



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

# NEWSLETTER

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Volume 21 No. 06

April 2011

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**TO:** New Jersey Medicaid Providers  
Hospice Associations  
NJ Hospital Association

**SUBJECT:** **Hospice Care for Children in Medicaid**  
Medicaid Reimbursement for medically necessary curative services when hospice services are elected by or on behalf of a child.

**DATE:** April 1, 2011

**EFFECTIVE:** March 23, 2010

**PURPOSE:** This Newsletter is intended to notify Medicaid providers of implemented changes which allow concurrent reimbursement of hospice care and medically necessary curative services for beneficiaries under the age of 21.

**BACKGROUND:** In accordance with **N.J.A.C. 10:53A-3.1(c) (5ii) Eligibility for covered hospice services:** Medicaid beneficiaries that voluntarily elect hospice program enrollment waive all rights to any Medicaid/NJ Family Care FFS services that are related to treatment of the terminal condition for which hospice services were elected, or for the related condition, or for the services equivalent to hospice care.

Effective for services rendered on or after March 23, 2010, section 2302 of the Affordable Care Act, entitled "Concurrent Care for Children" removes the prohibition of receiving medically necessary curative treatment when the hospice benefit is elected by or on behalf of a Medicaid eligible child. **This new method of reimbursement applies to both electronic HIPAA and paper claims with dates of service on and after March 23, 2010.**

For dates of service prior to March 23, 2010, Medicaid reimbursement is not allowed for medically necessary curative treatment of a terminal illness while enrolled in hospice care. Medicaid reimbursement for dates of service prior to March 23, 2010 will be consistent with the Medicaid program's previous reimbursement regulation.

**ACTION:** NJ Medicaid will reimburse Medicaid providers for all medically necessary covered services rendered to Medicaid beneficiaries under the age of 21 years that elect hospice services for a terminal condition while receiving medically necessary curative treatment. Upon electing Medicaid's hospice benefit, the beneficiary completes an Election of Hospice Benefit Statement (FD-378). The Election of Hospice Benefit Statement (FD-378) should be completed by the beneficiary if he/she is 18 years or older; or the parent/guardian of a Medicaid fee-for-service child who is under 18 years of age. The FD-378 is a form that: documents the relationship between a Medicaid beneficiary and the hospice provider; outlines benefit guidelines which govern the hospice program; and serves as a beneficiary attestation statement for electing hospice services. Incorporated in

the language is a sentence which states that upon electing the hospice benefit, the beneficiary will relinquish rights to regular Medicaid/NJ Family Care fee-for-service benefits.

A Medicaid eligible child is **not** required to relinquish his/her rights to regular Medicaid/NJ Family Care fee-for-service benefits when electing the hospice benefit. The FD-378 has been revised to include this allowance and the following disclaimer has been added to the relinquish statement, **Effective 3/23/2010, Section 2302 of the Affordable Care Act entitles children to seek treatment of a terminal condition while enrolled in hospice care. Therefore, relinquishing rights to regular Medicaid/NJ Family Care is not applicable to beneficiaries under the age of 21 years that elect hospice services.** In addition, there is a check off on page 2 of the FD-378 to be completed for all Medicaid beneficiaries under age 21 that elect the hospice benefit. It reads:

**I am under age 21.**

**Paper and electronic claims for hospice services** should be submitted to MOLINA Medicaid Solutions for processing. If there are questions pertaining to Medicaid hospice claims processing, Provider Services at MOLINA can be reached at 1-800-776-6334.

If you have any questions regarding the Medicaid hospice reimbursement policy, please contact Marcia Harrison in the Division of Medical Assistance and Health Services' Office of Reimbursement at 609-588-4693. Thank you for your cooperation.

Attachment – Election of Hospice Benefits Statement (FD-378)

**RETAIN THIS NEWSLETTER FOR FUTURE REFERENCE**

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES  
ELECTION OF HOSPICE BENEFITS STATEMENT

I, \_\_\_\_\_  
(Beneficiary's Name and Medicaid/NJ FamilyCare Eligibility Identification Number) elect to receive Medicaid/NJ FamilyCare fee-for-service hospice benefits from: \_\_\_\_\_  
(Name of Hospice Agency and Medicaid Provider Billing Number)

effective this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

I am aware that I have a life threatening illness. I consent to the management of the symptoms of my disease by the above hospice agency. My family and I will help to develop a plan of care based on our needs. My care will be supervised by my attending physician, \_\_\_\_\_, and the Hospice Medical Director in conjunction with the hospice interdisciplinary group.

I may receive benefits which include home nursing visits, counseling, medical social work services, medical supplies and equipment. If needed, I may also receive home health aide/homemaker services, physical therapy, occupational therapy, speech-language pathology services, other items and services which are included in the plan of care and otherwise covered by Medicaid, inpatient care for acute symptoms and procedures ordered by my physician, and hospice and continuous nursing care in the home in medical crisis.

I may request volunteer services from the hospice.

I realize that my family and I have the opportunity for limited respite or relief care in an inpatient nursing facility or hospital.

In accepting these services, I relinquish my rights to regular Medicaid/NJ FamilyCare fee-for-service benefits, except for services of my attending physician, and for treatment for medical care unrelated to my terminal illness, except when the unrelated services are approved by the hospice interdisciplinary group, or provided in the case of accidental injury, or sudden or serious illness requiring treatment on an emergency basis. **Effective 3/23/2010, section 2302 of the Affordable Care Act entitles children to seek treatment of a terminal condition while enrolled in hospice care. Therefore, relinquishing rights to regular Medicaid/NJ Family Care is not applicable to beneficiaries under the age of 21 years that elect hospice services.**

I understand that I can revoke and terminate my hospice benefits at any time and resume regular Medicaid or NJ FamilyCare benefits if I am still eligible for Medicaid or NJ FamilyCare fee-for-service.

I understand that the hospice benefits consists of the following benefit periods: two 90-day periods, and an unlimited number of subsequent 60-day benefit periods. I may be responsible for hospice charges if I become ineligible for Medicaid or NJ FamilyCare.

I am aware that if I choose to revoke hospice benefits during a benefit period, I am not entitled to coverage for hospice services for the remaining days of that benefit period. I understand that should I choose to do so, I am still eligible to receive the remaining benefit period(s).

I understand that, should I choose to do so, I may change the designation of the particular hospice once during the election period by filing a statement with the particular hospice from which care has been received and with the newly designated hospice. I understand that changing hospice providers is not a revocation of the remainder of that election period.

I understand that, unless I revoke the hospice benefits, hospice coverage will continue for 180 consecutive days. After the 180 days of hospice benefits, my benefits will automatically expire unless I choose to request an unlimited number of subsequent benefit periods, upon physician recertification of my continued need for hospice services related to my terminal illness.

I understand that if I am a dually eligible Medicare and Medicaid/NJ FamilyCare beneficiary, I must elect to use the Medicare and Medicaid/NJ FamilyCare fee-for-service hospice benefits simultaneously.

Check one:

I am a Medicare beneficiary and have elected to use the Medicare hospice benefits. My Medicare eligibility for hospice benefits begins on: \_\_\_\_\_.  
(Date)

I am under age 21.

I am not a Medicare beneficiary.

I am currently a nursing facility resident, residing at:

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Facility Address

\_\_\_\_\_  
Signature of the Applicant or Parent/Guardian if beneficiary is under 18 years old