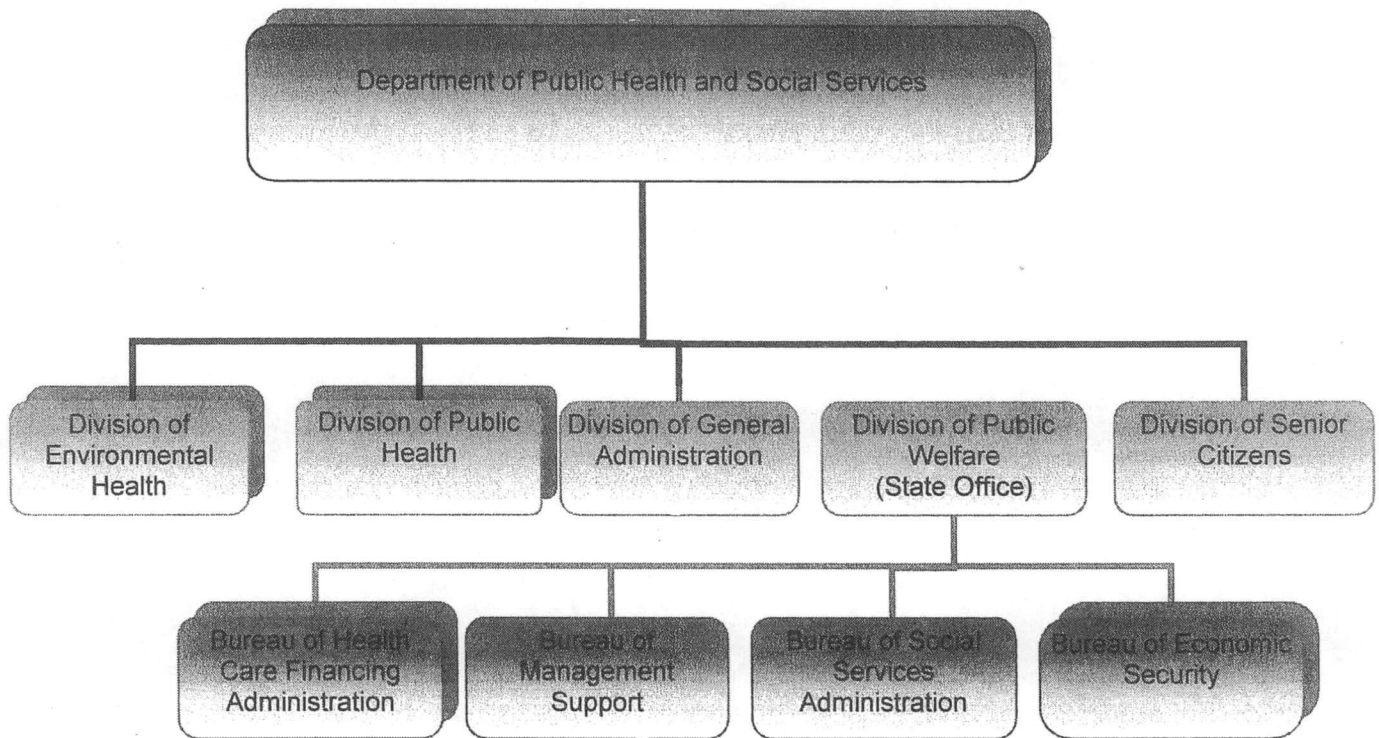


# GOVERNMENT OF GUAM

## Department of Public Health and Social Services

### Organizational Chart



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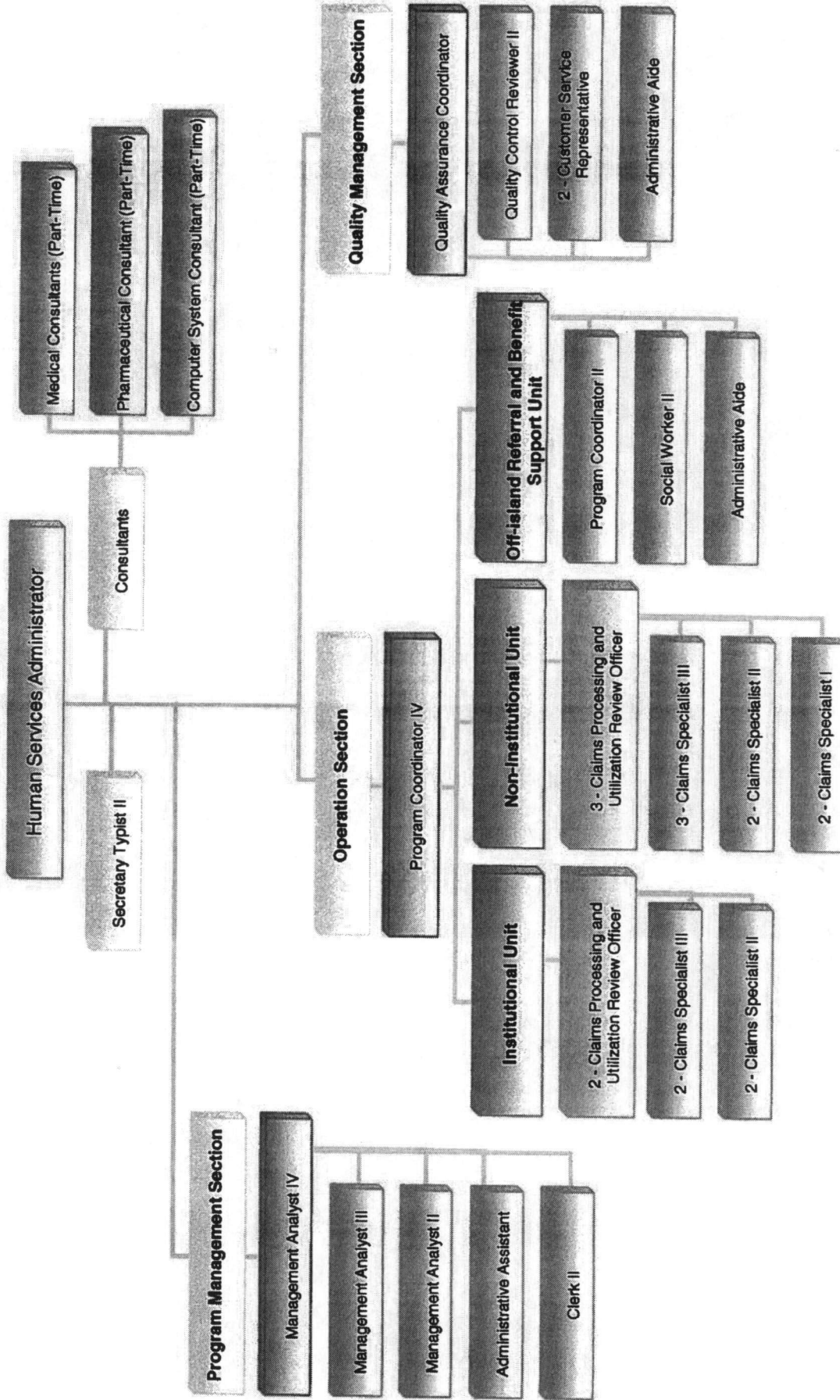
## **Bureau of Health Care Financing Administration**

The Medicaid program is administered by the Bureau of Health Care Financing Administration which consists of thirty-two full-time employees, seven professional personnel to include the Administrator, two management personnel and twenty-three supporting staff. Three consultants are hired on a part-time basis to provide professional support in the medical and computer system field. The Utilization Control and the Claims Processing merged to one unit, Operation Section, in October 1988. The Entitlement Determination was transferred to Bureau of Economic Security in October 1988.

The Bureau of Health Care Financing Administration Organizational Chart and Functional Chart are included on Pages 2 and 3.

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# Bureau of Health Care Financing Administration Organizational Chart



## Bureau of Health Care Financing Administration Functional Chart

Human Services Administrator

Administers and oversees the following Health Service Programs on Guam:

- A. Medicaid/ Assistance Program (MAP), Title XIX of the Social Security Act.
- B. State Children's Health Insurance Program (SCHIP), Title XXI
- C. Medically Indigent Program (MIP), P.L. 18-31/P.L. 25-163/P.L. 27-30
- D. Catastrophic illness Assistance Program (CIAP), E.O. 89-2, P.L. 19-24
- E. Medicare Modernization Act of 2003 Enhance Allotment Plan

### Program Management Section

Responsible for the financial and program management support; development, monitoring & evaluation of the program state plan, policies and procedures, operations, manuals, and rules and regulations; assist in the service provider negotiations and contract/agreement preparations; responsible for fiscal quality control, inventory, procurement, interpretation and preparation of local and federal reports; assist in personnel management to include manpower utilization, recruitment, staff training and development; and responsible for coordination and maintenance of management information system.

