



State of New Jersey
Department of Human Services
Division of Medical Assistance & Health Services

NEWSLETTER

Volume 21 No. 30

December 2011

TO: New Jersey Hospice Providers

SUBJECT: **N.J.A.C. 10:53A Hospice Services Manual**
Provision of Hospice Service in a Medicaid-approved Nursing Facility (NF)

EFFECTIVE: November 11, 2011

PURPOSE: This Newsletter is intended to notify Hospice providers of a temporary process to maintain Medicaid fee-for-service assignments for fee-for-service Medicaid beneficiaries who resided in a NF prior to October 1, 2011 and elect hospice benefits on a date that follows.

BACKGROUND: The Division of Medical Assistance and Health Services (DMAHS) is enrolling most New Jersey Medicaid/NJ FamilyCare beneficiaries into managed care offered through four (4) contracted health maintenance organizations (HMO). However, Medicaid/NJ FamilyCare beneficiaries who resided in a NF before October 1, 2011 will remain in Medicaid fee-for-service. Prior to enrollment, active Medicaid beneficiaries receive written communications from DMAHS advising of their HMO choices. Medicaid beneficiaries who do not select an HMO will be auto-assigned and have ninety (90) days after the effective date to transfer to another HMO if they are not satisfied with their HMO assignment. On and after the effective date of the assignment, the beneficiary will access future Medicaid benefits in coordination with the assigned HMO plan.

DMAHS' reimbursement and benefit structure policy for Medicaid beneficiaries that reside in a NF prior to October 1, 2011 is currently fee-for-service. **During this transition from fee-for-service Medicaid to managed care for the majority of enrolled beneficiaries, the implementation of a temporary process is necessary to avoid auto-assignment to managed care for Medicaid fee-for-service beneficiaries who elect Medicaid's hospice benefit while residing in a NF.**

DMAHS regulations (N.J.A.C. 10:53A) outlining the payer source for Medicaid beneficiaries who elect the hospice benefit while residing in a NF will remain in effect. New Jersey Hospice providers should continue to complete the hospice enrollment, provision of care and claims submission processes, as outlined in DMAHS' regulation.

ACTION: Until further notice, Medicaid Hospice providers will advise DMAHS of Hospice elections when a Medicaid fee-for-service beneficiary is residing in a NF. DMAHS must also be advised when a Medicaid fee-for-service beneficiary, receiving hospice care in a NF, revokes hospice care or is discharged to a private residence.

On or before the 15th day of each month, the attached form entitled, **Hospice Elections/Discharges by Nursing Facility Residents** must be faxed to DMAHS' attention. A fax number is provided on the bottom of the form. The form has 8 areas to provide DMAHS with all the beneficiary information required to deactivate the managed care auto-assignment on a beneficiary's file. Required demographic data includes: Hospice provider name and Medicaid provider number; Beneficiary name and Medicaid identification number; hospice election date; Nursing Facility (NF) name and NF Medicaid provider number; and discharge date to the community (if applicable). Informational content can be handwritten and all parts of the form should be completed prior to faxing the document.

Once a beneficiary's file has been updated by DMAHS, fee-for-service Medicaid will remain in effect. The **Hospice Elections/Discharges by Nursing Facility Residents form** should only be used to advise DMAHS of beneficiaries who have changed the status of their hospice benefit, since the last month. Hospice status changes are applicable to Medicaid beneficiaries who newly elect hospice services; revoke hospice services; or are discharged from hospice services. If a beneficiary revokes hospice services or is discharged from hospice services, the beneficiary's information should be included on the form, along with the discharge date.

This process is not applicable to Medicaid beneficiaries who reside in the community and participate in a Medicaid HMO. Hospice benefits for Medicaid managed care beneficiaries who elect hospice and require hospice care in a NF will be coordinated through the HMO.

If there are questions regarding DMAHS' Hospice policy for beneficiaries who elect hospice benefits while residing in a nursing facility, please contact Marcia Harrison in DMAHS' Office of Reimbursement at 609-588-4693. Thank you for your cooperation.

Attachment - Hospice Elections/Discharges by Nursing Facility Residents form

RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE

State of New Jersey
 Department of Human Services
 New Jersey Division of Medical Assistance and Health Services

Hospice Elections/Discharges by Nursing Facility (NF) Residents
 For

_____ month _____ year

Hospice Provider Name _____

Medicaid Provider Number _____

Total Number of Medicaid Beneficiaries Electing NF Hospice or Discharged from a NF
 _____ (on this page)

Prepared by _____

Contact Number _____ E-mail _____

PLEASE PRINT CLEARLY and complete all areas

Beneficiary Name: Medicaid ID Number: Hospice Election date: Nursing Facility (NF): NF Provider Number: Discharge Date, if applicable:	Beneficiary Name: Medicaid ID Number: Hospice Election date: Nursing Facility (NF): NF Provider Number: Discharge Date, if applicable:
Beneficiary Name: Medicaid ID Number: Hospice Election date: Nursing Facility (NF): NF Provider Number: Discharge Date, if applicable:	Beneficiary Name: Medicaid ID Number: Hospice Election date: Nursing Facility (NF): NF Provider Number: Discharge Date, if applicable:
Beneficiary Name: Medicaid ID Number: Hospice Election date: Nursing Facility (NF): NF Provider Number: Discharge Date, if applicable:	Beneficiary Name: Medicaid ID Number: Hospice Election date: Nursing Facility (NF): NF Provider Number: Discharge Date, if applicable:
Beneficiary Name: Medicaid ID Number: Hospice Election date: Nursing Facility (NF): NF Provider Number: Discharge Date, if applicable:	Beneficiary Name: Medicaid ID Number: Hospice Election date: Nursing Facility (NF): NF Provider Number: Discharge Date, if applicable:

Please fax this document to (609) 588-3714 by the 15th day of each month

DATE: _____

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