



MEMORANDUM

TO: Tommi Potter, Ohio Department of Medicaid

FROM: Sophia Papadimos, Regulatory Policy Assistant

DATE: November 25, 2014

RE: **CSI Review – Hospice Rules Pursuant to Five-Year Review (OAC 5160-56-03, 5160-56-03.3 and 5160-56-04)**

On behalf of Lt. Governor Mary Taylor, and pursuant to the authority granted to the Common Sense Initiative (CSI) Office under Ohio Revised Code (ORC) section 107.54, the CSI Office has reviewed the abovementioned administrative rule package and associated Business Impact Analysis (BIA). This memo represents the CSI Office's comments to the Agency as provided for in ORC 107.54.

Analysis

This rule package consists of three amended rules being proposed by the Ohio Department of Medicaid (ODM) pursuant to the five-year review requirement in statute. The rule package was submitted to the CSI Office on November 3, 2014 and the public comment period was held open through November 10, 2014. No comments were received during this time.

The draft rules pertain to certified hospice providers that participate in the Medicaid program. The proposed rules explain discharge requirements, reporting requirements, and provider requirements. Ohio Administrative Code (OAC) 5160-56-03 details the discharge requirements when an individual is no longer in need of receiving hospice treatment. OAC 5160-56-03.3 specifies the information that hospice providers must enter into the Interactive Voice Response (IVR) system and the appropriate timeframes to submit the information. OAC 5160-56-04 requires that hospice providers be licensed by the Ohio Department of Health and have provider agreements with Medicaid. The amendments being made to the rules are to update references and Code of Federal Regulations effective dates. Also, minor language changes have been made.

The Ohio Council for Home Care and Hospice and the Midwest Care Alliance provided informal written responses to the proposed changes before the rules were filed with the CSI Office. Both provided minimal comments as they recognized the amendments to be of “no significant change,” “technical,” and “minimal” in nature.

The adverse impacts described in the BIA are the time and money associated with submitting the information and being in compliance with the requirements. The draft rules are federally required and no comments were received that the requirements are overly burdensome. After reviewing the BIA and associated rules, the CSI Office has determined the purpose of the rules is justified.

Recommendation

For the reasons explained above, this office does not have any recommendations regarding this rule package.

Conclusion

Based on the above comments, the CSI Office concludes that the Ohio Department of Medicaid should proceed with the formal filing of this rule package with the Joint Committee on Agency Rule Review.