

# NJ Provider Enrollment

April 16, 2025



# Housekeeping

- Please drop your name, organization and role into the chat
- Use the Raise Hand function and we will invite you to come off mute during Q&A

**Regional Health Hubs (RHHs) play an important role supporting DMAHS in key initiatives such as the NJ FamilyCare Housing Supports Program.**

**Camden Coalition will:**

- Deliver and curate a training series to support program roll-out
- Serve as a “help line” for providers to field/answer questions and troubleshoot issues through the process
- Liaise between the state, MCOs, and providers to support implementation

**All RHHs will:**

- Promote the program to recruit a robust network of providers within their regions
- Conduct member/community engagement to inform successful roll-out





# About **CSH**

CSH collaborates to advance solutions that use housing as a platform for services to improve the lives of the most vulnerable people, maximize public resources and build healthy communities.



# Here is the CSH Team



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**Marcella Maguire**

Health Systems  
Integration Director  
CSH



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**Brian McShane**

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CSH Metro Team  
(NJ, NY, PA)

# Disclaimer

The views, opinions and content expressed herein do not necessarily reflect the official position of the state of NJ's Department of Community Affairs (DCA) or Division of Medical Assistance Healthcare Services (DMAHS)

We will often have representatives from DMAHS, DCA, and the managed care organizations (MCOs) joining our trainings. They are not here to answer questions (unless explicitly stated) but to listen to the provider perspective and better understand how they can support you in your journey to become Housing Supports Providers.



# Objectives

- Understand where my organization fits into the process
- Background on provider enrollment
- Required docs for NJ provider enrollment
- Completing the provider enrollment application



# A note on provider pathways

# There are three categories of providers for whom the process of becoming a Housing Supports Provider will vary slightly

## 1. Providers new to billing Medicaid

- Our trainings are primarily geared to you so that we can map out all process steps for providers starting from scratch

## 2. Providers already billing/contracted with MCOs for other services

- We will begin to include explicit instructions for you in our trainings related to how the process will vary for you

## 3. Readiness Grantees\*

- Some of you are already billing Medicaid and others are new
- You will have **additional milestones and reporting** for DCA which we will not focus on within these trainings

Milestone	Official process owner	Direct questions to:
Overall program	DMAHS	Camden Help Desk (Submit requests through our <a href="#">inquiry form</a> )
NPI	NPPES	
NJ Enrollment	Gainwell <a href="mailto:njmmisproviderenrollment@gainwelltechnologies.com">njmmisproviderenrollment@gainwelltechnologies.com</a>	
Credentialing	MCOs	Specific MCO
Contracting		
DCA Readiness grant reporting	DCA	<a href="mailto:Rita.mirabell@dca.nj.gov">Rita.mirabell@dca.nj.gov</a> <a href="mailto:Christie.Zelek@dca.nj.gov">Christie.Zelek@dca.nj.gov</a>

\*Readiness Grantees are required to show proof of attendance at this training series (not including Office Hours). Screenshot the “Thank you for attending” email that we will send out after the training to submit with your report.



# Background

## REMINDER:

# Steps to Becoming an NJ FamilyCare Housing Supporting Provider

1. Obtain an NPI number
- 2. Complete NJ enrollment**
3. Credential with MCOs
4. Contract with MCOs

\*Note: Order of these steps will vary by MCO

# New vs. Existing Providers:

## Steps to Becoming a NJ FamilyCare Housing Supports Provider

	Providers new to billing Medicaid/contracting with MCOs	Providers already contracting with MCOs
<b>Obtain an NPI number</b>	Obtain a Type 2 NPI using your main business address and ensure the correct taxonomy code(s) are associated with it	Determine the Type 2 NPI you will use to bill for Housing Supports services. Ensure the correct taxonomy code(s) are associated with it.
<b>Complete NJ state enrollment</b>	Complete the NJ Housing Supports enrollment application to obtain a Medicaid ID # and ensure that it is associated with the Housing Supports program and the services you intend to bill for.	Complete the NJ Housing Supports enrollment application with your existing Medicaid ID# to ensure it is associated with the Housing Supports program and the services you intend to bill for.
<b>Credential with MCOs</b>	Complete the credentialing application in order to ensure that the MCO has confirmed you meet all criteria to bill for Housing Supports Services. <b>This step is required for all Tenancy providers new to the Housing Supports program regardless of whether you have already credentialed with the MCO.</b> *This process will differ for Home Mods & Remediation providers.	
<b>Contract with MCOs</b>	Initiate a contract with the MCO	Initiate or amend an existing contract with an MCO. You should figure this out with your MCO contracting team as the process may vary.

