

Income and Resource Disregards for the Medically Needy

- I. The Agency disregards the amounts of income that would be exempt in determining eligibility under the related cash assistance program. The following amounts are disregarded from the earned income of each group listed below:

Not applicable. The Medically Needy are not covered.

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

SUPPLEMENT 3 to ATTACHMENT 2.6-A
Page 1
OMB No.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: Guam

A. RESOURCE LEVELS--OPTIONAL GROUPS WITH INCOMES UP TO FEDERAL POVERTY LINE

1. Pregnant Women

 Same as resource levels for AB, APTD, and AABD.

 Less restrictive levels than those for AB, APTD, and AABD and are as follows:

<u>Family Size</u>	<u>Resource Levels</u>
<u> 1</u>	_____
<u> 2</u>	_____

TN No. 02-D1
Supersedes
TN No. 87-4

Approval Date JAN 24 2002

Effective Date OCT 1 2001

HCFA ID: 2004P/0021P

Territory: Guam

2. Infants and Children

 Same as resource levels in the State's approved AFDC plan.

 Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

For each additional person _____

3. Aged and Disabled Individuals and Qualified Medicare Beneficiaries

 Same as resource levels in the OAA, AABD, or APTD programs.

 Same as medically needy resource levels (applicable only if State has a medically needy program).

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MARCH 1987

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Territory: Guam

B. RESOURCE LEVELS FOR THE MEDICALLY NEEDY

 Applicable to all groups

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

For each additional person

NOT APPLICABLE

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OMB No. :0938 -

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902 (r) (2) OF THE ACT

Disregards:

Income: The difference between the applicable cash assistance standard and 100% Federal Poverty Level as revised annually in the Federal Register plus \$1.00 for the family of appropriate size, applies to all individuals described in 42 CFR 436.210, and 42 CFR 436.222.

Premium Payments: Earned income amounts used to pay for individual or family medical insurance premiums to individuals described in 42 CFR 436.210, and 42 CFR 436.222.

TN No. 02-D1
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TN No. _____

Approval Date JAN 14 2002

Effective Date OCT 1 2001

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Guam

ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were included in the AFDC State Plan effective July 16, 1996:

- Pregnant women with no other eligible children.
- AFDC children age 18 and under who are full-time students in secondary school level or in the equivalent level of vocational or technical training.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, without modifications.

In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996, with the following modifications:

The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

The agency applies higher income standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

X

The agency uses less restrictive income and/or resource Methodologies than those in effect as of July 16, 1996, as follows:

1. The agency will disregard all earned income for 8 months beginning with the month in which the family would first otherwise lose eligibility under section 1931.
2. The following Earned Income will not be counted:
 - a. Earned Income in-kind;
 - b. Earnings from the sale of blood or blood plasma;
 - c. Earned Income of minor children below 18 who are full-time students.
3. Resources: Effective January 1, 2012, no resource test is applicable to this group. Resource includes, but not limited to, nonrecurring lump sum payment.

The income and/or resource methodologies that the less restrictive methodologies replace are as follow:

1. The following were accounted as Earned Income:
 - a. Earned Income in-kind;
 - b. Earnings from the sale of blood or blood plasma;
 - c. Earned Income of minor children below 18 who are full-time students.
2. Lump sums were considered income in the month received.
3. The following Properties are to be excluded as a resource:
 - a. One (1) funeral agreement per household member not to exceed a value or \$1,500.00 per agreement.
 - b. One Real property/lot that the household owns and is living on or which they intend to build or are building a permanent home. These are those households who are currently renting outside of the lot they own, with the intention to build a permanent home on the lot.
 - c. One (1) licensed vehicle per households not to exceed the Fair Market Value (FMV) or Equity Value (EV) of \$1,500.00.

 X

The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.

The agency continues to apply the following waivers of provisions of Part A of title IV on effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

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

OMB-No. 0938-0193

State/Territory: GUAM

Citation

2.7

Medicaid Furnished Out of State

431.52 and
1902(b) of the
Act, P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. 87-2
Supersedes
TN NO. 82-11

Approval Date SEP 9 1987

Effective Date 7/1/87

HCFA ID:0053C/0061E

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').

MAK 2 5 2013

TN No.: 12-002 Approval Date: _____ Effective Date: October 1, 2012

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.

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.

