

Rule Summary and Fiscal Analysis

Part A - General Questions

Rule Number: 5160-56-06

Rule Type: Amendment

Rule Title/Tagline: Hospice services: reimbursement.

Agency Name: Ohio Department of Medicaid

Division:

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I. Rule Summary

1. **Is this a five year rule review?** No
 - A. **What is the rule's five year review date?** 10/1/2022
2. **Is this rule the result of recent legislation?** No
3. **What statute is this rule being promulgated under?** 119.03
4. **What statute(s) grant rule writing authority?** 5164.02
5. **What statute(s) does the rule implement or amplify?** 5162.03
6. **What are the reasons for proposing the rule?**

As a result of recent review, the department determined amendments to the rule are necessary to update and clarify certain provisions to allow flexibility in how hospice services can be provided.

7. **Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.**

This rule sets forth the provisions for the Ohio Department of Medicaid payment for hospice services and care. The additions to the rule include:

- In paragraph (C), language is being added to clarify that telehealth services can be provided when in-person visits are required.
- In paragraph (C)(5), language is being added to explain the way routine home care services and continuous home care services will be billed when there is a component of the services delivered through telehealth.
- In paragraph (C)(6), language is being added to clarify that services billed with T2044 for inpatient respite care and T2045 for general inpatient care are not eligible to be provided via telehealth.
- In paragraph (D)(5), language is being added to explain the way room and board services will be billed when there is a component of the services delivered through telehealth.

- 8. Does the rule incorporate material by reference? Yes**
- 9. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.75, please explain the basis for the exemption and how an individual can find the referenced material.**

This rule incorporates one or more references to the Revised Code. This question is not applicable to any incorporation by reference to the Revised Code because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75(A)(1)(a).

This rule incorporates one or more references to another rule or rules of the Administrative Code. This question is not applicable to any incorporation by reference to another Administrative Code rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75(A)(1)(d).

This rule incorporates one or more dated references to the U.S. Code. This question is not applicable to any dated incorporation by reference to the U.S. Code because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75(A).

This rule incorporates one or more dated references to the Code of Federal Regulations (CFR). This question is not applicable to any dated incorporation by reference to the CFR because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with 121.75(A)(2)(d).

- 10. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.**

Not Applicable

II. Fiscal Analysis

11. Please estimate the increase / decrease in the agency's revenues or expenditures in the current biennium due to this rule.

This will have no impact on revenues or expenditures.

\$0.00

No impact on current budget.

12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

In accordance with paragraph (C) of this rule, the designated hospice shall bill ODM the appropriate code and unit(s), listed in this rule, for the appropriate level of care. The department estimates that it will take a hospice biller approximately .50 hour at the rate of approximately \$20.00 per hour (total estimated cost: \$10.00) to bill for each hospice individual each month.

In accordance with paragraph (C)(5) of this rule, hospice providers must add the GT modifier code to the appropriate procedure code for routine home care and continuous home care when any component of hospice services are delivered via telehealth. The department estimates that it will take a hospice biller approximately .50 hour at the rate of approximately \$20.00 per hour (total estimated cost: \$10.00) to bill for each hospice individual each month.

In accordance with paragraph (D) of this rule, hospice providers must follow the guidelines in this rule to bill Medicaid for room and board for hospice individuals residing in a NF or ICF-IID. The department estimates that it will take a hospice biller approximately .50 hour at the rate of approximately \$20.00 per hour (total estimated cost: \$10.00) to bill for each hospice individual each month.

In accordance with paragraph (D)(5) of this rule, hospice providers must add the GT modifier code to the appropriate procedure code for room and board when any component of hospice services are delivered via telehealth. The department estimates that it will take a hospice biller approximately .50 hour at the rate of approximately \$20.00 per hour (total estimated cost: \$10.00) to bill for each hospice individual each month.

13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No
14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No
15. If the rule imposes a regulation fee, explain how the fee directly relates to your agency's cost in regulating the individual or business.

This rule does not impose a regulation fee.

III. Common Sense Initiative (CSI) Questions

16. Was this rule filed with the Common Sense Initiative Office? Yes
17. Does this rule have an adverse impact on business? Yes
 - A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
 - B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? Yes

In accordance with paragraph (B)(3) of this rule, hospice providers that fail to comply with the federally mandated hospice quality reporting program will reimbursed by ODM, the payment amount minus a two percentage point reduction for hospice services, as prescribed by CMS for the corresponding federal fiscal year.
 - C. Does this rule require specific expenditures or the report of information as a condition of compliance? No
 - D. Is it likely that the rule will directly reduce the revenue or increase the expenses of the lines of business of which it will apply or applies? No

IV. Regulatory Restrictions (This section only applies to agencies indicated in R.C. 121.95 (A))

18. Are you adding a new or removing an existing regulatory restriction as defined in R.C. 121.95? No

A. How many new regulatory restrictions do you propose adding?

Not Applicable

B. How many existing regulatory restrictions do you propose removing?

Not Applicable