\*Note: Order of these steps will vary by MCO

# What is Provider Enrollment?

- Process by which a provider applies to the state to receive their NJ FamilyCare Medicaid ID#
- It also ensures that your Medicaid ID# is associated with the services that you intend to bill for
  - As a provider you will not need to know any particular code for this but in **question #19** of your application, you will check off which of the 4 HSP services you will provide (Pre-tenancy; tenancy-sustaining; remediation and modifications; and move-in supports).
  - When you check these boxes, the MCO and state will associate the appropriate codes to your Medicaid ID# on the back end.

## Who needs to do it?

- All Housing Supports providers will need to complete Provider Enrollment application
- For new providers, it will give you your Medicaid ID# and ensure it is associated with the Housing Supports program and the services you intend to bill for
- For existing providers, it will essentially update your existing Medicaid ID# so that it is associated with the Housing Supports program and the services you intend to bill for



# Required documents and information

# Prepare your documents and necessary information

## Required

- NPI number
- EIN or other Tax ID number
- IRS letter (147C or CP-575 for entity)
- NJ Business Registration
- NJDCA Home Improvement registration number (if applicable)
- Medicare provider number and copy of Medicare approval (if applicable)

## Optional\*

- Affirmative Action Survey
- W-9 tax form

\*Providing these additional optional docs may serve to corroborate and be helpful in speeding up the process

## The full application will include the following in addition to your attachments:

1. Housing Supports Application
2. Provider Agreement
3. Disclosure of Ownership Form (FD-452)\*
4. Agreement of Understanding

\*also listed as:

- “Disclosure of Ownership and Control Interest Statement”
- “DMAHS disclosure form”
- “FD-452”

# Form Submission

To submit your application, you will return the Cover Page and a completed Application Package directly via one of the following channels. Email is the recommended method of submission:

1. Email to: [njmmisproviderenrollment@gainwelltechnologies.com](mailto:njmmisproviderenrollment@gainwelltechnologies.com)
2. Fax to: 609.584.1192
3. US Mail to:  
Provider Enrollment  
Gainwell Technologies  
PO Box 4804  
Trenton, NJ 08650-4804

# Accessing the NJ Enrollment Application



1. Navigate to [NJMMIS.com](https://www.njmmis.com)
2. Choose “Provider Enrollment Application”

Home
Site Requirements
Help Index by Topic
State & Fed Web Sites
Account Links
HIPAA Submitter Login
Reset Password
Login
Communication
Contact Provider Services
Contact Webmaster
Forgot My Password
Provider Directory
Provider Enrollment Application
Provider Registration
Information
Approved Vendor List
Billing Supplements / Training Packets
Recent Newsletters
Edit Codes
FAQ
Forms & Documents
Physician Administered Drugs (UOM)
Rate and Code Information
Newsletters & Alerts
NJ State MAC
Over The Counter(OTC) Benefits



## 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.

• **Revised:** A revised DMAHS Disclosure of Ownership Form (FD-452) dated May 2023 has been published replacing the current FD-452 Form. All provider application packages have been updated with the May 2023 version of the form FD-452. For any documentation received on or after **January 1, 2024**, only the most recent version of the FD-452 (05/2023) will be accepted. The current version of the Disclosure of Ownership form is now also available for download in the **Forms & Documents** section on njmmis.com.

