

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation
447.51 through
447.58

4.18 Cost Sharing and Similar Charges

1916(a) and (b)
of the Act,
P.L. 99-509
(Sec. 9403(g)(4))

- (a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.
- (b) With respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in section 1905(p)(1) of the Act) under the plan:

(1) No enrollment fee, premium, or similar charge is imposed under the plan.

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, of under--

Age 19

Age 20

Age 21

Reasonable categories of individuals who are age 18 but under age 21 to whom charges apply are listed below, if applicable.

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

TN No. 87-4
Supersedes
TN No. 87-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

NOT Applicable

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GUAM

- B. The method used to collect cost sharing charges for categorically needy individuals:
- Providers are responsible for collecting the cost sharing charges from individuals.
 - The agency reimburses providers the full Medicaid rate for a services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

TN No. 85-7
Supersedes
TN No. _____

Approval Date 3-7-86

Effective Date 1-1-86

HCFA ID: 0053C/0061E

NOT Applicable

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GUAM

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

E. Cumulative maximums on charges:

- State policy does not provide for cumulative maximums.
- Cumulative maximums have been established as described below:

TN No. 85-7
Supersedes

Approval Date 3-7-86
Date _____

Effective 1-1-86

TN No. _____

HCFA ID: 0053C/0061E

Revision: HCFA-PM-86-20 (BERC)
 SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: GUAM

Citation
 447.51 - 58

4.18(b) (2) (Continued)

(iii) All services furnished to pregnant women.

Not applicable, Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a health maintenance organization in which the individual is enrolled.

1916 of the Act,
 P.L. 99-272,
 (Section 9505)

(viii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

TN NO. 87-2
 Supersedes
 TN NO. 85-7

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID:0053C/0061E

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: GUAM

ation
51 - 58

4.18(b) (Continued)

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

18 or older

19 or older

20 or older

21 or older

Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN NO. 87-2
Supersedes
TN NO. 85-7

Approval Date SEP 9 1987

Effective Date 7/1/87

Revision: HCFA-PM-86-20 (BERC)
 SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: GUAM

Citation
 447.51 - 58

4.18(b) (3) (Continued)

(iii) ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

Not applicable. There is no maximum.

TN NO. 87-2
 Supersedes
 TN NO. 85-2

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID:0053C/0061E

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: GUAM

Citation
447.51 - 58

4.18 (Continued)

(c) Individuals are covered as medically needy under the plan.

No.

Yes. With respect to them:

(1) An enrollment fee, premium or similar charge is imposed.

Not applicable. No such charge is imposed.

Yes. ATTACHMENT 4.18-B specifies the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

TN NO. 87-2
Supersedes
TN NO. 85-7

Approval Date SEP 9 1987

Effective Date 7/1/87

Revision: HCFA-PM-86-20 (BERC)
 SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: GUAM

Citation
 447.51 - 58

4.18(c) (Continued)

(2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

(i) Services to individuals under age 18, Jr under--

Age 19

Age 20

Age 21

Reasonable categories of individuals who are age 18 but under age 21 to whom charges apply are listed below, if applicable:

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

TN NO. 87-2
 Supersedes
 TN NO. 87-1

SEP 9 1987

Approval Date _____

Effective Date 07/1/87

HCFA ID:0053C/0061E

Revision: HCFA-PM-86-20 (BERC)
 SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: GUAM

Citation
 447.51 - 58

4.18(c) (2) (Continued)

(iii) All services furnished to pregnant women.

Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished to an individual receiving hospice care, as defined in section 1905(o) of the Act.

1916 of the Act,
 P.L. 99-272
 (Section 9505)

TN NO. 87-2
 Supersedes
 TN NO. 85-7

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID:0053C/0061E

Revision: HCFA-PH-86-20 (BERC)
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: GUAM

Citation
447.51 - 58

4.18(c) (2) (Continued)

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

Not applicable. No such charges are imposed.

(3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

18 or older

19 or older

20 or older

21 or older

Reasonable categories of individuals who are 18 years of age but under 21 to whom charges apply are listed below, if applicable.

TN NO. 87-2
Supersedes
TN NO. 0

Approval Date SEP 9 1987

Effective Date 7/1/87

Revision: HCFA-PM-86-20 (BERC)
SEPTEMBER 1986

OMB-No. 0938-0193

State/Territory: GUAM

Citation
447.51-58

4.18(c) (3) (Continued)
(iii) ATTACHMENT 4.18-C specifies the:

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

Not applicable. There is no maximum.

