



Medicaid Number

Medical Staff Policies & Procedures	
Document Owner: Medical and Dental Staffs of Hackensack Meridian Health	Date Approved by MEC: 11/12/2013
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I. **PURPOSE:** To comply with the Patient Protection and Affordable Care Act (PPACA) of 2010, 42 CFR 455 subpart E which mandates that in order for a covered service to be paid to a “Billing” provider by New Jersey Family Care (NJFC)/Medicaid program or the NJ Charity Care Fund (NJCC), any provider who provides, refers, orders, operates, or prescribes any type of service for a NJFC or NJCC or Medicaid beneficiary must be enrolled as a “Non-billing” provider unless already enrolled as a “Billing” Provider.

II. **SCOPE:** All M.D., D.O., D.P.M., D.D.S., D.M.D., A.P.N., C.N.M., P.A., Psy.D, Ph.D.

III. **POLICY:**

1. **MEDICAL AND DENTAL STAFF:**

- a. All applicants to the Medical and Dental Staff of any of the Divisions of Hackensack Meridian Health (HMH) shall provide on initial application an Active (Billing or Non- Billing) Medicaid Provider number or proof that an application has been submitted or the application will be considered incomplete.
- b. All applicants for reappointment to the Medical and Dental Staff of any of the Divisions of HMH must have an Active Medicaid number (billing or non-billing) or the reapplication will be considered incomplete.

2. **ALLIED HEALTH PROFESSIONAL STAFF:**

- a. All Advanced Practice Nurses, Certified Nurse Midwives, or Physician Assistants applying to the Allied Health Professional Staff of Medical and Dental Staff of any of the Divisions of HMH shall provide on initial application an Active (Billing or Non- Billing) Medicaid Provider number or proof that an application has been submitted or the application will be considered incomplete.
- b. All applicants for reappointment to the Allied Health Professional Staff of Medical and Dental Staff of any of the Divisions of HMH must have an Active Medicaid number (billing or non-billing) or the reapplication will be considered incomplete.

Reference:

Patient Protection and Affordable Care Act (PPACA) of 2010, 42 CFR 455 Subpart E.

See attached for contact information on how to enroll with Medicaid.

**Provider Enrollment
Molina Medicaid Solutions
P.O. Box 4804
Trenton, NJ 08650**

Provider Enrollment Unit Phone - 609-588-6036

Fax Number: (609) 584-1192

Download forms at www.njmmis.com