ACUTE HOSPITAL ATTACHMENT

Scope of Services

(a) The FACILITY shall provider acute inpatient hospital services in conformance with and as described in Title 17, Subtitle 12, Subchapter 2 of Chapter 17-1737, Hawaii Administrative Rules and the applicable sections under 42 C.F.R. Part 482, to those patients who have been determined by the Department of Human Services (DHS) to be Medicaid eligible.

(b) The FACILITY, its employees and agents, shall comply with retaliatory acts provisions §349-23, Hawaii Revised Statues, in assuring that no patient seeking advocacy assistance or who makes a complaint concerning the FACILITY, its employees or agents is subject to retaliation by the FACILITY, its employees or agents.

Reimbursement

(a) 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 any payments for claims which are submitted more than twelve (12) months after the month in which services were rendered.

(b) DHS and the FACILITY mutually agree that for the purposes of this Agreement, a "patient day" shall include the day of admission or the day of discharge from the FACILITY, but not both.

(c) The FACILITY agrees that in coding the diseases for reporting on the billing forms, the International Classification of Diseases, 10th Revision, Clinical Modification (ICD- 10 CM) seven-digit code will be used.

Penalties

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

Reports

(a) The FACILITY shall authorize the State Department of Health to transmit its copy of the utilization review plan, and any future amendments to the plan, which may have direct bearing on the conduct and extent of utilization review for inpatients that are Medicaid eligible.

(b) The FACILITY shall submit its statement of services for each Medicaid patient to the DHS fiscal agent no later than the thirtieth (30th) calendar day following discharge of the patient. In the event that the hospitalization continues for a full calendar month, the FACILITY shall bill the fiscal agent within thirty (30) days from the end of each month of service.

ACUTE HOSPITAL ATTACHMENT

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