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

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-PM-87-4 (BERG)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Guam

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation
42 CFR 431.15
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

TN No. 87-4
Supersedes
TN No. 75-2

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1010P/0012P

REVISION:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E. (42 CFR 431.202) (AT-79-29) (AT-80-34)

With respect to transfers and discharges from nursing facilities, the requirements of 1919(e)(3) are met. (1919(e)(3))

TN: 11-002 Approval Date: JUN 22 2011 Effective Date: April 1, 2011
Supersedes TN: 75-2

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

OMB No.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 431.301
AT-79-29

4.3 Safeguarding Information on Applicants and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

TN No. 87-9
Supersedes
TN No. 75-2

Approval Date 10/10/89

Effective Date 7/1/89

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

OMB No.: 0938-0193

State/Territory: Guam

Citation

42 CFR 431.800(c)
50 FR 21839
1903(u)(1)(D) of
the Act,
P.L. 99-509
(Section 9407)

4.4 Medicaid Quality Control

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- (b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h), and (k).

* insert (j) "in changes"
per PM 87-14

Yes.

Not applicable. The State has an approved Medicaid Management Information System (MMIS).

per TN # 87-14

TN No. 87-4
Supersedes
TN No. 85-6

Approval Date 10/10/87

Effective Date 7/1/89

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 455.12
AT-78-90
48 FR 3742
52 FR 48817

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

TN No. 89-1
Supersedes
TN No. 83-7

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 431.16
AT-79-29

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

TN # 79-14
Supersedes
TN # _____

Approval Date 10/9/79

Effective Date 7/1/79

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

State Guam

Citation
42 CFR 431.17
AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and administrative costs, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

TN # 79-14
Supersedes
TN # _____

Approval Date 10/9/79

Effective Date 7/1/79

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

JAN 29 1981

State Guam

Citation
42 CFR 431.18 (b)
AT-79-29

4.8 Availability of Agency Program Manuals

Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR 431.18 are met.

75-17
Supersedes
TN # _____

Approval Date 5/20/76 Effective Date 1/78

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

State Guam

Citation
42 CFR 433.37
AT-78-90

4.9 Reporting Provider Payments to Internal Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

TN # 75-17
Supersedes
TN # _____

Approval Date 5 22 80 Effective Date _____

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation

42 CFR 431.51
AT-78-90
46 FR 48524
48 FR 23212
1902(a)(23)
of the Act
P.L. 100-93
(sec. 8(f))

4.10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that any individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.

(b) Paragraph (a) does not apply to services furnished to an individual--

- (1) Under an exception allowed under 42 CFR 431.54,
- (2) Under a waiver approved under 42 CFR 431.55, or
- (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act.

TN No. 87-14
Supersedes
TN No. 84-2

Approval Date 10/10/89

Effective Date 7/1/89

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

State Guam

Citation 4.11 Relations with Standard-Setting and Survey Agencies

42 CFR 431.610

AT-78-90

AT-80-34

(a) The State agency utilized by the Secretary to determine qualifications of institutions and suppliers of services to participate in Medicare is responsible for establishing and maintaining health standards for private or public institutions (exclusive of Christian Science sanatoria) that provide services to Medicaid recipients. This agency is Department of Public Health and

Social Services

(b) The State authority(ies) responsible for establishing and maintaining standards, other than those relating to health, for public or private institutions that provide services to Medicaid recipients is (are): Public Laws of Guam

(c) ATTACHMENT 4.11-A describes the standards specified in paragraphs (a) and (b) above, that are kept on file and made available to the Health Care Financing Administration on request.

TN # 75-2
Supersedes
TN # _____

Approval Date 1/14/76

Effective Date 4/1/75

ATTACH 4.11 - A

Standards for Guan Memorial Hospital (being the only hospital) are set by the American Hospital Association. The hospital is fully accredited.

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

State Guam

Citation
42 CFR 431.610
AT-78-90
AT-89-34

4.11(d) The Department of Public Health
and Social Services (agency)
which is the State agency responsible
for licensing health institutions,
determines if institutions and
agencies meet the requirements for
participation in the Medicaid
program. The requirements in 42 CFR
431.610(e), (f) and (g) are met.

TN # 75-2
Supersedes
TN # _____

Approval Date 1/14/76 Effective Date 1/1/75

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

State _____

Citation Guam 4.12 Consultation to Medical Facilities

42 CFR 431.105 (b)

AT-78-90

- (a) Consultative services are provided by health and other appropriate State agencies to hospitals, nursing facilities, home health agencies, clinics and laboratories in accordance with 42 CFR 431.105 (b).
- (b) Similar services are provided to other types of facilities providing medical care to individuals receiving services under the programs specified in 42 CFR 431.105 (b).