NO. 87-2
Supersedes
NO. 0

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID:0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GUAM

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge		Amount and Basis for Determination
	Deduct.	Coins. Copay.	
NOT APPLICABLE			

I No. 85-7
 S Services
 I No.

Approval Date 3-7-86

Effective Date 1-1-86

Not applicable

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: GUAM

B. The method used to collect cost sharing charges for medically needy individuals:

Providers are responsible for collecting the cost sharing charges from individuals.

The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

TN No. 85-7
Supersedes
TN No. _____

Approval Date 3-7-86

Effective Date 1-1-86

HCFA ID: 0053C/0061E

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation

4.19 Payment for Services

42 CFR 447.252
46 FR 44964
48 FR 56046
50 FR 23009
1902(e)(7) of
the Act,
P.L. 99-509
(Sec. 9401(d))

*SECTION 1902(e)(7)
OF THE ACT*

(a) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, and section 1902(e)(7) with respect to payment for inpatient hospital services.

ATTACHMENT 4.19-A describes the methods and standards used to determine rates for payment for inpatient hospital services.

TN No. 87-4
Supersedes
TN No. 85-7

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation 4.19 (b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the requirements of 42 CFR Part 447, Subpart D, with respect to payment for all other types of services provided under the plan.

42 CFR 447.201
42 CFR 447.302
AT-78-90
AT-80-34
1903(a)(1) and (n) and 1920 of the Act,
P.L. 99-509
(Section 9403, 9406 and 9407)
52 FR 28648

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, skilled nursing and intermediate care facility services that are described in other attachments.

TN No. 87-9
Supersedes
TN No. 87-4

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Guam

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 4.19-C.

No.

79-8 7/19/79 4/1/79
TN # _____ Approval Date _____ Effective Date _____
Supersedes _____
TN # _____

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

4.19 (d)

- (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

TN No. 87-9
Supersedes
TN No. 84-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

GUAM PAYMENT FOR INPATIENT HOSPITAL SERVICES

I. Payment Rates

- 1) All on-island inpatient medical services that are covered by the Medicaid Program are reimbursed based on the hospital's reimbursement rate, Medicare Interim Rate. The Medicare Interim Reimbursement Rate is Medicare's annually computed interim payment rate, based on the hospital's latest available cost report, which estimates as closely as possible the Medicare actual reimbursable inpatient hospital cost for the service period.
- 2) Off-Island Hospitals
 - (a) For Hawaii hospitals, Medicaid will pay based on the individual hospital's Medicare rate for the service, reimbursable on a claims basis.
 - (b) For California hospitals, Medicaid will pay based on the individual hospital's Medicare rate for the service, reimbursable on a claims basis.
 - (c) All other hospitals, Medicaid will pay based on the individual hospital's Medicare rate for the service, reimbursable on a claims basis.
 - (d) For services that cannot be provided by a provider that accepts payments under (a) through (c), Medicaid will pay based on the Charged Master w/discount of 45 to 55% or at negotiated rates that will not exceed the provider's customary charge.
 - (e) Out of Country hospitals, Medicaid will pay based on negotiated rates not to exceed 90% of Provider's Usual Customary Charges.
- 3) Administrative Days. Reimbursement for patients receiving services at a Skilled Nursing Facility (SNF) level of care in an acute bed under conditions similar to those described in Section 1861 (v)(1)(G) of the Social Security Act will be at the same rate paid for SNF services provided to patients in GMH's SNF. The methodology and standards used to determine these rates are described under 4.19 Attachment D of this State Plan.

TN No.: 12-002 Approval Date: MAR 25 2013 Effective Date: October 1, 2012
Supersedes TN: 10-002

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1136. The time required to complete this information collection is estimated to average 7 hours per response, including the time to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

REVISION:

II. Upper Payment Limits

The rates Guam Medicaid negotiates will not exceed either what Medicare would have paid for those Medicaid services or the cost of those Medicaid services under Medicare cost principles.

III. Appeals Procedures

Hospitals may appeal to address errors in rate setting and rate payments.

IV. Public Process

The State/Territory has in place a public process which complies with the requirements of Section 1902(a)(13)(A) of the Social Security Act.

