



Provider Revalidation

Dear Provider:

Please be advised that you are due for revalidation with the State of New Jersey's Medicaid program. The Affordable Care Act (ACA) requires that states complete a revalidation of all Medicaid providers every five years.

Please return the Cover Page below and a completed Application Package, which can be found online at [Welcome to New Jersey Medicaid: Provider Enrollment 3 \(njmmis.com\)](http://njmmis.com)

The application can be downloaded to your desktop, signed electronically, and returned directly to:

- ❖ Secure email box (njmmisre-enrollment@gainwelltechnologies.com)
- ❖ Faxed 1-609-584-1192
- ❖ US Mail: Provider Revalidation Unit, Gainwell Technologies, PO Box 4804, Trenton, NJ 08650-4804

All credentials and original signatures are required as indicated on the application coversheet. Specific entities will also require the submission of an application fee, if not recently submitted. Refer to your application for any communicated required application fees.

Proof of application fees previously paid to Medicare or your State's Medicaid program within the past 5 years should be attached, or payment is required when your application is submitted.

If you need to remit payment with your application, those applications along with the payment should be sent to:

- ❖ Division of Revenue, Lockbox 656, 200 Wolverton Ave, Bldg 20, Trenton, NJ 08646
Attn: Processing Bureau

To ensure timely processing of your application, please note the following important items to include:

- ❖ This **Cover letter** on the next page should be the first page of the application (without this letter you risk your application not being directed to the correct unit).
- ❖ **Complete application** must be appropriate for your practice type (**group** or **individual**).
- ❖ Group practices must include the required information for *all active members* of the group.
- ❖ All required information for a billing provider is listed on the cover page of the application and must be included (ex. Signature Authorization, Electronic Payment Authorization, etc.).
- ❖ ****NEW**** Sign revalidation application using Electronic Signature(s).

If a provider fails to return a completed revalidation packet to Gainwell Technologies, claims submitted by that provider may be pended and/or denied.

Should you have any questions related to your revalidation, you can contact our Revalidation Unit at 1-833-909-1522, Monday through Friday, 8:00-4:30.

REVALIDATION COVER PAGE

This page must be included with a completed application to identify it as Revalidation.

Provider Name: _____

Provider 7-digit Medicaid ID: _____

Have any of the following changed:

Service Address change: YES NO

Ownership change: YES NO

Date Submitted: _____