

Prior Authorization, Enrollment and Claims Payment questions should be addressed directly with the NJ FamilyCare Managed Care Organization (MCO) prior to contacting the Division of Medical Assistance and Health Services.

Inquiries should be e-mailed to MAHS Provider-Inquiries at MAHS.Provider-Inquiries@dhs.state.nj.us

If the form includes Protected Health Information (PHI) it must be sent securely (Encrypted with password).

Provider Name _____ Date _____		
Representatives Name: _____		Phone: _____ E-Mail: _____
Member Information <i>(must send encrypted if member information is included in Inquiry)</i>	Member's Name	_____
	Member's Medicaid Number	_____
	Member's Date of Birth	_____
Service Information	Service Type	_____
	Date of Service	_____
	MCO	_____
	Provider <i>(if different than submitting provider)</i>	_____
Inquiry Summary	Summary of Contact with NJ FamilyCare MCO	_____
_____	_____	
Other Information	_____	

If multiple claims are impacted, the information should be summarized using an Excel file.