



Fee for Service FAQs

Becoming a Medicaid Provider / Medicaid Claims

Fee for Service Frequently Asked Questions (FAQs) will be regularly updated as new information becomes available. Other FAQ documents, listed by topic, will be available on the Division's Fee for Service Implementation web page at: www.nj.gov/humanservices/ddd/programs/ffs_implementation.html

Does my agency need to become a Medicaid provider?

In the Medicaid-based, fee-for-service system, in order to submit claims for services rendered, an agency must be a **Medicaid ("Medicaid approved") provider**. This is required whether an agency is new to the Division or has previously contracted with us. Agencies will only be reimbursed for services provided after Medicaid approval was received.

How do I become a Medicaid provider?

The first step in becoming a Medicaid provider is to apply for a **National Provider Identifier (NPI)** at the National Plan and Provider Enumeration System (NPPES) web page at <https://nppes.cms.hhs.gov> (an agency will typically have just one NPI, regardless of the number of services offered or service locations). Once the NPI is received, the agency or individual provider completes the **Combined Application (Medicaid/DDD)**, which is available on the **Provider Portal** of the Division of Developmental Disabilities' website. (The application can be completed online, but must be printed and mailed via regular mail.) This single application serves two purposes:

- (1) Applying to become an approved Medicaid provider, **and**
- (2) Applying to become approved for the specific services the agency or individual plans to provide (whether through the Supports Program, the Community Care Waiver, or both)

We strongly advise agencies to retain a copy of their original Combined Application, for ease of processing of service or location addendums.

When will the Combined Application be available for the services I provide?

At this point in time, the Combined Application is only open for providers interested in offering Support Coordination services. We anticipate that the application will include most of the other services that will be available in the Medicaid-based, fee-for-service model in October, 2014.

I am already a Medicaid provider but want to apply to offer Division-funded services. What do I do?

Even if you are already a Medicaid provider, you will still need to complete and submit the Combined Application (Medicaid/DDD).

What billing services or software programs exist for billing in a fee-for-service model?

Molina Medicaid Solutions administers the claims adjudication system used by New Jersey Medicaid. Though not intended to be all-inclusive, Molina has an **Approved Vendor List** on its website (at www.njmmis.com) that includes both billing service and billing software vendors.

Is there technical assistance available for conversion to the fee-for-service billing process?

Training regarding Medicaid claims submission is provided by Molina upon request. Providers may request training through Molina's Provider Services Call Center at 800.776.6334. On the Molina website, njmmis.com, there is an option to "Contact Provider Services" which also allows a provider to request training.

What if my agency has multiple service locations or wants to add a location at a later date?

Agencies with more than one service location will complete and submit one Combined Application and include all service locations. A unique Medicaid number will be assigned for each location. To add a location at a later date, you will need to re-submit the Combined Application with an addendum for a new location.

What if I want to offer additional services at a later date?

Agencies can apply to provide additional services at any time by re-submitting the Combined Application with an addendum for new services.

In order to submit a claim to Medicaid, does a service have to be included in the Individualized Service Plan (ISP)?

Yes. Only claims for services which have a prior authorization on file at Medicaid will be processed and paid. Prior authorizations are only submitted based upon an approved service plan.

Will the Division be reviewing claims prior to their submission to Medicaid?

No. Claims are processed by Medicaid.

How does an agency submit a claim to Medicaid when a service is provided to more than one individual?

All Medicaid claims are submitted per individual, and all services for that individual are prior authorized through the ISP.

When shifting from contract reimbursement to a fee-for-service model, will there be any financial support for providers until Medicaid billing starts?

A discussion around financial support that the Division may be able to offer the provider community during the transition is ongoing and dependent on the plan for transition.

