

ACTION: FINAL
FILED

DATE: 09/16/2002
10:27 AM

5101:3-56-04 **Provider standards and qualifications for medicaid hospice services.**

(A) To be eligible to bill for medicaid hospice services, a hospice ~~agency~~, as defined in rule 5101:3-56-01 of the Administrative Code, must:

- (1) Have a valid medicaid provider agreement in accordance with rule ~~5101:3-1-17.2~~5101:3-1-17.2 of the Administrative Code; and
- (2) Upon request, make available to ~~ODHS~~ODHJFS all necessary licenses required by local, state and federal law; and
- (3) Not use or disclose any information concerning a ~~client~~an individual, for any purpose not directly connected with the administration of the medicaid hospice program, except with the written consent of the ~~client~~individual or the ~~client's authorized~~individual's representative.

(B) ~~ODHS~~ODHJFS shall operate a quality assurance program to monitor compliance with the requirements of this chapter. As part of the quality assurance program, each medicaid hospice ~~agency~~ must:

- (1) Make requested information available, cooperate with and provide space for ~~ODHS~~ODHJFS, or its designee to conduct on-site review of ~~client~~all records related or pertaining to the medicaid hospice program including individual, provider, agency hospice, and personnel records; and
- (2) Within thirty days of receipt of written notification, provide ~~ODHS~~ODHJFS with a written plan of correction for each identified deficiency; and
- (3) Conduct internal audits of ~~client~~individual files and ~~agency~~hospice records to assure provider standards are met.

~~ODHS~~ODHJFS shall review claims for individuals receiving hospice clients services to examine the claims paid to ~~hospice agencies~~hospices and other medicaid providers.

(C) A physician who meets the requirements as set forth in rule 5101:3-4-01 of the Administrative Code is eligible to participate in Ohio's medicaid program and provide covered physician services. A physician who is a hospice employee or

providing services under contractual arrangement with the designated hospice is not required to meet the provider agreement requirement as set forth in rule 5101:3-4-01 of the Administrative Code.

(D) Failure to meet any of the requirements of this rule may lead to termination of the medicaid provider agreement.

Effective: 9/26/2002

R.C. 119.032 review dates: 6/19/2002 and 09/26/2007

CERTIFIED ELECTRONICALLY

Certification

09/16/2002 10:27 AM

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02
Prior Effective Dates: May 1, 1990, December 1,
1991, April 1, 1994