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# Medicaid Alert

MA-2013-01

October 2013

**TO:** Hospice Providers

**SUBJECT:** Hospice Provider Requirements - NJAC 10:53A-2.6: Record Keeping

**PURPOSE:** To clarify provider requirements as they relate to the beneficiary's medical record maintained by the hospice provider and to provide guidance for correct completion of the required forms.

**BACKGROUND:** In accordance with NJAC 10:53A-2.6, the medical record of the hospice beneficiary maintained by the hospice provider shall be complete and accurate and reflect the services provided. NJAC 10:53A Appendix A provides specific forms to be utilized by the hospice provider in order to fulfill this requirement. It has come to the attention of The Division of Medical Assistance and Health Services (DMAHS) that hospice providers are not using the forms provided in NJAC 10:53A-Appendix A to meet the record keeping requirements cited in 10:53A-2.6.

**Effective January 1, 2014**, the following forms must be submitted to the beneficiary's Medicaid office of supervision and/or included in the beneficiary's medical record as indicated below. This applies to beneficiaries who are electing their first 90 day, or any subsequent hospice benefit period, on or after January 1, 2014. Those providers who are not in compliance with the requirements in NJAC 10:53A-2.6 as further described below, will be subject to recovery of funds and other sanctions as described in NJAC 10:53A-2.7.

**FD-378: Election of Hospice Benefits Statement:** This form is to be submitted to the beneficiary's Medicaid office of supervision and included in the beneficiary's medical record. The FD-378 identifies the beneficiary, the hospice provider that has been elected to provide services to the beneficiary and the attending physician who will be supervising the beneficiary's care. The FD-378 defines the rights and responsibilities of a Medicaid/NJ FamilyCare Fee-For-Service (FFS) beneficiary electing their hospice benefit. The effective date indicated on this form determines the date of eligibility for hospice services if the applicant is eligible for Medicaid/NJ FamilyCare FFS. The FD-378 shall be considered to be valid through subsequent benefit periods if there is no "break" in care. A new FD-378 is required to be filed following a break or revocation of hospice service.

**FD-379: Hospice Benefits Statement -** This form is to be included in the beneficiary's medical record. For the first 90 day benefit period, the FD-379 must include the beneficiary's (or legal representative's) signature, the beneficiary's printed name, the beneficiary's Medicaid/NJ FamilyCare eligibility identification number, a witness' signature, the relationship of the witness to the beneficiary, the date the FD-379 is

signed and the effective date of the hospice benefit. If hospice benefits are revoked or terminated at any time, all of the above information is required on the FD-379 should the beneficiary be found eligible for and elect any subsequent benefit period. If hospice benefits are not revoked or terminated, the FD-379 must be updated with the effective date for each subsequent benefit period.

**FD-380: Representative Statement for the Election of Hospice Benefits** - This form, if applicable, is to be submitted to the beneficiary's Medicaid office of supervision and included in the beneficiary's medical record. The FD-380 identifies the person who is, in accordance with State laws, authorized to sign all required forms for the administration of hospice benefits on the beneficiary's behalf.

**FD-381: Revocation of Hospice Benefits** - This form is to be included in the beneficiary's medical record. The FD-381 identifies the beneficiary, the hospice provider that is rendering services to the beneficiary and the effective date of the revocation of hospice benefits, should the beneficiary choose to revoke their hospice benefit. The FD-381 informs the beneficiary of their rights upon revocation of the hospice benefit. The beneficiary (or legal representative) must sign and date this form.

**FD-382: Termination of Hospice Benefits** - This form is to be included in the beneficiary's medical record. The FD-382 shall be completed by the hospice provider and identifies the beneficiary, the hospice provider that is rendering services to the beneficiary and the effective date of the termination of hospice benefits, should the hospice provider terminate the beneficiary's hospice benefit. The hospice provider should indicate the reason for termination by utilizing the check off box provided on the form. The hospice medical director must sign and date this form.

**FD-383: Hospice Eligibility Form** - This form is to be submitted to the beneficiary's Medicaid office of supervision and included in the beneficiary's medical record. The FD-383 must be initiated by the hospice provider. The purpose of this form is to notify the beneficiary's Medicaid office of supervision that hospice services have been selected. The form verifies that the beneficiary is medically eligible for Medicaid FFS hospice services and that the process for financial eligibility has been initiated. The form is used by the Medicaid office of supervision to identify a hospice beneficiary with the entry of Special Program Status Code 15 into the data system. Accurate completion of this form is necessary in order to receive reimbursement for hospice services provided to Medicaid FFS beneficiaries for specific dates of services.

The FD-383 must be completed by the hospice provider and submitted to the beneficiary's Medicaid office of supervision when hospice services are elected, revoked, terminated or the Medicaid beneficiary dies. The FD-383 must be completed by the hospice provider and submitted to the beneficiary's Medicaid office of supervision if there is a change of hospice providers or a change in the beneficiary's address.

The first section of the FD-383 must be completed by the hospice provider. Blocks 1 through 11 should reflect current demographic information regarding the hospice beneficiary and also applicable dates of election of services, physician certification, termination, revocation or death. The hospice provider name and provider billing

number must be included with a signature, phone and fax number and date in order to certify and validate the information. Absence of the signature of the hospice provider and the date signed invalidates the information and the FD-383 form will be returned to the hospice provider for completion.

**FD-384: Change of Hospice Form** - This form is to be included in the beneficiary's medical record with the hospice provider where the individual was initially enrolled and also with the newly designated hospice provider. The FD-384 shall be completed by the beneficiary or beneficiary's legal representative and identifies the current hospice provider from which services are being terminated, the newly selected hospice provider and the effective date of the change. The FD-384 must be signed and dated by the beneficiary or the beneficiary's legal representative and a witness.

**FD-385: Physician's Certification/Recertification for Hospice Benefits** - This form, for the initial certification, is to be submitted to the beneficiary's Medicaid office of supervision and included in the beneficiary's medical record. For all subsequent certifications, this form is to be included in the beneficiary's medical record. The FD-385 identifies the attending physician and the hospice beneficiary. The FD-385 certifies that the patient is terminally ill and that his/her life expectancy is six months or less, provided the illness follows its natural course, and that hospice services are reasonable and necessary for the palliation of the terminal illness or related condition. The FD-385 is signed and dated by the attending physician and must be in conformance with the policies and procedures described in NJAC 10:53A-2.3.

**Any required form that is deemed illegible, incomplete or inaccurate by appropriate staff may result in a delay in the approval of hospice eligibility. In addition, if during post-payment review, it is determined that any improper payment was made to a provider of Hospice services by DMAHS due to any of the aforementioned documentation issues, this will serve as justification for claim payment recoupment.**

Any questions regarding the information provided in this Medicaid Alert should be directed to the Office of Reimbursement within DMAHS. You can reach this office by calling 609-588-2668.

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