### Quality Management Section

Responsible for maintaining and developing the quality management of the Operation & Program Management Sections in ensuring quality services and conformance to requirements; development of the quality assurance guidelines; monitors & evaluates the implementation of quality assurance measures and conducts audits to include the detection of fraud and abuse; and oversees the Prior Authorization Unit.

### Operation Section

Responsible for the utilization control, claims processing, and quality assurance; planning, development, implementation, monitoring, coordination and evaluation of the utilization review/control and processing of medical claims, on-site reviews of institutional and non-institutional service providers, the development & monitoring of the service provider to include orientation; provider claims reconciliation; off-island coordination; and oversees the EPSDT, Buy-in Program and Third-Party Liability (TPL).

**Bureau of Health Care Financing Administration  
Staff List**

POSITION TITLE	# OF STAFF	RESPONSIBILITIES
Human Services Administrator	1	Administers the Medicaid, Medically Indigent Program, and other Health Service Programs to ensure compliance with the federal and local laws; Coordinates with the public and private agencies to enhance the well being of Medicaid and Medically Indigent Program (MIP) recipients through adequate health care.
Administrative Aide	2	Provides clerical and administrative services.
Administrative Assistant	1	Provides administrative, office, and financial support services to include the monitoring of expenditures, personnel actions and other personnel requests, and preparation of work requests and requisitions.
Claims Processing & Utilization Review Officer	5	Develops and implements the utilization control of the medical claims. Supervises the claims processing/utilization review units.
Claims Specialist I	2	Provides routine processing and data entry of medical claims.
Claims Specialist II	4	Provides moderate processing and data entry of medical claims.

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Claims Specialist III	5	Provides complex processing and data entry of medical claims and technical work involving the accuracy and appropriateness of medical claims payments.
Clerk II	1	Maintains the filing system for the Program Management Unit and incoming/outgoing correspondences and reports. Assist medical claims and technical work involving the accuracy and appropriateness of medical claims payments.
Computer System Consultant (Part-Time)	1	Provides consultation on determining hardware/software and system function specifications.
Customer Service Representative	2	Provides assistance to clients' and providers' inquiries to include Prior Authorization request, claims submission.
Management Analyst II	1	Provides moderately complex work in analyzing and developing managerial procedures and practices to include fiscal reports; Coordinates with accounting and data processing on fiscal matters.
Management Analyst III	1	Provides complex work in analyzing and developing managerial procedures and practices, supervises a small number interrelated unit, and assistance in financial projection to include budget preparation; Performs studies, analyses and evaluation of program operations.



Management Analyst IV	1	Provides complex and supervisory work in analyzing and developing managerial procedures and practices, and financial projection to include reviews of proposed legislation and its impact to the operation; Supervises the Program Management Section.
Medical Consultant (Part-Time)	1	Provides consultation in reviewing and approving protocols and provided medical services/treatment, assessing or developing medical treatment plans.
Pharmaceutical Consultant (Part-Time)	1	Provides consultation in reviewing and approving protocols and provided pharmaceutical services, and pharmacy-related issues.
Program Coordinator II	1	Provides moderately complex work in planning, developing, implementing, and coordinating of federal and local funded programs and projects to include processing of Medicaid claims for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services; Coordinates the EPSDT and Buy-In program.
Program Coordinator IV	1	Provides assistance in administering federal and local funded programs and projects. Supervises the Operation Section.
Quality Assurance Coordinator	1	Provides professional work in developing, coordination and implementing the quality assurance programs relating directly and indirectly to client care and support services.

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Quality Control Reviewer II	1	Provides complex work in analyzing and evaluating clients' case records and claims. Conduct field investigations and collateral contacts in substantiating clients' records and claims.
Secretary Typist II	1	Provides complex secretarial and office management work to include the file maintenance of the administration.
Social Worker II	1	Provides moderately complex social work in application of social work principles to include counseling on proper utilization of the medical services; Coordinates the off-island referral and provide assistance to the clients on the air transportation and lodging.

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