



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

NEWSLETTER

Volume 9 No. 21

April 1999

- TO:** Home Health Agencies - For Action
Health Maintenance Organizations - For Information Only
- SUBJECT:** Requirements for Submission of HCFA 485 (Home Health Certification and Plan of Care) Form
- EFFECTIVE:** Immediately
- PURPOSE:**
1. To advise home health agencies that they are required to submit only the HCFA 485 form.
 2. To establish more frequent submittals of the forms.
reassessment
 3. To advise home health agencies of the Division's concurrent review activities and reimbursement policies related to concurrent reviews.
- BACKGROUND:** N.J.A.C. 10:60 is the Home Care Services Chapter for the New Jersey Medicaid and NJ KidCare fee-for-service programs. Standards of performance requirements are described in Section 1.16. Providers of home care services must notify the Medicaid District Office (MDO) when services are initiated or terminated and at intervals during the delivery of services by use of the HCFA 485 form or other MDO approved notification form.
- ACTION:** Effective immediately, the **only form** that the Division will accept related to the initiation, termination, or reassessment of need for services is the HCFA 485 form, which is also mandated by Medicare. Providers must use this form even when the Medicaid or NJ KidCare beneficiary is not a Medicare beneficiary.

Home health agencies must now reassess need every 62 days. For new beneficiaries, home health agencies are required to perform reassessments every 62 days after the initial assessment. For beneficiaries currently receiving services, to begin the 62 day cycle the home health agency must submit a HCFA 485 to the MDO within 45 days of receipt of this Newsletter and then reassess every 62 days thereafter.

Home health agencies must complete the HCFA 485 form in accordance with its instructions (attached) for each Medicaid/NJ KidCare fee-for-service beneficiary they serve. Please enter the beneficiary's eligibility number in block 6 on the HCFA 485, 486

and 487 forms. The HCFA 485 form is to be submitted to the MDO that serves the county in which the beneficiary resides (attached is a current Medicaid District Office Directory which lists address and telephone numbers) and must be **postmarked within five (5) business days** of initial assessment, reassessment, or termination.

NOTE: MDO's WILL NOT ACCEPT FAXED HCFA 485 FORMS.

If the Division discovers that a home health agency did not submit the documentation within the prescribed timeframe, the Division will recover any payments for services rendered from the sixth business day of initial assessment until a completed HCFA 485 form is received by the Division.

In cases when the beneficiary is eligible for both Medicare and Medicaid fee-for-service or NJ KidCare fee-for-service programs, the HCFA 485 form should be completed and submitted to the MDO within five (5) business days of when the Medicaid/NJ KidCare fee-for-service program becomes the primary payer.

Please note that if at any time there occurs a significant change in the beneficiary's plan of care and there is an increase of 50% or more of a particular skilled home care service, the agency may submit a HCFA 485 or 486 or 487 as the circumstances warrant to the MDO.

Upon receipt of the HCFA 485 form, using a case screening methodology, MDO staff will conduct concurrent reviews on a selected number of cases, by making on-site visits to Medicaid/NJ KidCare fee-for-service beneficiaries at their places of residence. The MDO staff will use the standards in N.J.A.C. 10:60-1.16(c)-(j) to conduct the review. If the Division determines that the services provided were in compliance with the standards in N.J.A.C. 10:60-1.16 (c)-(j), payment will continue to be made to the provider.

If the Division determines that the services provided were not in compliance, or should be reduced, the MDO will notify the provider and beneficiary in writing if there is a disparity of need determined which would result in a change in service(s). If a provider and/or beneficiary disagrees with the MDO's determination, a fair hearing may be requested in accordance with procedures set forth in N.J.A.C. 10:60-1.18 and N.J.A.C. 10:49-9.13 & 10:49-10.

If you have any questions regarding this Newsletter, please do not hesitate to contact the Bureau of Home and Community Services at 609-588-2620, the Office of Beneficiary and Provider Services at 609-584-4380, or the MDO serving the county of residence of the beneficiary.

Attachments: HCFA 485, 486, 487 forms and instructions
Medicaid District Office Directory

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**