## Announcements

[Click here for more announcements](#)

• [Click here To Report Fraud or Abuse In the Medicaid Program or Call 1-888-937-2835.](#)

• **New CAPTCHA Login Security Prompt Coming Soon:** The State of New Jersey and Gainwell Technologies continuously monitor and track user activities of NJMMIS.COM to ensure proper uses of the application and to confirm only those authorized to use the site are gaining access. On or about 02/18/2025, CAPTCHA challenge-response will be utilized for the login screens on NJMMIS.COM. CAPTCHA is a common tool used to confirm if the user is a real person or a robot (bot) trying to gain access. [Click here](#) for more information about CAPTCHA.

• **Revised:** A revised **HMO Encounters Systems Guide** dated **March 2025** has been published and made available in the **Forms & Documents** link at the left of the page or it can be found under the **HIPAA Companion Guides** paragraph under the additional **Headlines** page or [click here](#).

• **The Care Management Workbook** contains Care Management Framework, Definitions and Tools for performing Comprehensive Needs Assessments, developing Care Plans, and the Care Management Process for health plans and providers. This Workbook can now be accessed by clicking on the “Forms & Documents” option located on the left side of this websites homepage, or [click here](#).

# Accessing the NJ Enrollment Application



1. Navigate to [NJMMIS.com](https://www.njmmis.com)
2. Choose “Provider Enrollment Application”

- Home
- Site Requirements
- Help Index by Topic
- State & Fed Web Sites
- Account Links
  - HIPAA Submitter Login
  - Reset Password
  - Login
- Communication
  - Contact Provider Services
  - Contact Webmaster
  - Forgot My Password
  - Provider Enrollment Application
  - Provider Registration
- Information
  - Approved Vendor List
  - Billing Supplements / Training Packets
  - Recent Newsletters
  - Edit Codes
  - FAQ
  - Forms & Documents
  - Physician Administered Drugs (UOM)
  - Rate and Code Information
  - Newsletters & Alerts
  - NJ State MAC
  - Over The Counter(OTC) Benefits



## Headlines

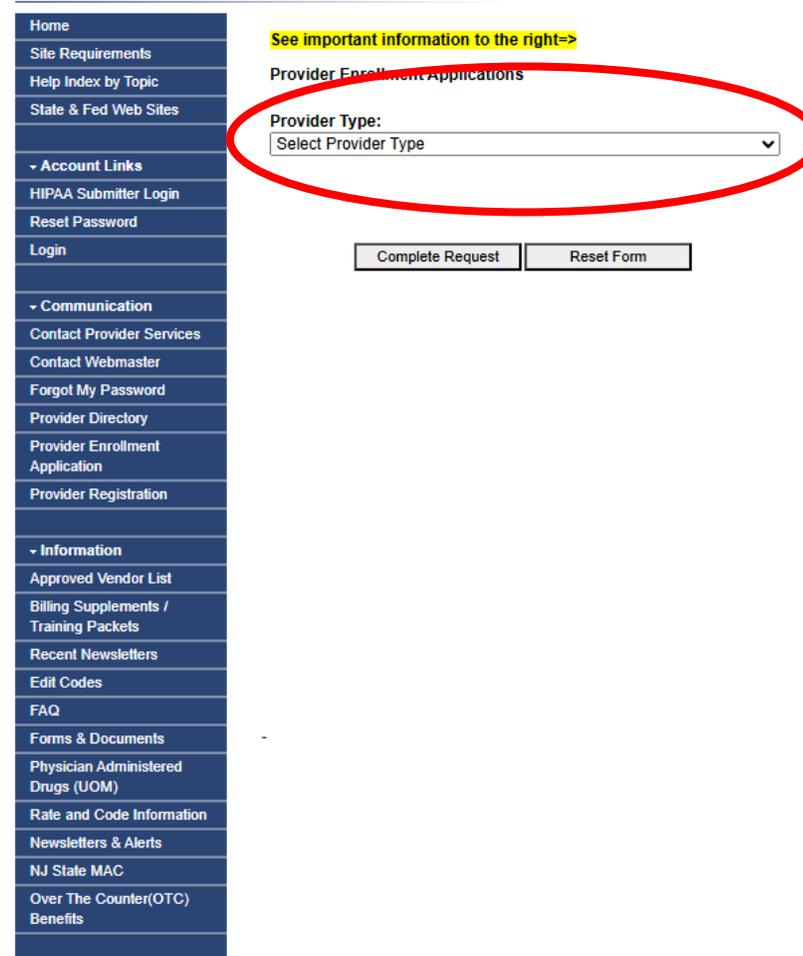
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# Accessing the NJ Enrollment Application

