OMB No.: 0938-1136 CMS Form: CMS-10364 ATTACHMENT: 4.19-A

Page 2 of 2

## **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

OMB No.: 0938-1136 CMS Form: CMS-10364 ATTACHMENT: 4.19-B Page 5 of 5

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.

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:

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, Atm: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OMB No.: 0938-1136 CMS Form: CMS-10364 ATTACHMENT: 4.19-D

## 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.

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 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 - 2012 Effective Date: October 1, 2011 Supersedes TN: 82-9 CMS ID: 7982E

## **OS Notification**

State/Title/Plan Number: Guam State Plan Amendment 11-005

Type of Action: SPA Approval

Effective Date of SPA: October 1, 2011

Required Date for State Notification: May 8, 2012

Fiscal Impact: \$(200,000) federal for federal fiscal year 2012 and annually

Number of Services Provided by Enhanced Coverage, Benefits or Retained Enrollment: 0

Number of Potential Newly Eligible People: 0

or

**Eligibility Simplification:** 

Provider Payment Increase or Decrease: Decrease

**Delivery System Innovation:** No

Number of People Losing Medicaid Eligibility: 0

Reduces Benefits: No

**Detail:** This state plan amendment was submitted in compliance with Section 2702 of the Affordable Care Act. It provides that, effective October 1, 2011, Guam will not pay for identified Health Care-Acquired Conditions (HCACs) and Other Provider-Preventable Conditions (OPPCs) in hospitals and all other health care settings. Appropriate amendments are made to Attachments 4.19-A, 4.19-B, and 4.19-D, including CMS preprint language and also State-specific nonpayment language. Guam has met the public process requirements. No tribal consultation is required for Guam.

Other Considerations: We do not recommend the Secretary contact the Governor.

CMS Contacts: Mark Wong, NIRT, 415-744-3561

Venesa Day, DRSF, 410-786-8281

Andrew Badaracco, DRSF, 410-786-4589 Christopher Thompson, DRSF, 410-786-4044

Tim Weidler, NIRT, 816-426-6429