

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Provided:  No limitations  With limitations\*  
 Not provided.

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

Provided:  No limitations  With limitations\*  
 Not provided.

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided:  No limitations  With limitations\*  
 Not provided.

17. Nurse-midwife services.

Provided:  No limitations  With limitations\*  
 Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided:  No limitations  With limitations\*  
 Not provided.

\*Description provided on attachment **MAR 25 2013**

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The client should submit a copy of the attending physician's treatment plan which includes the name of the patient, diagnosis, type, frequency, and duration of treatment.

- i. Computed tomography including head scan and body scan. Client who needs a head or body scan at Guam Memorial Hospital must carry a referral from the attending physician and request for a prior authorization from Medicaid.
  - j. Diabetes, and related services and supplies.
  - k. Care for Tuberculosis, or Lytico (Amyotrophic Lateral Sclerosis) and Bodig (Parkinson Disease) and related services.
  - l. Routine or annual physical examination.
  - m. Induced abortions when the physician certifies that the pregnancy was a result of rape or incest or the woman suffers from a physical disorder, injury or illness, including a life-endangering physical condition cause or arising from the pregnancy itself, which would place the woman in danger of death unless an abortion is performed.
  - n. Any medically necessary services required for the diagnosis or treatment of a disease, injury or condition.
2. Not Covered Services
- a. Non-emergency use of emergency room.

The emergency room visits are limited to urgent and life threatening situations as diagnosed by the emergency physician. If the emergency room visit was for a non-emergency service, the examination, treatment or diagnostic services of the medically necessary services will be covered.

2.b. Rural Health Clinic Services

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## 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.

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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](http://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](http://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](http://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.

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## **MEDICAID SERVICES OUTSIDE OF THE UNITED STATES**

A. Medicaid services outside of the United States may be furnished to eligible individuals under the following conditions:

1. Emergency or medically necessary service that is not available on Guam;
2. The out-of-country provider is the nearest source of care;
3. The aggregate cost of the needed care is less than the aggregate cost of the same care when provided in the United States.

B. In order for Guam Medicaid to reimburse a foreign provider for these services, the following conditions must be met by the providers:

1. Foreign institutional providers must be TJC-certified;
2. Foreign providers must have TJC hospital privileges, and must have passed the credentialing process of TJC-certified hospitals. Providers having TJC hospital privileges and credentials will be considered to have fulfilled functionally equivalent licensing and credentialing requirements as those in effect in Guam;
3. Foreign providers must have a signed agreement with the Medicaid agency;
4. Foreign providers must satisfy all Medicaid conditions of participation, with the exception of the requirement that providers must be licensed to practice medicine and surgery by the Guam Board of Medical Examiners and Commission of Licensure to practice the Healing Art of Guam.
5. Foreign providers must be subject to the same utilization control standards as in-state providers;
6. Foreign providers must bill at the U.S. exchange rate in effect at the time the service was provided;
7. Payment must be made and received through a US bank account (pursuant to the Affordable Care Act's Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States').

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C. Benefit Limitations

1. Off-island medical care, as described above, that must be essential to save life or significantly alter an adverse prognosis. Palliation will not qualify nor will experimental procedures. Medicaid coverage for medical and transportation services furnished off-island must be prior authorized in accordance with Medicaid's standard operating procedures for off-island referral.

The attending physician is required to submit a written request to Medicaid including a detailed description of the patient's health problems, consultant recommendations and/or the reasons for the referral. The off-island medical treatment request shall be reviewed and approved by Medicaid Program.

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