Yes, as listed below:

Not applicable. Similar services are not provided to other types of medical facilities.

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State/Territory: Guam

Citation

42 CFR 431.107
AT-79-74
42 CFR Part 442,
Subparts A & B

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

4.13 Required Provider Agreement

(a) All requirements of 42 CFR 431.107 and Part 442, Subparts A and B are met with respect to agreements between the Medicaid agency and each provider furnishing services under the plan.

(b) All requirements of section 1920(b)(2) and ~~(c)~~ are met with respect to agreements between the Medicaid agency and each qualified provider furnishing ambulatory prenatal care to pregnant women during a presumptive eligibility period.

Yes.

Not applicable. Ambulatory prenatal care is not provided to pregnant women during a presumptive eligibility period.

TN No. 91-1

Supersedes

TN No. 87-4

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HCFA ID: 1010P/0012P

MEDICAID STATE PLAN SUPPLEMENTAL - Attachment 4.13A

I. A. Suspension or Termination of Provider from Participation:1. Cause for Suspension or Termination:

- a. Any violation of rule or regulation of this program by an individual, institution or organization, or any provider's practice which is deemed harmful to public health, safety and the welfare of recipients.
- b. The conviction of a provider of a felony, or any offense involving moral turpitude.
- c. Fraud against the program such as, but not limited to, the claiming and receiving of payment for services not provided, submittal of claim and acceptance of payment for services already paid, or deliberate preparation of a claim in a manner which causes higher payment than the amount of entitlement.
- d. Requiring and receiving payment from a recipient to make up for the difference between the Department's applicable fee schedule or rate, and the provider's customary charges.
- e. Action taken by the provider's professional group or organization, or court of law, disapproving the provider's methods of treatment or care as not being within the practice of his profession, or harmful to patient's health and safety.

2. Suspension or Termination Requirements:

- a. Adequate substantiated evidence of a violation is obtained.
- b. The provider is given full information and notice of the alleged violation and regarding the reason for investigation.
- c. The provider is afforded adequate time and opportunity to express his views regarding the problem and to furnish information which may help to disprove the alleged violation.
- d. Suspension may be permanent, but not less than one year.

Attachment 4-13A

3. Determination to Suspend or Terminate:

Recommendation to suspend or terminate a vendor shall lay with the Medicaid Supervisor and Administrator of Social Services, with appropriate action being taken by the Director of Public Health and Social Services.

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: GUAM

Citation

4.14 Utilization Control

42 CFR 431.630
42 CFR 456.2
50 FR 15312

(a) A Statewide program of surveillance and utilization control has been implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

Directly.

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(Section 9431)

By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO--

- (1) Meets the requirements of §434.6(a);
- (2) Includes a monitoring and evaluation plan to ensure satisfactory performance;
- (3) Identifies the services and providers subject to PRO review;
- (4) Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
- (5) Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designated under 42 CFR Part 462.

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(Section 9431)

By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

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Supersedes
TN No. 85-5

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HCFA ID: 1010P/0012P

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

State: GUAM

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for:

All hospitals (other than mental hospitals).

Those specified in the waiver.

No waivers have been granted.

TN No. 85-5
Supersedes
TN No. _____

Approval Date NOV 7 1985

Effective Date 7-1-85

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-7 (BERC)
 JULY 1985

OMB NO.: 0938-0193

State/Territory: GUAM

Citation
 42 CFR 456.2
 50 FR 15312

4.14 (c) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart D, for control of utilization of inpatient services in mental hospitals.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for:

All mental hospitals.

Those specified in the waiver.

No waivers have been granted.

Not applicable. Inpatient services in mental hospitals are not provided under this plan.

TN No. 85-5
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 TN No. _____

Approval Date: NOV 7 1985

Effective Date 7-1-85

HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3 (BERC)
MAY 1985

State: GUAM

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart E for:

All skilled nursing facilities.

Those specified in the waiver.

No waivers have been granted.

TN No. 85-5
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TN No. _____

Approval Date NOV 7 1985

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HCFA ID: 0048P/0002P

Revision: HCFA-PM-85-3 (BERG)
MAY 1985

State: GUAM

OMB NO. 0938-0193

Citation
42 CFR 456.2
50 FR 15312

4.14 (e) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

Facility-based review.