V. Non-Payment for Health Care-Acquired Conditions and Provider-Preventable Conditions
[42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903]

• Payment Adjustment for Provider-Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

• Health Care-Acquired Conditions (HCAC)

Guam identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19-A of this State Plan.

X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

• Other Provider-Preventable Conditions (OPPC)

Guam identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-A of this State Plan.

X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

____ Additional Other Provider-Preventable Conditions identified below:

Guam performs utilization reviews on all on-island and off-island claims. The additional hospital inpatient days associated with the HCAC or OPPC will be identified and denied for per diem payments and any charges associated with the HCAC or OPPC will be denied for payments where the off-island hospital is reimbursed based on a percentage of charges.

TN No.: 11-005 Approval Date: APR - 6 2012 Effective Date: October 1, 2011
Supersedes TN: 10-002 CMS ID: 7982E

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 447.201
42 CFR 447.302
AT-78-90
AT-80-34
1903(a)(1) and
(n) and 1920 of
the Act,
P.L. 99-509
(Section 9403,
9406 and 9407)
52 FR 28648

4.19 (b) In addition to the services specified in paragraphs 4:19(a), (d), (k), (l), and (m), the Medicaid agency meets the requirements of 42 CFR Part 447, Subpart D, with respect to payment for all other types of services provided under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, skilled nursing and intermediate care facility services that are described in other attachments.

TN No. 87-9
Supersedes
TN No. 87-4

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

Attachment 4.19-B

The Agency uses the following reimbursement principles in paying for each type of medical service:

A. Physician Services**1. Primary Care Physician Services/Evaluation and Management Services**

Effective January 1, 2011, Medicaid will use the 100% Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii locality and Current Medicare Conversion Factor available at the Bureau of Health Care Financing Administration (BHCFA) office.

2. Anesthesia Services

Effective January 1, 2011, Medicaid will use the [2008 Crosswalk American Society of Anesthesiologist (ASA) Base Anesthesia Unit + Time Unit + ASA Physical Status Unit (any modifying factor/qualifying circumstance)] x Current Hawaii Medicare Fee Schedule Conversion Factor (CF) published at www.palmettogba.com/Medicare. Time Unit is based on 15 minutes increments.

3. Surgery and All Other Physician Services

Effective January 1, 2011, Medicaid will use the 100% Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii locality and Current Medicare Conversion Factor available at the Bureau of Health Care Financing Administration (BHCFA) office.

Assistant Physician Surgeon will be paid at 15% of Surgeon's Fee.

B. Other Practitioner Services

Effective January 1, 2011, Medicaid will pay at 65% of Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare for Nurse Midwives and 85% of Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare for all Other Practitioners.

C. Clinic Services

Effective January 1, 2011, Medicaid will pay the same reimbursement and methodology used to pay physician services (see Item A).

D. Laboratory Services (Off-Island and On-Island)

Payment will be the lowest of the billed charges or the Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

E. Radiological Services

Effective January 1, 2011, Medicaid will use the 100% Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare.

If the fee schedule is not available and not covered by Medicare, Medicaid will utilize the Current Medicare RBRVS Fee Schedule calculated based on Hawaii locality and Current Medicare Conversion Factor available at the Bureau of Health Care Financing Administration (BHCFA) office.

F. Drugs

Medicaid implements the drug formulary which includes the name of drugs covered by Medicaid, the strength, the MAC and maximum and minimum allowable quantity effective July 1, 1991. The MAC is based on the lowest updated Average Wholesale price on the Red/Blue Book and/or Medispan, plus a reasonable dispensing fee of \$4.40 which is 60% more than its previous years' dispensing fee of \$2.75.

Note: The agency will review and update the drug formulary annually, in January.

If the pharmacist has in his inventory drugs with ingredient costs less than the MAC of acceptable quantity, he is required to charge Medicaid at the lower cost. (*MAC as used by Guam means the upper limit payable for any service under Medicaid.) In case of HHS/MAC drugs, Guam uses the rate set by the Secretary of HHS.

G. Eyeglasses

Medicaid will pay provider charges for corrective eyeglasses, not to exceed eighty dollars (\$80.00) and bifocal eyeglasses not to exceed one hundred twenty eight dollars (\$128.00) including lens and frame.

H. Dental Services

Effective January 1, 2011, Medicaid will use the 40% of 2001 American Dental Association Fee Schedule available at the BHCFA office.