1. Navigate to [NJMMIS.com](http://NJMMIS.com)
2. Choose “Provider Enrollment Application”
3. Choose “Housing Supports Services” from the Provider Specialty Type drop-down



The screenshot shows the NJMMIS website interface. On the left is a dark blue navigation menu with white text. The main content area is white. At the top of the main area is a yellow highlighted text box that says "See important information to the right=>". Below this is the heading "Provider Enrollment Applications". A red circle highlights a dropdown menu labeled "Provider Type:" with the text "Select Provider Type" and a downward arrow. Below the dropdown are two buttons: "Complete Request" and "Reset Form".

Home  
Site Requirements  
Help Index by Topic  
State & Fed Web Sites  
Account Links  
HIPAA Submitter Login  
Reset Password  
Login  
Communication  
Contact Provider Services  
Contact Webmaster  
Forgot My Password  
Provider Directory  
Provider Enrollment Application  
Provider Registration  
Information  
Approved Vendor List  
Billing Supplements / Training Packets  
Recent Newsletters  
Edit Codes  
FAQ  
Forms & Documents  
Physician Administered Drugs (UOM)  
Rate and Code Information  
Newsletters & Alerts  
NJ State MAC  
Over The Counter(OTC) Benefits

See important information to the right=>  
Provider Enrollment Applications  
Provider Type:  
Select Provider Type  
Complete Request Reset Form

# Accessing the NJ Enrollment Application

- Choose Provider Type: Housing Supports
- Choose: I want to download a pdf version of this form that I can print and mail
- **You do not have to print and mail the form; you can submit it to Gainwell by email at:**  
[njmmisproviderenrollment@gainwelltechnologies.com](mailto:njmmisproviderenrollment@gainwelltechnologies.com)
- **Email is the recommended method of submission**

**See important information to the right=>**

## Provider Enrollment Applications

Provider Type:

Housing Supports Services ▼

Please choose one:

- I want to download a pdf version of this form that I can print and mail.
- Please mail a blank enrollment application to the address listed below.

Complete Request

Reset Form

# Completing the Application

In order of how they appear in the packet:

- Housing Supports Application
- Provider Agreement
- Disclosure of Ownership Form
- Agreement of Understanding



# Housing Supports Application

# Disclaimer

This training is targeted for non-profit organizations.

There are critical components of the application that are required of for-profit providers which we will not cover today.



**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

This is an application for **HOUSING SUPPORTS PROVIDER** billing under an entity's Type II NPI and EIN.

To be an approved Provider, applicant must submit a completed application package including the following **REQUIRED** documentation:

1. FD-20x – Housing Supports Application
2. FD-62 - Provider Agreement
3. FD-435 - Agreement of Understanding
4. FD-452 - Disclosure of Ownership Form
5. Attach IRS letter (147C or CP-575 for entity)
6. Attach registration documentation required per table below (based on types of services to be provided)

Services Providing	Registration required
Pre-tenancy Services	<ul style="list-style-type: none"><li>• NJ Business Registration</li></ul>
Tenancy Sustaining Services	<ul style="list-style-type: none"><li>• NJ Business Registration</li></ul>
Residential Modifications & Remediation Services	<ul style="list-style-type: none"><li>• NJ Business Registration</li><li>• NJDCA Home Improvement registration number</li></ul>
Move-in Supports Services	<ul style="list-style-type: none"><li>• NJ Business Registration</li><li>• NJDCA Home Improvement registration number (optional)</li></ul>

The following documents are **OPTIONAL**:

- FD-450 - Affirmative Action Survey
- W-9 -Tax Form

Additional information included in application package for provider review:

