NURSING FACILITY ATTACHMENT

Scope of Services

(a) The FACILITY shall provide Nursing Facility (NF) services in conformance with and as described in Title 17, Subtitle 12, Subchapter 4 or Chapter 17-1737, Hawaii Administrative Rules, and the applicable sections under 42 C.F.R. Part 483. In the event certain items or services prescribed by the recipient's physician are not available within the FACILITY, the FACILITY shall promptly arrange with others for such items or services.

(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 reimburse the FACILITY for authorized NF services provided to residents. Reimbursements shall be limited to services rendered in the areas of the FACILITY, which are licensed by the State Department of Health as a NF under 42 C.F.R. Part 483.

(b) DHS and the FACILITY mutually agree that a "resident day" shall include the date of admission or the date of discharge, but not both.

(c) 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.

(d) The FACILITY shall submit for each Medicaid eligible resident a statement of services to DHS' fiscal agent no later than the thirtieth (30th) calendar day following discharge of the resident. In the event, the resident's care continues for a full calendar month, the FACILITY shall then bill the fiscal agent within thirty (30) days from the end of each month of service. Charges for x-rays, clinical laboratory tests, prescription medications covered by the DHS drug formulary, and other ancillary services prescribed by the attending physician and recorded in the resident's chart, shall be billed separately by the provider (except for County/State facilities).

Penalties

The DHS shall allocate to the FACILITY any and all Federal financial penalties (FFP) assessed by the 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) In addition to the federally required PASRR reports (42 C.F.R. Part 483, Subpart C), the FACILITY shall prepare and submit all required monthly and quarterly reports on DHS 1137. The reports include but are not limited to all Medicaid admissions, discharges, including deaths, and periods of absence from the facility due to hospitalization and overnight passes, and quarterly reports of separate lists for Acuity Level C and Acuity Level A inpatients up to March 31, June 30, September 30, and December 31.

The DHS 1137 shall be submitted to the Med-QUEST Division Administration by the fifteenth (15th) of the month following the reporting period.

(b) The FACILITY shall make available, at the request of DHS, a listing of residents who were approved for temporary absences from the FACILITY, together with information on the destination, number of days absent, and specific dates absent by the residents.

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