I. Medical Supplies and Equipments

Medicaid pays based on Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed provider's acquisition cost.

J. Hearing Aids

Medicaid pays the provider's charges not to exceed provider's acquisition cost.

K. Hospital Ancillary Services

Ancillary services including operating room, laboratory, x-ray, inhalation therapy; renal dialysis; etc., are reimbursed based on negotiated rates starting at the Hospital's Medicare Interim Rates and not to exceed 120% of the Hospital's Medicare Interim Rates. The reimbursement methodology for Physical and Occupational Therapy services performed in the hospital are explained in item L below.

L. Physical and Occupational Therapy

Physical and Occupational Therapy services are provided without limitation on an inpatient and outpatient hospital basis. These services are reimbursed based on negotiated rates starting at the Hospital's Medicare Interim Rates and not to exceed 120% of the Hospital's Medicare Interim Rates. This reimbursement will encompass both the professional and the facility component of all Physical and Occupational Therapy services.

M. Home Health Services

Medicaid pays Home Health services according to the CMS Federal Register National Per-Visit Rate (Federal Register Website).

N. Ambulatory Surgical Services

Effective January 1, 2011, Medicaid will pay according to the negotiated rates starting at Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed 70% of Provider's Usual Customary Charges.

O. Hospice Care

O. Hospice Care

Effective January 1, 2011, Medicaid will pay according to the Annual Hospice Rates Established under Medicare published at www.cms.gov/center/hospice.asp.

P. Medical Transportation Services

Effective January 1, 2011, Medicaid will pay medical transportation services on negotiated rates starting at Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed 70% of Provider's Usual Customary Charges.

Medicaid does not reimburse for non-emergency medical transportation expense on the usage of their car or transportation provided by friends, family or bus because Guam is 30 miles long and 4 miles to 12 miles wide, and the distance of travel and associated costs are minimal.

Q. Free-Standing Birthing Center Services

Effective January 1, 2011, Medicaid will pay according to the negotiated rates starting at the Guam Memorial Hospital Authority's (GMHA) Current Medicare Interim Rates and not to exceed 70% of Provider's Usual Customary Charges.

R. Outpatient Hemodialysis Services

Effective January 1, 2011, Medicaid will pay according to the Facility's Current Medicare Interim Rate.

S. Outpatient and Emergency Room Services

Medicaid will pay according to the Facility's Current Medicare Interim Rate.

For services that cannot be provided by a provider that accepts payments under (A) through (S) and the service is evident to save life or significantly alter an adverse prognosis or the prognosis for survival and recovery requires the immediate medical service, Medicaid will negotiate competitive rates starting at Current Hawaii Medicare Fee Schedule published at www.palmettogba.com/Medicare and not to exceed 70% of Provider's Usual Customary Charges.

Out of Country Providers will be reimbursed based on negotiated rate not to exceed the Current Hawaii Medicare Fee Schedule for service under (A) through (S) above. If the service is not covered by Medicare, reimbursement will be based on negotiated rate not to exceed 100% of Contracted Out-of-Country Provider's Usual Customary Charges and Provider's Acquisition Cost for supplies/equipment.

Except as otherwise noted in the plan, territory-developed fee schedule rates are the same for both governmental and private providers.

All providers are required to submit claims within one (1) year from the date of service except for Medicaid with Third Party Liability (TPL) which should be submitted within sixty (60) days from the receipt date of the TPL payments/statements.

TN No.: 12-002 Approval Date: MAR 25 2013 Effective Date: October 1, 2012
Supercedes TN: 10-002B

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1136. The time required to complete this information collection is estimated to average 7 hours per response, including the time to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard. Attn: PRA Reports Clearance Officer. Mail Stop C4-26-05. Baltimore, Maryland 21244-1850.

Medicaid will pay the full amount of deductible, co-payment, and co-insurance for recipients who have Medicaid with TPL coverage provided the service charges are covered under the Guam Medicaid State Plan and not to exceed the Medicaid applicable reimbursement methodology outlined under (A) through (R) above.

Medicaid does not pay Non-Participating except in emergency cases, Medicaid will pay up to the Medicaid applicable reimbursement methodology outlined under (A) through (R) above and Medicaid is the Payor of Last Resort.

**Non-Payment for Health Care-Acquired Conditions and Provider-Preventable Conditions
[42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903]**

- **Payment Adjustment for Provider-Preventable Conditions**

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

- **Other Provider-Preventable Conditions (OPPC)**

Guam identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-B of this State Plan.

Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

Additional Other Provider-Preventable Conditions identified below:

Any reimbursement related to OPPC shall be denied.

TN No.: 11-005 Approval Date: APR - 6 2012 Effective Date: October 1, 2011
Supersedes TN: 10-002B CMS ID: 7982E

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1136. The time required to complete this information collection is estimated to average 7 hours per response, including the time to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Skilled Nursing Facility (SNF) Reimbursement Methodology

Guam Medicaid will reimburse for Skilled Nursing Facility services on a Medicare Prospective Payment System (PPS) Resource Utilization Group (RUG) rate. The payment rate must not exceed the provider's customary charges to the general public and the Medicare reimbursement standard.

Guam Medicaid will require the provider (hospital) to submit a copy of their current Medicare cost report.

Non-Payment for Health Care-Acquired Conditions and Provider-Preventable Conditions
[42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903]

- **Payment Adjustment for Provider-Preventable Conditions**

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

- **Other Provider-Preventable Conditions (OPPC)**

Guam identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-D of this State Plan.

Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

_____ **Additional Other Provider-Preventable Conditions identified below:**

Guam performs utilization reviews on all on-island SNF claims; the additional skilled nursing facility days associated with the OPPC will be identified and denied for per diem payments.

TN No.: 11-005 Approval Date: APR - 6 2012 Effective Date: October 1, 2011
Supersedes TN: 82-9 CMS ID: 7982E

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1136. The time required to complete this information collection is estimated to average 7 hours per response, including the time to complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Guam

Citation
42 CFR 447.45 (c)
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

TN # 79-13
Supersedes
IN # _____

Approval Date 10/9/79

Effective Date 7/1/79

Definition of a Claim

A Claim is a statement for services rendered to Medicaid recipient for the same illness by one service provider.

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing charge.

TN No. 87-4
Supersedes
TN No. 83-8

Approval Date 10/10/87

Effective Date 7/1/89

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

6/11/80

State Guam

Citation
42 CFR 447.201
42 CFR 447.202
AT-78-90

4.19 (g) The Medicaid agency assures appropriate
audit of records when payment is based on
costs of services or on a fee plus
cost of materials.

TN # _____
Supersedes _____ Approval Date _____ Effective Date _____
TN # _____

Revision: HCFA-AT-80-60 (BPP)
August 12, 1980

State Guam

Citation
42 CFR 447.201
42 CFR 447.203
AT-78-90

4.19 (h) The Medicaid agency meets the requirements of 42 CFR 447.203 for documentation and availability of payment rates.

TN # 80-11
Supersedes
TN # _____

Approval Date 10-1-80

Effective Date 9-1-80

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Guam

<p><u>Citation</u> 42 CFR 447.201 42 CFR 447.204 AT-78-90</p>	<p>4.19 (i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.</p>
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Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation

42 CFR 447.201
42 CFR 447.205
AT-78-37
46 FR 58677

4.19 (j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(a)(1) of the Act,
P.L. 99-509
(Sec. 9403(g)(2))

(k) With respect to payments for Medicare cost sharing (as defined in section 1905(p)(3) of the Act) for qualified Medicare beneficiaries, the Medicaid agency meets the requirements of section 1903(a)(1) of the Act.

1902(n) of the Act, P.L. 99-509
(Sec. 9403(e))

The agency pays an amount for Medicare cost sharing and any other payment amount for an item or service under title XVIII of the Act that exceeds the amount otherwise payable under the plan for eligible individuals who are not qualified Medicare beneficiaries.

Yes. The methods and standards used for the payment of these services are described in ATTACHMENT 4.19-B.

Not applicable.

1920 of the Act, P.L. 99-509
(Section 9407)

(l) The Medicaid agency meets the requirements of section 1920(d) of the Act with respect to payment for ambulatory prenatal care furnished to pregnant women during a presumptive eligibility period.

1903(v) of the Act, P.L. 99-509
(Section 9406)

(m) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act. ATTACHMENT 4.19-B describes the methods and standards used to determine payment of these services.

TN No. 87-9
Supersedes
TN No. 87-4

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-94-8 (MB)
OCTOBER 1994

State/Territory: GUAM

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928 (c) (2)
(C) (ii) of
the Act

(i)

A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c)(2)(C)(ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows.

