

## TO BE RESCINDED

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

(A) To be eligible to bill for medicaid hospice services, a hospice, 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 of the Administrative Code; and
- (2) Upon request, make available to ODJFS all necessary licenses required by local, state and federal law; and
- (3) Not use or disclose any information concerning an individual, for any purpose not directly connected with the administration of the medicaid hospice program, except with the written consent of the individual or the individual's representative.

(B) ODJFS 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 must:

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

ODJFS shall review claims for individuals receiving hospice services to examine the claims paid to 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:

R.C. 119.032 review dates: 11/29/2007

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Certification

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Date

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