Direct review by personnel of the medical assistance unit of the State agency.

Personnel under contract to the medical assistance unit of the State agency.

Utilization and Quality Control Peer Review Organizations.

Another method as described in ATTACHMENT 4.14-A.

Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

Not applicable. Intermediate care facility services are not provided under this plan.

87-4

TN No. 85-5
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TN No. _____

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MARCH 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation
1902(a)(30)
and 1902(d) of
the Act,
P.L. 99-509
(Section 9431)

4.14 (f) The Medicaid agency meets the requirements of section 1902(a)(30) of the Act for control of the utilization of services furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually by:

A Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

A private accreditation body.

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HCFA ID: 1010P/0012P

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

State _____

Guam

Citation
42 CFR 456.2
AT-78-90

4.15 Inspections of Care in Skilled Nursing
and Intermediate Care Facilities and
Institutions for Mental Diseases

All applicable requirements of 42 CFR Part 456, Subpart I, are met with respect to periodic inspections of care and services.

Not applicable with respect to intermediate care facility services; such services are not provided under this plan.

Not applicable with respect to services for individuals age 65 or over in institutions for mental diseases; such services are not provided under this plan.

Not applicable with respect to inpatient psychiatric services for individuals under age 22; such services are not provided under this plan.

TN # 91-1
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May 22, 1980

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State _____

Citation
42 CFR 431.615(c)
AT-78-90

Guam 4.16

Relations with State Health and Vocational
Rehabilitation Agencies and Title V
Grantees

The Medicaid agency has cooperative arrangements with State health and vocational rehabilitation agencies and with title V grantees, that meet the requirements of 42 CFR 431.615.

ATTACHMENT 4.16-A describes the cooperative arrangements with the health and vocational rehabilitation agencies.

TN # 75-2
Supersedes
TN # _____

Approval Date 1/14/76

Effective Date 4/1/75

ATTACH 4.16 - A

1. The State agency will make cooperative arrangements with State health and State vocational rehabilitation agencies (including agencies which administer or supervise health or vocational rehabilitation services) directed toward maximum utilization of such services in the provision of medical assistance under the plan. Attached are descriptions of the cooperative arrangements.

2. The State agency will make cooperative arrangements with grantees under title V of the Social Security Act to provide for utilizing such grantee agencies in furnishing, to medical assistance recipients, care and services which are available under title V plans or projects and are included in the State plan for title XIX. Such arrangements will include, where requested by the title V grantee, provision for reimbursing the title V grantee for care or services furnished by or through such grantee to individuals eligible therefore under the title XIX plan, and will be in writing.

3. The arrangements with State health and State vocational rehabilitation agencies, and with title V grantees that request provision for reimbursement will include a description, as appropriate, of the items specified in 45 CFR 251.10(a) (3).

Revision: HCFA-AT-82-29 (BPP)
December 1982

State Guam

Citation
42 CFR 433.36 (c)
AT-78-90
47 FR 43644

4.17 Liens and Recoveries

Liens are imposed against an individual's property.

No.

Yes.

(a) Liens are imposed against an individual's property before his or her death because of Medicaid claims paid or to be paid on behalf of that individual following a court judgement which determined that benefits were incorrectly paid for that individual.

Item (a) is not applicable. No such lien is imposed.

Item (a) applies only to an individual's real property;

Item (a) applies only to an individual's personal property; or

Item (a) applies to both an individual's real and personal property.

(b) Liens are placed against the real property of an individual before his or her death because of Medicaid claims paid or to be paid for that individual in accordance with 42 CFR 433.36(g)(1) and (g)(2).

Item (b) is not applicable. No such lien is imposed.

TN # 83-6
Supersedes _____
TN # _____

Approval Date 9-21-83 Effective Date 10/1/82

Revision: HCFA-AT-82-29 (BPP)
December 1982

State Guam

Citation
42 CFR 433.36 (c)
AT-78-90
47 FR 43644

- 4.17 (c) Adjustments or recoveries for Medicaid claims correctly paid are imposed only in accordance with section 433.36 (h).
- (d) No money payments under another program are reduced as a means of recovering Medicaid claims incorrectly paid.
- (e) ATTACHMENT 4.17-A —
- (a) Specifies the process for determining that an institutionalized individual cannot reasonably be expected to be discharged from the medical institution and return home. The description of the process meets the requirements of 42 CFR 433.36 (d).
- (b) Defines the terms specified in 42 CFR 433.36 (e).
- (c) Specifies the criteria by which a son or daughter can establish that he or she has been providing care, as specified under 42 CFR 433.36 (f).