- FD-462 - Notice to Enrollee
- Notice to all Applicants
- Federal Regulations and NJSA Code Quoted in Provider Agreement

Please return the Cover Page and a completed Application Package directly via one of the following channels (please use only one):

- Email: [njmmisproviderenrollment@gainwelltechnologies.com](mailto:njmmisproviderenrollment@gainwelltechnologies.com)
- Fax: 1-609-584-1192
- US Mail: Provider Enrollment, Gainwell Technologies, PO Box 4804, Trenton, NJ 08650- 4804

Housing Supports Providers must contract and credential with MCOs to deliver Housing Supports services. Housing Supports services cannot be billed fee-for service.

# HOUSING SUPPORTS APPLICATION

*For Fiscal Agent Internal Use Only*

Provider Name: \_\_\_\_\_

Doc Type: \_\_\_\_\_ Provider Type: \_\_\_\_\_ Provider Specialty: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Social Security: \_\_\_\_\_

Provider Number: \_\_\_\_\_



State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
Division of Medical Assistance and Health Services

## PROVIDER APPLICATION

1a. Is this application a transfer of ownership: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, provide previous owners' seven digit provider # and tax id:		1b. Legal Name of Provider:	
Provider # _____	Tax ID: _____	2. Provider Type	
2A. Type of Business or Facility <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify)			
3. Business Name, if Different from Above		4. Employer/Tax ID Number/Social Security Number	
5. Office Telephone Number/Ext.	5a. Billing Phone #	6. Length of time at Practice address in New Jersey	
7. Name, Birth Date, Social Security #s of any administrators, agents and employees in managing positions: (use separate sheet if necessary)			
a) _____			
b) _____			
c) _____			
8. <b>Service Location Address</b> (Do not use PO Box)			
Street _____			
City _____	State _____	County _____	Zip _____

1a. All providers should choose **No** this is not a transfer of ownership

1b. Make sure your **legal** name mirrors what you entered in your NPI application.

2. Provider Type (you will write "Housing Supports Provider")

2a. Most will select "corporation"

3-6. Ideally, providers will consistently use the contact info that mirrors their NPI and NJ business registration address. Enter the length of time you've been at that address.

7. It is a federal requirement to screen health care organizations' key staff against "excluded" lists using SSNs to check for fraud. Enter individuals in executive leadership.

8. Use address consistent with question 7.

9. **Pay To Address** (for Checks/Remittance Advice)

*Not applicable*

Street

City

State

Zip

10. **Mail To Address** (for Newsletters/Correspondence)

Street

City

State

Zip

11. E-mail Address

12. Fax #

13. Indicate NJ Charity Care Provider  Yes  No (Questions 14-17 are for NJ acute care hospitals only) *Not Applicable*

14. **Charity Care Pay To Address** (Remittance Advice)

*Not applicable*

Street

*Not applicable*

*Not applicable*

*Not applicable*

City

State

Zip

15. Charity Care Telephone Number/Extension

*Not applicable*

16. Charity Care Fax #

*Not applicable*

17. Charity Care E-mail Address

*Not applicable*

Throughout the application there are places where answers are auto-populated with a "not applicable" or "N/A"; **these field are not required and should be ignored.**

10-12. Use the same address consistently from earlier fields.

# HOUSING SUPPORTS APPLICATION

18. Indicate legal status of your organization: Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Private \_\_\_\_\_ Public \_\_\_\_\_  
If other, please specify \_\_\_\_\_

19. List the specific service(s) for which you are requesting approval for reimbursement under the programs administered in whole or in part by the Division of Medical Assistance and Health Services **Select all that apply.**

**Pre-Tenancy Svcs**  **Tenancy Sustaining Svcs**  **Home Mod & Remediation Svcs**  **Move-in Support Svcs**

20. Do you operate from more than one location?  Yes  No. If yes, list name, service address and Medicaid Provider Number or Tax Id if applicable.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

Please attach additional sheet if necessary.

21. Is the applicant a member of a chain organization. Yes  No  If yes, indicate name: **Not Applicable**

22. Are you required from the New Jersey Department of Health to receive a Certificate of Need under the Health Facilities Planning Act?  
 Yes  No. If yes, attach a copy of the Certificate of Need.

