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You are now logged off.

## Headlines

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• Having difficulty logging into the secure area of the website? Click here for a list of frequently asked questions.

# Gainwell Technologies Provider Services 1-800-776-6334

Click here for ICD 10 Resources.

Assisted Living Reimbursement Attestation: New Jersey's Home and Community-Based Services (HCBS) provides a tiered rate incentive to be provided to Assisted Living providers who "take on a higher percentage of Medicaid beneficiaries." This tiered rate incentive is projected to last through at least March of 2024 and may increase rates for providers who serve a variety of percentages of NJ FamilyCare members. It is important for us to understand the extent to which you are serving Medicaid members today and in the future as we implement rate increases that encourage providers to serve more Medicaid members. Please click the link (here) to complete the survey. The survey must be completed by FEB 18. Assistance needed send an email to DMAHS-AL@dhs.nj.gov.



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# Welcome to New Jersey Medicaid

Attention PROVIDERS! Click here for important information regarding your web site access.

## Please login below.

UserName:

Password

Forgot your password, click here

Need a username, click here

Reset	Submit
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Edit Codes



Welcome, 4407200005, to njmmis.com. You have been authenticated.

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# 1. User should click on Report Distribution link.

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Rate and Code Information
Newsletters & Alerts
NJ State MAC
- Secured Options
Change Password
Change Email
Clear Claim Connection
eMevs
LTC Census
Report Distribution
Request Judge Run
EHR Incentive Program
Non-Billing Provider
Directory

- 2. Select **Remittance Advices** from the dropdown and click on **Submit Request**.
- 3. User will be able to see a list of the most recent 12 weeks of reports (my example has an old data, it's a Test server).



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### **Report Distribution**

🕜 Help

The NJMMIS processing cycle including payments available to providers is not official until the Wednesday following the processing cycle when DMAHS has reviewed and approved the processing cycle. Remittance Advices and funds payable to providers will at this time be released for distribution. Upon DMAHS' approval, Remittance Advices and checks will be mailed or funds electronically transferred.

With automated technologies in place allowing for Remittance Advice information to be made available to providers thru different avenues for example; calling into REVS, the electronic image of the Remittance Advice available in the secure area of the WWW.njmmis.com website, or the electronic 835, providers are advised that although this information is available prior to DMAHS' review and approval, this information is subject to change if obtained prior to Wednesday.

Providers are requested to refrain from calling the Gainwell Provider Services or EDI units regarding nonavailability of remittance information, which is obtained via other avenues as noted above prior to Noon on Mondays.

Reports produced within the last six weeks are available for viewing. Please Note: The Claims Correction menu option on this site can be used to correct claims (CCFs) over the Internet. CCFs are not included in the web site's remittance advice. Your Remittance Advice reports, that include your CCFs, will continue to be mailed to you.

Forgot My Password	Report Name: Remittance Ad	vice 🗸	Submit Reque	st 🛛		
Provider Directory	Judge Run					
Provider Enrollment Application	Report Name Provider Mess Provider Servit	tions age ce	ime	Sequence	Report Date	Download File
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Approved Vendor List	Remittance Advice	44973	309_05252016.txt		6/1/2016	4497309 05252016.txt
Billing Supplements /	Remittance Advice	44973	309_04272016.txt		4/27/2016	4497309 04272016.txt
Training Packets	Remittance Advice	44973	309_04202016.txt		4/20/2016	4497309 04202016.txt
Recent Newsletters	Remittance Advice	44973	309_04132016.txt		4/13/2016	4497309 04132016.txt
Edit Codes	Remittance Advice	44973	309_04062016.txt		4/6/2016	4497309 04062016.txt
FAQ	Remittance Advice	44973	309_03302016.txt		3/30/2016	4497309 03302016.txt
Forms & Documents	Remittance Advice	44973	309_03232016.txt		3/23/2016	4497309 03232016.txt
Physician Administered	Remittance Advice	44973	309_03162016.txt		3/16/2016	4497309 03162016.txt
Drugs (UOM)	Remittance Advice	44973	309_03092016.txt		3/9/2016	4497309 03092016.txt
Rate and Code Information						

