



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

NEWSLETTER

Volume 26 No. 04

June 2016

TO: Non-Re-Enrolled Providers - **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: **Re-enrollment and Termination of FFS Provider Participation**

EFFECTIVE: On or about July 1, 2016

PURPOSE: To notify New Jersey Medicaid/NJ FamilyCare (NJFC) fee-for-service (FFS) providers who have not re-enrolled in the program of a decision by the New Jersey Division of Medical Assistance and Health Services (DMAHS) to terminate their participation as a Medicaid/NJFC FFS provider.

BACKGROUND: On or about June 1, 2014, DMAHS began 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 was not required to re-enroll in the NJFC-FFS program (see Medicaid Newsletter Volume 24, No. 04 for additional information regarding the re-enrollment process).

On or about July 1, 2016, DMAHS will terminate the enrollment of FFS providers who have not completed a provider re-enrollment application to ensure compliance with The Patient Protection and Affordable Care Act (PPACA) of 2010, commonly called the Affordable Care Act (ACA). ACA mandates that DMAHS complete the re-enrollment of all enrolled FFS providers by September 2016.

Managed care providers, who completed the FFS re-enrollment process and have evidence of managed care claim activity, are provided access to recipient eligibility and managed care enrollment information using the Recipient Eligibility Verification System (REVS), by telephone, or the electronic Medicaid Eligibility Verification System (eMEVS), using a computer. Without some change, managed care providers with managed care claim activity who did not complete the FFS re-enrollment process will no longer be provided access to recipient eligibility verification information.

The Division has developed an interim solution to provide managed care providers, enrolled in FFS prior to termination, the authorization required to maintain continued access to recipient eligibility verification information. This Newsletter introduces a new **Authorization to Access the Electronic Medicaid Eligibility Verification System (eMEVS)** form, otherwise known as the **FD-20C** form, for managed care providers disenrolled from FFS to request authorization to access eligibility and managed care enrollment information using eMEVS. The form also ensures that those managed care

providers authorized to access eMEVS are screened to comply with ACA and HIPAA requirements.

This interim solution is in anticipation of a new NJFC requirement, to be implemented in calendar year 2017, requiring all providers participating with one or more Medicaid/NJFC managed care organizations to enroll with a credentialing contractor, on behalf of the State of New Jersey, as NJFC providers by completing a new electronic provider enrollment application to be made available by the contractor for completion on-line. After a provider has completed the credentialing process, eMEVS access will be managed through the NJMMIS.

ACTION: On or about July 1, 2016, FFS providers who have not completed the provider re-enrollment process shall be terminated from the NJFC FFS Program.

Providers who previously submitted a re-enrollment application to Molina Medicaid Solutions and are notified that their participation in the Medicaid/NJFC program has been canceled should contact the Molina Re-Enrollment Helpline at 1-855-849-1099 to determine the status of their application. The Helpline is available Monday through Friday 8 AM to 5 PM.

Providers terminated as a result of the re-enrollment process who participate in NJFC as only a managed care provider may request eMEVS access by returning the attached ***Authorization to Access the Electronic Medicaid Eligibility Verification System (FD-20C)*** form to Molina Medicaid Solutions as soon as possible. The FD-20C authorization form may also be downloaded on-line at www.njmmis.com. If the FD-20C form is not returned timely, managed care providers may experience interruptions in accessing eligibility information.

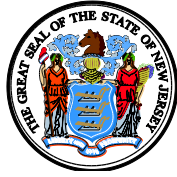
It is important to note that FD-20C authorized providers may access eMEVS using their Molina User ID and Password which were previously assigned upon initial enrollment.

Managed care providers who have not re-enrolled in the FFS program by July 1, 2016 shall only be provided access to recipient eligibility verification information using eMEVS provided the FD-20C form has been approved. REVS access shall not be available for managed care providers not enrolled in the NJFC-FFS program.

FD-20C authorized providers cannot participate in the NJFC-FFS program as a billing or servicing provider or a prescribing, ordering, referring or attending (non-billing) provider. Managed care providers wishing to participate in the NJFC-FFS program as a billing or servicing provider must complete a Medicaid provider enrollment application (FD-20) or the relevant provider application determined by provider type; or the FD-20B non-billing provider application to participate in the FFS program as a non-billing provider.

If you have any questions concerning this Newsletter, please contact the Molina Medicaid Solutions Provider Services at 1-855-849-1099.

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

For Molina Internal Use Only

Provider Name:
DOC Type:
NPI Number:
SS#:
Provider Type:
Provider Specialty:

AUTHORIZATION TO ACCESS THE ELECTRONIC MEDICAID ELIGIBILITY VERIFICATION SYSTEM (EMEVS)

Provider Name:

NPI Number: Date of Birth:

Provider Address: Street City State Zip

Provider Contact Name: Contact Phone #:

Email Address: Fax Number:

Type of Service: SS #: Tax ID:

Provider Specialty: Medicare #: CLIA #:

State of Licensure *License #:

**Board Certification #: Type: Certifying Entity:

State of Certification:

List NJ FamilyCare health plans for which you are currently under contract:

*Current copies of applicable license(s) and/or certifications must be attached to this application form.

AUTHORIZATION TO ACCESS THE ELECTRONIC MEDICAID ELIGIBILITY VERIFICATION SYSTEM (EMEVS)

Applicants completing this application shall be authorized by the State of New Jersey to access NJ FamilyCare (NJFC) eligibility information available from the electronic Medicaid Eligibility Verification (eMEVS) system administered by Molina Medicaid Solutions, the State's Fiscal Agent.