23. If your business or facility requires a current license/permit, indicate type \_\_\_\_\_ and number \_\_\_\_\_  
Please attach a copy of the current license/permit, e.g., Independent Laboratory Certification.

24. CERTIFICATION, ACCREDITATION OR APPROVAL: Specify type and attach copy, for example, JCAHO (hospitals); New Jersey Department of Human Services (clinics); Division of Mental Health Services (mental health clinics); State Board of Dentistry (dental clinics); State Board of Pharmacy (providers offering pharmaceutical services); American Board for Certification in Prosthetics and Orthotics (Prosthetist and/or Orthotist). **N/A**

25. Approved by Medicare?  Yes  No. If yes, what is your Medicare provider number \_\_\_\_\_, and also attach copy of your Medicare approval.

26. NPI number: \_\_\_\_\_

26A. Please report a bed count for your facility **N/A**.

27. If Out-of-State Provider: Are you approved as a Medicaid provider in your State?  Yes  No. If yes, attach a copy of the approval letter from your state's Medicaid agency and your state's Medicaid Provider Number \_\_\_\_\_.

18. For purposes of this training, we are focused on orgs who identify as "non-profit."

**19. This is where you will indicate which services you intend to and are capable of delivering, and have the appropriate documentation to support.**

20. In this section, list all sites that your organization operates regardless of NPI designation.

23. List and attached your NJ Business registration and/or DCA home contractor registration.

25. If you are a Medicare provider, fill out accordingly and attach.

26. Enter your Type 2 NPI number (associated consistently with your main address as per all previous steps).

27. Fill out appropriately. (Note: providers may have an out of state address as long as they have a NJ business registration)

28. List the names, SSA Number, Date of Birth, License/Permit Number and Degree(s) for all professional staff in the organization, including but not limited to physicians, dentists, psychologists, pharmacists, registered nurses, licensed practical nurses, registered physical therapists, optometrists, lab directors, lab techs, etc. Also include those employees and agents directly involved with the delivery of Medicaid services and/or the processing of claims. If a hospital, you only need to provide senior management (example: CEO, CFO, administrators). If more space is needed, attach additional sheets.

	Name	SSA Number	Date of Birth	License/Permit Number	Degree, e.g., MD, DO, DDS, RPT, PhD, OD, RN, LPN
a.	<b>Not Applicable</b>				
b.					
c.					
d.					
e.					

29. Have any of the individuals or entities named in response to any questions in this application, or their officers, directors, shareholders, members, owners, partners, agent(s), administrator(s), employees or managing employees:

- a. Ever been an approved provider of services under the New Jersey Medicaid Program or the Medicaid Program of any other state or jurisdiction? Yes  No  If Yes, list type of services provided and current status. If you were approved at one time and you no longer participate, explain the reason(s).

**Question 28 is not applicable.**

29. Have any of the individuals or entities named in response to any questions in this application, or their officers, directors, shareholders, members, owners, partners, agent(s), administrator(s), employees or managing employees:
- a. Ever been an approved provider of services under the New Jersey Medicaid Program or the Medicaid Program of any other state or jurisdiction? Yes  No  If Yes, list type of services provided and current status. If you were approved at one time and you no longer participate, explain the reason(s).

FD-20x (11/04/2020)

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- b. Ever been the subject of any past or pending license suspension, revocation, or other adverse action by any licensing authority including but not limited to any fine, penalty, reprimand, disciplinary action or probationary period (even if paid and/or resolved) imposed by any licensing authority (excluding motor vehicle violations), in this state or any other jurisdiction? Yes  No  If yes, explain:
- c. Ever been indicted, charged, convicted of, or pled guilty or no contest to any federal or state crime or disorderly persons offense in this State or any other jurisdiction (even if this resulted in pre-trial intervention)? Yes  No  If yes, explain:
- d. Ever been the subject of any past or pending suspensions, debarments, disqualifications or recovery action or criminal convictions involving Medicaid, Medicare, any other federally or state-funded health care program, any private or non-profit health insurance plan or program in this state or any other jurisdiction, or any other programs administered in whole or in part by DMAHS? Yes  No  If yes, explain, and indicate current status of action:
- e. Ever owned or had any financial interest in any other provider participating in the New Jersey Medicaid Program of any other state or jurisdiction? Yes  No  If Yes, list provider name and nature of relationship.

