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Below is a summary of the Office of Managed Health Care (OMHC) Managed Provider Relations Unit responsibilities.

- Addresses provider inquiries and/or complaints as it relates to Managed Care Organization (MCO) contracting, credentialing, reimbursement, authorizations and appeals, and conducts complaint resolution tracking/reporting.
- Provides education and outreach for MCO contracting, credentialing, claims submission, authorization, appeals process, eligibility verification, TPL, MLTSS transition and other Medicaid program changes
- Addresses stakeholder inquiries related to the network credentialing process, network access, and payment compliance.

If the provider has a specific question regarding payment for a Managed Medicaid member, they must provide detail regarding the claim. E-mail this detailed information securely to **mahs.provider-inquiries@dhs.nj.gov.**

If multiple claims are impacted, the information should be summarized using an Excel file. (Keep in mind, all information must be sent securely, if it includes Protected Health Information (PHI)).

Note: Medicaid providers are required to check member eligibility monthly and secure the necessary authorizations for members.