Applicants must be enrolled as a participating provider in a NJFC managed care provider network. Applicants shall be authorized to bill or receive payments from a State-approved NJFC managed care plan. Applicants completing this application are not authorized to bill or receive NJFC fee-for-service (FFS) payments from the State of New Jersey.

Authorized users shall be provided eMEVS access for an interim period to be determined by the timeline for implementing new provider credentialing requirements by the State of New Jersey.

In accordance with the Patient Protection and Affordable Care Act (PPACA) of 2010 (42 CFR 455 Subpart E), the State shall utilize federally-approved databases to screen applicants to identify those not authorized to have access to NJFC eligibility information due to fraud and abuse concerns.

Applicants requesting access to eMEVS are required to comply with all applicable State and federal laws, rules and regulations in regard to providing a healthcare service(s) to a NJFC beneficiary.

Under no conditions shall an authorized user of eMEVS use this information to identify and market a managed care plan to NJFC beneficiaries. Neither shall an authorized user violate confidentiality by sharing beneficiary eligibility information with other persons or organizations for any purpose other than confirming a NJFC recipient's eligibility status.

With respect to any identifiable information concerning an enrollee that is obtained by the authorized user, it: (a) shall not use any such information for any purpose other than carrying out the express terms of the provider contract/subcontract with a NJFC HMO; (b) shall promptly transmit to the Department all requests for disclosure of such information; (c) shall not disclose except as otherwise specifically permitted by the provider contract/subcontract, any such information to any party other than the New Jersey Department of Human Services without the Department's prior written authorization specifying that the information is releasable under 42 CFR, Section 431.300 et seq., and (d) shall, at the expiration or termination of the provider contract/subcontract, return all such information to the Department or maintain such information according to written procedures sent by the Department for this purpose.

Final Adverse Actions/Convictions

The section below defines the convictions and final adverse actions that must be reported in this application, regardless of whether any records were expunged or any appeals are pending.

**AUTHORIZATION TO ACCESS THE ELECTRONIC MEDICAID ELIGIBILITY VERIFICATION SYSTEM
(EMEVS)**

Convictions:

1. The provider was, within the last 10 years preceding enrollment or revalidation of enrollment, convicted of a federal or State felony offense that CMS has determined to be detrimental to the best interests of the NJFC program and/or its beneficiaries. Offenses include: felony crimes against persons and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; financial crimes, such as extortion, embezzlement, income tax evasion, insurance fraud and other similar crimes for which the individual was convicted, including guilty pleas and adjudicated pre-trial diversions; any felony that placed the Medicare or Medicaid program or its beneficiaries at immediate risk (such as malpractice suit that results in a conviction of criminal neglect or misconduct); and any felonies that would result in a mandatory exclusion under Section 1128(a) of the Social Security Act.
2. Any misdemeanor conviction, under federal or State law, related to: (a) the delivery of an item or service under Medicare or a State healthcare program, or (b) the abuse or neglect of a patient in connection with the delivery of a healthcare item or service.
3. Any misdemeanor conviction, under federal or State law, related to theft, fraud, embezzlement, breach of fiduciary duty, or other financial misconduct in connection with the delivery of a healthcare item or service.
4. Any felony or misdemeanor conviction, under federal or State law, relating to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance.

Exclusions, Revocations, or Suspensions:

1. Any revocation or suspension of a license to provide healthcare by any State licensing authority. This includes the surrender of such a license while formal disciplinary proceeding was pending before a State licensing authority.
2. Any revocation or suspension of accreditation.
3. Any suspension or exclusion from participation in, or any sanction imposed by, a federal or State healthcare program, or any debarment from participation in a Federal Executive Branch procurement or non-procurement program.
4. Any current Medicare payment suspension under any Medicare Identification Number.
5. Any Medicare revocation of any Medicare Identification Number.

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| Have you, under any current or former name or business identity, ever had any final adverse legal action(s) listed under <u>Convictions, Exclusions, Revocations, or Suspensions</u> of this application imposed against you? Yes ___ No ___ |
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6. If yes, on a separate sheet of paper, report each final adverse legal action, when it occurred, the federal or State agency or the court/administrative body that imposed the action, and the resolution, if any. Attach a copy of the final adverse legal action documentation and resolution.

**AUTHORIZATION TO ACCESS THE ELECTRONIC MEDICAID ELIGIBILITY VERIFICATION SYSTEM
(EMEVS)**

Provider's Certification:

I certify that the forgoing information provided in this application, including but not limited to the list of managed care organizations with which I currently contract, which is submitted for the sole purpose of requesting authorization to access the electronic Medicaid Eligibility Verification System (eMEVS), is true, accurate and complete; and I also acknowledge that providing any false statement, or false document, or concealment of a material fact may be prosecuted under applicable federal or State laws.

Also, by signing this application, I consent to a possible civil and criminal background check by the New Jersey Division of Medical Assistance and Health Services (DMAHS) and/or by the Medicaid Fraud Division of the Office of the New Jersey State Comptroller. I understand that if the results of this background check are unsatisfactory, DMAHS may refuse to allow the applicant access to NJFC recipient eligibility information.

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| Signature of Provider Original Signature Required - No Stamps | Print Name | Date |
| Signature of Person Completing Form | Print Name | Date |

Please mail, fax or email the signed application with required documentation to:

By Mail:

Molina Medicaid Solutions Provider Services
P.O. Box 4804
Trenton, N.J. 08650

By Fax: 609-584-1192

By email: PSEmail@molinahealthcare.com

A copy of this application is also available on-line at www.njmmis.com.