Question 29 is asking you to disclose to the best of your knowledge whether anyone involved in the leadership/management of the provider organization meets any of the criteria listed in a-e.





# Provider Agreement



**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES**

**PROVIDER AGREEMENT  
BETWEEN  
NEW JERSEY DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
AND**

\_\_\_\_\_

PROVIDER NAME

**PROVIDER AGREES:**

1. To comply with all applicable State and Federal laws, policies, rules and regulations promulgated pursuant thereto;
2. To keep such records as are necessary to fully disclose the extent of services provided to individuals receiving assistance under the programs administered in whole or in part by the Division of Medical Assistance and Health Services (DMAHS), and to provide any authorized DMAHS employee or agent with copies of requested records free of all copy fees and related duplication charges;
3. To furnish the DMAHS, the Secretary of the U.S. Department of Health and Human Services and the Medicaid Fraud Sections of both the Division of Criminal Justice and the State's Comptroller Office with such information as may be requested from time to time, regarding any payments claimed for providing services under the programs administered in whole or in part by DMAHS;
4. To comply with the requirements of Title VI of the Civil Rights Acts of 1964 and Section 504 of the Rehabilitation Act of 1973 and any amendments thereto; and Section 1909 of P.L. 92-603, Section 2428 which makes it a crime and sets the punishment for persons who have been found guilty of making any false statement or representation of a material fact in order to receive any benefit or payment under the Medical Assistance Program. (The Department of Human Services is required by Federal regulation to make this law known and to warn against false statements in an application/ agreement or in a fact used in determining the right to a benefit, or converting a benefit to the use of any person other than one for whom it was intended).
5. To comply with the disclosure requirements specified in 42 CFR 455.100 through 42 CFR 455.107.
6. To accept Title XIX payments as payment in full, and not institute collection activities, including but limited to, billing, balance billing and litigation, against Title XIX beneficiaries for the payment of claims that have been denied in whole or in part by DMAHS or its fiscal agent, except as permitted by NJSA 30:4D-6.c., or otherwise permitted or required by State or Federal Law.

The provider or DMAHS may, on 60 days written notice to the other party, terminate this Agreement without cause.

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF PROVIDER

\_\_\_\_\_

PRINT NAME AND TITLE

PASSWORD:  
cchppubli

# Who are Camden's High Inpatient Utilizers?

Avg. age: 57  
Chronic conditions  
1% of population



2011 averages:

Top Diagnoses

Disclosure of  
Ownership Form (FD-  
452)

Social Media  
Follow @camdenhealth  
#CCHPTALKS  
Facebook.com/camdencoalition

AR COMPUTER  
presentation  
projector1

# What is the Disclosure of Ownership Form?

- This is a form that needs to be filled out for organizations doing work with NJ state Medicaid
- It is about fraud, waste and abuse
  - The individuals/entities you list will be checked against the database maintained by the Office of the Inspector General (OIG) within HHS called the “List of Excluded Individuals/Entities (LEIE)”
- It includes thorough instructions that you should review
- You may have filled it out before, especially if your organization is already billing Medicaid/Medicare
  - make sure you are submitting an up-to-date copy

## Getting started

- Figuring out who to list is the most difficult part of completing this form
- A good first step is to determine which individuals you are including within this form
  - If your organization has filled this out before, review
  - Your organization's 990 is a good reference point to get a sense of which individuals you should list
- Think through who you'd include in the following groups, paying close attention to the definitions:
  - Entities with an ownership interest or indirect ownership interest
  - Managing employees
  - Subcontractors
  - Suppliers

