



*Published by the
N.J. Dept. of Human Services,
Div. of Medical Assistance & Health Services*

Medicaid Alert

MA-2015-01

June 2015

TO: Hospice Providers

SUBJECT: Hospice Program Forms and Hospice Eligibility Indicator

PURPOSE: To notify the provider community of a change regarding the submission of the required hospice program forms and the resulting change to the hospice beneficiary's eligibility record.

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. Hospice providers are instructed to maintain copies of the specific forms in the beneficiary's medical record and, in some cases, submit the forms to the beneficiary's Medicaid office of supervision. For initial hospice elections, the hospice provider cannot receive reimbursement from the program until the forms are reviewed and the county of supervision activates the hospice 'indicator' on the beneficiary's eligibility file.

Election of Hospice Benefit Statements dated July 1, 2015 or later will not be processed by the beneficiary's Medicaid office of supervision. Hospice providers shall notify the Division of Medical Assistance and Health Services (DMAHS), Office of Reimbursement of the completion of the medical eligibility requirements as defined in NJAC 10:53A-3.2. The notification must be made by the completion of the Hospice Eligibility Form, FD-383, the Election of Hospice Benefits Statement, FD-378 and the Physician's Certification/Re-certification for Hospice Benefits form, FD-385.

Additionally, when applicable, the FD-380 Representative Statement for the Election of Hospice Benefits form and FD-384 Change of Hospice Notification form must be submitted to the Office of Reimbursement.

In accordance with NJAC 10:53A the hospice provider must notify the DMAHS by submitting the FD-383 form any time a beneficiary's hospice eligibility status is changed. Hospice eligibility status is considered to be changed if the beneficiary chooses to revoke their hospice benefit, or if the beneficiary becomes medically ineligible for hospice services. Hospice agencies must continue to provide this notification by submitting the FD-383 form. **All notifications of a change in hospice eligibility status occurring on or after July 1, 2015 shall be submitted to the Office of Reimbursement**

To expedite reimbursement, all notifications should be submitted within five (5) working days of the effective date of the change.

Hospice providers are encouraged to submit the required documentation electronically to DMAHS.Hospice@dhs.state.nj.us.

Alternatively, providers may mail the required documentation to the Office of Reimbursement- Hospice Unit at the address below:

Attn: Hospice Unit- Bldg. 7, Room 302
DMAHS Office of Reimbursement
PO Box 712
Trenton, NJ 08625-0712

Providers submitting via email will receive a response acknowledging receipt of the notifications within two (2) working days for documents received prior to 3:00 PM or three (3) working days for notifications received after 3:00 PM.

Effective with hospice benefit elections July 1, 2015 and after, the beneficiary's eligibility file will not reflect the hospice 'indicator' (SPC15). Hospice providers may submit claims for services provided upon confirmation of receipt of the required documents.

If during post-payment review, it is determined that payment was made to a provider of Hospice services by DMAHS and the required forms are deemed illegible, incomplete, inaccurate or not received by DMAHS, the resulting payments will be subject to 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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