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You are now logged off.

### Headlines

[Click here for more headlines](#)

▶ **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](mailto: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](#)



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Welcome, 4407309005, to njmmis.com. You have been authenticated.

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1. User should click on **Report Distribution** link.

Contact Webmaster
Forgot My Password
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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 non-availability 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.

Report Name: Remittance Advice  Submit Request

Report Name	Report Name	Sequence	Report Date	Download File
Remittance Advice	4497309_08312016.txt		8/31/2016	<a href="#">4497309_08312016.txt</a>
Remittance Advice	4497309_08032016.txt		8/3/2016	<a href="#">4497309_08032016.txt</a>
Remittance Advice	4497309_06012016.txt		6/1/2016	<a href="#">4497309_06012016.txt</a>
Remittance Advice	4497309_05252016.txt		6/1/2016	<a href="#">4497309_05252016.txt</a>
Remittance Advice	4497309_04272016.txt		4/27/2016	<a href="#">4497309_04272016.txt</a>
Remittance Advice	4497309_04202016.txt		4/20/2016	<a href="#">4497309_04202016.txt</a>
Remittance Advice	4497309_04132016.txt		4/13/2016	<a href="#">4497309_04132016.txt</a>
Remittance Advice	4497309_04062016.txt		4/6/2016	<a href="#">4497309_04062016.txt</a>
Remittance Advice	4497309_03302016.txt		3/30/2016	<a href="#">4497309_03302016.txt</a>
Remittance Advice	4497309_03232016.txt		3/23/2016	<a href="#">4497309_03232016.txt</a>
Remittance Advice	4497309_03162016.txt		3/16/2016	<a href="#">4497309_03162016.txt</a>
Remittance Advice	4497309_03092016.txt		3/9/2016	<a href="#">4497309_03092016.txt</a>

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



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Browser window showing the download of the report file. The URL is [https://qa.njmmis.com/downloadDocuments/4497309\\_08312016.txt](https://qa.njmmis.com/downloadDocuments/4497309_08312016.txt). The content of the downloaded file is displayed below:

```

*****4497309*****
PROVIDER REMITTANCE ADVICE
NEW JERSEY MEDICAL ASSISTANCE PROGRAM
FISCAL AGENT - MOLINA MEDICAID SOLUTIONS
P.O. BOX 4881
TRENTON, NJ, 08650
AS OF: 08/31/2016
PROVIDER: 4497309
***** MESSAGE 002 *****
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 REMITTANCE ADVICE STATEMENT IN ACCORDANCE
  
```

The report has been generated on mainframe still has "Molina" in multiple places because it's Test, old data.

\*\*\*\*\*4497309\*\*\*\*\*

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

\*\*\*\*\* MESSAGE 002 \*\*\*\*\*  
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 REMITTANCE 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.  
\*\*\*\*\*

\*\*\*\*\* MESSAGE 193 \*\*\*\*\*  
RE-ENROLLMENT TO BEGIN SOON:

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 E X T P A G E \* \* \*

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

\*\*\*\*\*

PROVIDER REMITTANCE ADVICE  
NEW JERSEY MEDICAL ASSISTANCE PROGRAM  
FISCAL AGENT - MOLINA MEDICAID SOLUTIONS

AS OF: 08/31/2016  
PROVIDER: 4497309