ACTION: REFILED

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5101:3-56-06 **Reimbursement procedures for medicaid hospice services.**

~~ODHS~~ODJFS shall reimburse the hospice ~~agency~~ directly for the costs of all covered services related to the treatment of the ~~client's~~individual's terminal illness with the exception of reimbursement for physician services that are for direct patient care. Physician services for direct patient care will be reimbursed according to paragraph (D) of this rule.

(A) Medicaid payment for hospice services is made at one of four predetermined rates. ~~Hospice~~Medicaid hospice program rates are established by ~~HCFA~~CMS and set forth in the state medicaid manual and shall be adjusted in accordance with ~~HCFA's~~CMS's determined area wage adjustments. Each rate is based on the level of care which is appropriate for the client for each day while under the care of the hospice.

Each rate covers all services rendered by the hospice (either directly or under contractual arrangement), the administrative and general supervisory activities performed by physicians, and travel expenses and supervision provided by other hospice staff.

(B) The hospice ~~agency~~ shall bill ~~ODHS~~ODJFS the appropriate code and unit(s) for the appropriate level of care. The rate paid for any particular day depends on the level of care furnished to the ~~client~~individual on that day.

(1) Routine home care -- one unit per day.

Routine home care is covered so long as it is provided in accordance with ~~ODHS~~ODJFS rules and 42 CFR 418, October 1, 2001.

(2) Continuous home care -- one unit per hour, minimum eight hours per day.

Continuous care is covered so long as it is provided in accordance with ~~ODHS~~ODJFS rules and 42 CFR 418, October 1, 2001.

(3) Inpatient respite care--one unit per day.

Inpatient respite care is covered so long as it is provided in accordance with ~~ODHS~~ODJFS rules and 42 CFR 418, October 1, 2001.

(4) General inpatient care--one unit per day.

General inpatient care is covered so long as it is provided in accordance with ~~ODHS~~ODJFS rules and 42 CFR 418 October 1, 2001.

(C) When the ~~client~~individual is a resident of a NF, the hospice ~~agency~~ shall be reimbursed for room and board. This additional per diem amount is reimbursable on routine home care and continuous home care days.

(1) Room and board as provided by the NF includes:

(a) Performance of personal care services and assistance in:

(i) The activities of daily living; and

(ii) Socializing activities; and

(iii) Administration of medication; and

(iv) Maintaining the cleanliness of the ~~client's~~individual's room.

(b) Supervision and assistance in use of durable medical equipment and prescribed therapies.

(c) Supplies and equipment reimbursed under rule ~~5101:3-3-201~~ 5101:3-3-20.1 of the Administrative Code.

(2) To receive reimbursement, the hospice ~~agency~~ must:

(a) Have a written signed agreement with the facility in accordance with rule 5101:3-56-05 of the Administrative Code; and

(b) For each day covered, bill ~~ODHS~~ODJFS the amount equal to ninety-five per cent of the medicaid NF per diem rate as obtained from the NF; and

(c) Bill only for days that the ~~client~~individual is in the NF overnight and is medicaid eligible.

For ~~clients~~individuals who have elected the hospice benefit under medicare but are medicaid eligible and reside in a medicaid-reimbursed NF, ~~ODHS~~ODJFS will pay the hospice the room and board allowance. Medicaid vendor payment to the NF will be discontinued by the

CDJFS.

(D) ~~ODHS~~ODJFS will reimburse separately for physician services involving direct patient care, as follows:

(1) Reimbursement for services provided by physicians who are hospice employees or who are under arrangements made by the hospice, unless furnished on a volunteer basis, will not be included in any of the predetermined rates, but will be paid to the hospice separately in accordance with medicaid's fee-for-service payment and in accordance with the policies set forth in Chapter 5101:3-4 of the Administrative Code.

(2) If the ~~client~~individual designates an attending physician who is not an employee of the hospice, medicaid will pay the physician directly, if the physician has a valid medicaid provider agreement in accordance with rule ~~5101:3-1-172~~5101:3-1-17.2 of the Administrative Code. Costs for services such as lab or x-rays are not to be included on the attending physician's bill, but are covered in the predetermined rate paid the hospice. Payment for attending physician services is based on current medicaid rules and regulations for physician services as found in Chapter 5101:3-4 of the Administrative Code.

Effective:

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Certification

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