TN # 83-6
Supersedes
TN # _____

Approval Date 9-21-82 Effective Date 10/1/82

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

Revision: HCFA-PH-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

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) (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

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

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

Revision: HCFA-PH-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.

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, 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
TN # _____

Approval Date _____

Effective Date _____

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

Citation

42 CFR 447.201
42 CFR 447.204
AT-78-90

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.

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

1980 5 22

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

Revision: HCFA-PM-86-3 (BERC)
MARCH 1986

State/Territory: GUAM

Citation

4.22 (continued)

42 CFR 433.151(a)
50 FR 46652

(c) The Medicaid agency has written cooperative agreements for the enforcement of rights to and collection of third party benefits assigned to the State as a condition of eligibility for medical assistance with at least one of the following: (Check as appropriate.)

State title IV-D agency. The requirements of 42 CFR 433.152(b) are met.

Other appropriate State agency(s)--

Other appropriate agency(s) of another State--

Courts and law enforcement officials.

42 CFR 433.151(b)
50 FR 46652

(d) The Medicaid agency meets the requirements of 42 CFR 433.153 and 433.154 for making incentive payments and for distributing third party collections.

TN No. 87-1
Supersedes
TN No. 79-6

JUL 31 1987

Approval Date _____

Effective Date 07/01/87

HCFA ID: 0105P/0002P

Revision: HCFA-AT-84-2 (BERC)
01-84

State GUAM

Citation
42 CFR Part 434.4
48 FR 54013

4.23 Use of Contracts

The Medicaid agency has contracts of the type(s) listed in 42 CFR Part 434. All contracts meet the requirements of 42 CFR Part 434.

Not applicable. The State has no such contracts.

84-2

TN # _____

Supersedes _____

TN # 80-9

Approval Date 8-3-84 Effective Date 7-1-84

Revision: HCFA-PM-94-2 (BPD)
APRIL 1994

State/Territory:

GUAM

Citation 4.24
42 CFR 442.10
and 442.100
AT-78-90
AT-79-18
AT-80-25
AT-80-34
52 FR 32544
P.L 100-203
(Sec. 4211)
54 FR 5316
56 FR 48826

Standards for Payments for Nursing Facility
and Intermediate Care Facility for the Mentally
Retarded Services

With respect to nursing facilities and
intermediate care facilities for the mentally
retarded, all applicable requirements of
42 CFR Part 442, Subparts B and C are met.

- Not applicable to intermediate care
facilities for the mentally retarded;
such services are not provided under this
plan.
- Not applicable to nursing facilities
for the mentally retarded; such services
are not provided under this plan.

TN No. 94-002
Supersedes _____ Approval Date MAY 13 1994 Effective Date 4/1/94
TN No. 87-14

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

State Guam

Citation
42 CFR 431.702
AT-78-90

4.25 Program for Licensing Administrators of Nursing Homes

The State has a program that, except with respect to Christian Science sanatoria, meets the requirements of 42 CFR Part 431, Subpart N, for the licensing of nursing home administrators.

75-2	1/14/76	4/1/75
TN # _____	Approval Date _____	Effective Date _____
Supersedes _____		
TN # _____		

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

State Guam

4.26 [Reserved]

TN # _____
Supersedes _____
TN # _____

Approval Date _____

Effective Date _____

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

JAN 29 1981

State Guam

Citation
42 CFR 431.115 (c)
AT-78-90
AT-79-74

4.27 Disclosure of Survey Information and Provider
or Contractor Evaluation

The Medicaid agency has established procedures for disclosing pertinent findings obtained from surveys and provider and contractor evaluations that meet all the requirements in 42 CFR 431.115.

TN # 75-2
Supersedes
TN # _____

Approval Date 1/14/76 Effective Date 4/1/75

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: GUAM

Citation
42 CFR 431.152
AT-79-18
52 FR 32544

4.28 Appeals Process for Skilled Nursing and Intermediate
Care Facilities

The Medicaid agency has established appeals procedures for skilled nursing and intermediate care facilities as specified in 42 CFR 431.153 and 431.154.

Not applicable to intermediate care facilities; such services are not provided under this plan.