## Definitions to review (pages 1-3 of form)

- **Disclosing entity** – your organization (an entity, practitioner, group of practitioners or fiscal agent) under any program administered by DMAHS
- **Managing employee** – general manager, business manager, administrator, director, trustee or other individual who exercises operational or managerial control over, or who directly conducts the day-to-day operations of an institution, org or agency
- **Ownership interest** – *for a non-profit, refer to #5:* an officer, director or trustee of a disclosing entity that is organized as a for-profit or not-for-profit corporation
- **Indirect ownership interest** – an ownership interest in an entity that has an ownership interest in the disclosing entity
- **Supplier** – individual, agency or organization from which a provider purchases goods and services used in carrying out its responsibilities under Medicaid/NJ FamilyCare (eg: a commercial laundry, a manufacturer of hospital beds, or a pharmaceutical firm)
- **Subcontractor\*** – an individual, agency or organization to which a disclosing entity has contracted or delegated some of its management functions or responsibility of providing medical care to its patients OR to obtain space, supplies, equipment or services provided under the Medicaid agreement

\*Not included in form definitions on pages 1-3 but listed in 42 CFR 455.105(b).



# Agreement of Understanding



**PHILIP D. MURPHY**  
Governor

**TAHESHA L. WAY**  
Lt. Governor

**State of New Jersey**  
**DEPARTMENT OF HUMAN SERVICES**  
Division of Medical Assistance and Health Services  
P.O. Box 712  
Trenton, NJ 08625-0712

**SARAH ADELMAN**  
Commissioner

**GREGORY WOODS**  
Assistant Commissioner

**\*Agreement of Understanding**

To the Person Submitting this Enrollment Packet:

I understand that upon receipt of this enrollment packet to Gainwell Technologies, it becomes property of the State of New Jersey. The enrollment packet and any documents that are generated as result of the submission of this application, such as but not limited to, an enrollment letter or a denial letter are subjected to the Open Public Records Act (OPRA see NJSA Section 47:1A).

Before any documents are sent to someone requesting this information, all personal information such as tax Id and social security numbers would be redacted.

It is the responsibility of the person signing this Agreement of Understanding to convey this information to all of individuals who are named in this application to become a New Jersey Medicaid provider. Although the request for enrollment information is uncommon, it does fall under the Open Public Records Act.

I have read this Agreement of Understanding and acknowledge that once I submit these documents for processing that they will become property of the State of New Jersey.

\_\_\_\_\_

Sign

\_\_\_\_\_

Print

\_\_\_\_\_

Date

\* A signed Agreement of Understanding is required before an application can be processed.



# Support with the Process

# Tips on Provider Enrollment Application

- The more thorough your application, the higher chance of approval upon first submission
  - Expect 15 business days processing turn-around time for clean application
- Submit the application package via email, fax or US Mail – email is preferred
- Once you submit your application to Gainwell, **monitor your email closely for communications from Gainwell**
  - You can expect an email from [njmmisproviderenrollment@gainwelltechnologies.com](mailto:njmmisproviderenrollment@gainwelltechnologies.com)
  - It will have a subject line similar to “Attention: [provider or contact name] regarding reference number XXXX”
  - If they ask for additional information you have **7 days to respond**
  - **If you miss this window, you will need to re-submit the full application**
- If you have not received communications from Gainwell, you can reach out to them to check on the status of your application (wait at least 48 hours after submission)
  - 609-588-6036
  - Make sure you have your reference number
- Direct questions to the **Camden Coalition Help Desk** or **Gainwell**

# All the links in one place

## Connect with the Camden Coalition for training, troubleshooting and support

- **Join our newsletter:** We regularly share updates and relevant information through our Housing Supports Program newsletter.
- **Register for our training series:** We hold trainings and office hours every other Wednesday for 1-2:30pm. Sign up for the series and make sure you add the recurring event to your calendar!
- **Bookmark our website:** We host all training recordings, slide decks and tools on our Housing Supports website.
- **Access the state's official guidance and forms:** All official documents released by the Department of Medical Assistance and Health Services (DMAHS) are posted on this site
- **Use our Help Desk:** get your questions answered or some individual support by filling out an inquiry form.