HOME HEALTH SERVICES ATTACHMENT

Scope of Services

The PROVIDER shall provide home health services in conformance with, as described in Title 17, Subtitle 12, §17-1737-45, Hawaii Administrative Rules, and the applicable sections under 42 C.F.R. Part 484.

Reimbursement

(a) DHS shall reimburse the PROVIDER for authorized home health services provided to Medicaid eligible recipients. Reimbursements shall be limited to services provided by the PROVIDER licensed by the State Department of Health as a Home Health Agency under 42 C.F.R. Part 484.

(b) DHS shall make payments through its fiscal agent in accordance with time limits specified in §17-1739.1-16, Hawaii Administrative Rules. DHS reserves the right not to make payments for claims which are submitted more than twelve (12) month after the month in which service was rendered.

Penalties

The DHS shall allocate to the PROVIDER any and all Federal financial penalties assessed by the Center for Medicare & Medicaid Services (CMS) for the PROVIDER'S failure to meet requirement set forth in this Agreement. The penalties shall be assumed and paid by the PROVIDER upon notification from DHS.

I/We have read all of the above and fully understand and agree to its terms.

_____
Print Name of Provider/Authorized Business Agent

_____
Signature of Provider/Authorized Business Agent

_____
Date Signed