8. User should click on "Download File" next to the date of the Remittance advice needed to review.



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# Provider Registration

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Billing Supplements / Training Packets
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Report Name: Remittance Advice	×	Submit Request
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Remittance Advice	4497309_08032016.txt		8/3/2016	4497309 08032016.txt
Remittance Advice	4497309_06012016.txt		6/1/2016	4497309 06012016.txt
Remittance Advice	4497309_05252016.txt		6/1/2016	4497309 05252016.txt
Remittance Advice	4497309_04272016.txt		4/27/2016	4497309 04272016.txt
Remittance Advice	4497309_04202016.txt		4/20/2016	4497309 04202016.txt
Remittance Advice	4497309_04132016.txt		4/13/2016	4497309 04132016.txt
Remittance Advice	4497309_04062016.txt		4/6/2016	4497309 04062016.txt
Remittance Advice	4497309_03302016.txt		3/30/2016	4497309 03302016.txt
Remittance Advice	4497309_03232016.txt		3/23/2016	4497309 03232016.txt
Remittance Advice	4497309_03162016.txt		3/16/2016	4497309 03162016.txt
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The report has been generated on mainframe still has "Molina" in multiple places because it's Test, old data.

#### PROVIDER REMITTANCE ADVICE NEW JERSEY MEDICAL ASSISTANCE PROGRAM FISCAL AGENT - MOLINA MEDICAID SOLUTIONS P.O. BOX 4801 TRENTON, NJ, 08650

AS OF: 08/31/2016 PROVIDER: 4497309

PROVIDERS MAY REQUEST AN ADMINISTRATIVE LAW HEARING, IN WRITING, ON ANY VALID COMPLAINT OR ISSUE ARISING OUT OF THE MEDICAID CLAIMS PAYMENT PROCESS WITHIN TWENTY (20) DAYS FROM THE DATE OF THE REMITIANCE ADVICE STATEMENT IN ACCORDANCE WITH N.J.A.C. 10:49-10.3. PROVIDERS ARE REMINDED THAT ALL METHODS OF CLAIMS RESOLUTION/CORRECTION, SUCH AS THE SUBMISSION OF ADJUSTMENT REQUEST FOR CLAIMS PREVIOUSLY PAID OR THE RESUBMISSION OF A CORRECTED CLAIM FOR A CLAIM PREVIOUSLY DENIED, SHOULD BE EXHAUSTED PRIOR TO INITIATING A REQUEST FOR A HEARING. THE VARIOUS METHODS OF CLAIMS RESOLUTION/CORRECTION ARE DESCRIBED IN THE FISCAL AGENT BILLING SUPPLEMENT AND IN THE MEDICAID NEWSLETTER, VOL. 3 NO. 19, DATED JULY, 1993.

WRITTEN REQUESTS FOR HEARINGS MUST BE ADDRESSED TO:

MOLINA MEDICAID CORPORATION FAIR HEARING UNIT PO BOX 4801 TRENTON, NEW JERSEY 08650

PLEASE NOTE: THERE ARE NO PROVISIONS FOR FAIR HEARING FOR GENERAL ASSISTANCE CLAIMS.

BEGINNING IN LATE 2013 OR EARLY 2014, THE NEW JERSEY DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES WILL BEGIN THE PROCESS OF RE-ENROLLING ALL HEALTHCARE PROVIDERS WHO PARTICIPATED IN THE MEDICAID/NJ FAMILYCARE (NJFC) FEE-FOR-SERVICE (FFS) PROGRAM PRIOR TO JANUARY 1, 2013. ANY PROVIDERS WHO ENROLLED IN THE MEDICAID/NJFC FFS PROGRAM ON OR AFTER JANUARY 1, 2013; OR WHO SUBMITTED A COMPLETED ENROLLMENT APPLICATION ON OR AFTER JANUARY 1, 2013 FOR THE PURPOSE OF BEING RE-ACTIVATED AS A FFS PROVIDER WILL NOT BE REQUIRED TO RE-ENROLL IN THE MEDICAID/NJFC FFS PROGRAM. THE RE-ENROLLMENT PROCESS WILL BE \* \*\* C O N T I N U E D O N N EX T P A G E \*\*\*

> PREAKNESS HEALTHCARE CENTER \* 130 PENNINGTON WASH. CROSS. RD PENNINGTON NJ 08534-0000

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PROVIDER REMITTANCE ADVICE	AS OF: 08/31/2016
NEW JERSEY MEDICAL ASSISTANCE PROGRAM	PROVIDER: 4497309
FISCAL AGENT - MOLINA MEDICAID SOLUTIONS	