FamilyCare, Pharmaceutical Assistance to the Aged and Disabled (PAAD), Senior Gold Prescription Discount Program (SG) and AIDS Drug Distribution Program (ADDP) pharmacy claims through the replacement POS system.