(ii)

The State:

*VHW
MSP*

~~*~~ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

*VHW
MSP*

~~X~~ sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

~~—~~ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

1926 of
the Act

(iii)

Medicaid beneficiary access to immunizations is assured through the following methodology:

1. All Medicaid private providers, Pediatricians, Family Practitioners and General Practitioners are supplied with free vaccines for administration to Medicaid eligible clients. These providers are paid by Medicaid for administering the vaccine aside from the regular clinic visit services.
2. All AFDC-EPSDT eligible clients are informed of available services including immunization through several venues:
During mass screening orientation;

TN No. 94-8
 Supersedes _____ Approval Date MAR 1 1995 Effective Date 10-1-94
 TN No. N/A

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Guam

Citation
42 CFR 447.25 (b)
AT-78-90

4.20 Direct Payments to Certain Recipients for
Physicians' or Dentists' Services

Direct payments are made to certain recipients as specified by, and in accordance with, the requirements of 42 CFR 447.25.

- Yes, for physicians' services
 dentists' services

ATTACHMENT 4.20-A specifies the conditions under which such payments are made.

- Not applicable. No direct payments are made to recipients.

TN # 79-13

Supersedes

TN # _____

Approval Date 10/9/79

Effective Date 7/1/79

Revision: HCFA-AT-81-34 (BPP)

10-81

State Guam

Citation

4.21 Prohibition Against Reassignment of
Provider Claims

42 CFR 447.10(c)
AT-78-90
46 FR 42699

Payment for Medicaid services
furnished by any provider under this
plan is made only in accordance with
the requirements of 42 CFR 447.10.

TN # 82-1
Supersedes
TN # 79-6

Approval Date 8/20/82 Effective Date 7/1/81

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation

433.137(a)
50 FR 46652

4.22 Third Party Liability

(a) The Medicaid agency meets all requirements of 42 CFR 433.138 and 433.139.

433.138(f)
52 FR 5967

(b) ATTACHMENT 4.22-A --

(1) Specifies the frequency with which the data exchanges required in §433.138(d)(1), (d)(3) and (d)(4) and the diagnosis and trauma code edits required in §433.138(e) are conducted;

433.138(g)(1)(ii)
and (2)(ii)
52 FR 5967

(2) Describes the methods the agency uses for meeting the followup requirements contained in §433.138(g)(1)(i) and (g)(2)(i);

433.138(g)(3)(i)
and (iii)
52 FR 5967

(3) Describes the methods the agency uses for following up on information obtained through the State motor vehicle accident report file data exchange required under §433.138(d)(4)(ii) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources; and

433.138(g)(4)(i)
and (iii);
52 FR 5967

(4) Describes the methods the agency uses for following up on paid claims identified under §433.138(e) (methods include a procedure for periodically identifying those trauma codes that yield the highest third party collections and giving priority to following up on those codes) and specifies the time frames for incorporation into the eligibility case file and into its third party data base and third party recovery unit of all information obtained through the followup that identifies legally liable third party resources.

TN No. 87-9
Supersedes
TN No. 87-3

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

ATTACHMENT 4.22-A
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

Requirements for Third Party Liability -
Identifying Liable Resources

TN No. 87-9
Supersedes _____
TN No. _____

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID:1076P/0019P

Revision: HCFA-PM-87-9 (BERC)
AUGUST 1987

OMB No.: 0938-0193

State/Territory: GUAM

Citation

433.139(f)(2)
and (3)
50 FR 46652

(c) ATTACHMENT 4.22-B specifies the threshold amount or other guideline used in determining whether to seek reimbursement from a liable third party; or describes the process by which the agency determines that seeking reimbursement would not be cost effective. It also specifies the dollar amount or time period the State uses to accumulate billings from a particular liable third party for this purpose.

TN No. 87-9
Supersedes
TN No. 87-3

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

Requirements for Third Party Liability -
Payment of Claims

If a Third Party Liability exists, Medicaid Providers are required to seek reimbursement (regardless of the dollar amount) from the liable third party first before charging Medicaid.

If the Agency identifies the Third Party Liability after a claim is paid, it will seek reimbursement from the third party within thirty (30) days after the end of the month it learned of the existence of the third party provided the amount exceeds \$5.00.

TN No. 87-9
Supersedes
TN No. _____

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID:1076P/0019P