TN No. 89-1
Supersedes
TN No. 79-16

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

Sec. 1902(a)
(4)(C) of the Act
P.L. 95-559,
sec. 14
AT-79-42

4.29 Conflict of Interest Provisions

The Medicaid agency meets the requirements of Section 1902(a)(4)(C) of the Act concerning the prohibition against acts, with respect to any activity under the plan, that are prohibited by Section 207 or 208 of title 18, United States Code.

TN # 79-17

Supersedes

TN #

Approval Date 10/9/79

Effective Date 7/1/79

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation
42 CFR 1002.203
AT-79-54
48 FR 3742
51 FR 34772

4.30 Exclusion of Providers and Suspension of Practitioners and Other Individuals

(a) All requirements of 42 CFR Part 1002, Subpart B are met.

The agency, under the authority of State law, imposes broader sanctions.

TN No. 87-14
Supersedes
TN No. 87-4

Approval Date 10/10/89

Effective Date 7/1/89

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193
4.30 Continued

State/Territory: Guam

Citation

1902(p) of the Act
P.L. 100-93
(secs. 7)

(b) The Medicaid agency meets the requirements of--

(1) Section 1902(p) of the Act by excluding from participation--

(A) At the State's discretion, any individual or entity for any reason for which the Secretary could exclude the individual or entity from participation in a program under title XVIII in accordance with sections 1128, 1128A, or 1866(b)(2).

(B) Any HMO (as defined in section 1903(m) of the Act) or an entity furnishing services under a waiver approved under section 1915(b)(1) of the Act, that--

(i) Could be excluded under section 1128(b)(8) relating to owners and managing employees who have been convicted of certain crimes or received other sanctions, or

(ii) Has, directly or indirectly, a substantial contractual relationship (as defined by the Secretary) with an individual or entity that is described in section 1128(b)(8)(B) of the Act.

TN No. 87-14
Supersedes
TN No. _____

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-AT-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193
4.30 Continued

State/Territory: Guam

Citation

1902(a)(39) of the Act
P.L. 100-93
(sec. 8(f))

(2) Section 1902(a)(39) of the Act by--

(A) Excluding an individual or entity from participation for the period specified by the Secretary, when required by the Secretary to do so in accordance with sections 1128 or 1128A of the Act; and

(B) Providing that no payment will be made with respect to any item or service furnished by an individual or entity during this period.

(c) The Medicaid agency meets the requirements of--

1902(a)(41)
of the Act
P.L. 96-272,
(sec. 308(c))

(1) Section 1902(a)(41) of the Act with respect to prompt notification to HCFA whenever a provider is terminated, suspended, sanctioned, or otherwise excluded from participating under this State plan; and

1902(a)(49) of the Act
P.L. 100-93
(sec. 5(a)(4))

(2) Section 1902(a)(49) of the Act with respect to providing information and access to information regarding sanctions taken against health care practitioners and providers by State licensing authorities in accordance with section 1921 of the Act.

TN No. 87-14
Supersedes
TN No. 81-4

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation

455.103
44 FR 41644
1902(a)(38)
of the Act
P.L. 100-93
(sec. 8(f))

4.31 Disclosure of Information by Providers and Fiscal Agents

The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.

435.940
through 435.960
52 FR 5967

4.32 Income and Eligibility Verification System

(a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960.

(b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested.

TN No. 87-14
Supersedes
TN No. 87-9

Approval Date 10/10/89

Effective Date 2/1/89

HCFA ID: 1010P/0012P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Territory: GUAM

INCOME AND ELIGIBILITY VERIFICATION SYSTEM PROCEDURES
REQUESTS TO OTHER STATE AGENCIES

The Guam Public Welfare Division requests information to verify Medicaid eligibility and recipient income for each applicant as specified under provisions of 42CFR 435.948 (a) (2), (3) (4), & (6).

Provision 42 CFR 435.948 (a) (6) is met by Guam Welfare as follows:

Any additional income, resource, or eligibility information concerning Guam applicants and recipients is routinely requested and verified from agencies within Guam and other States administering the programs described in 42CFR 435.948 (a) (6).

TN No. 87-3
Supersedes
TN No. N/A

Approval Date AUG 28 1987

Effective Date 7/1/87

HCFA ID: 0124P/0002P

Revision: HCFA-PM-87-14 (BERC)
OCTOBER 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation
1902(a)(48)
of the Act,
P.L. 99-570
(Section 11005)
P.L 100-93
(sec. 5(a)(3))

4.33 Medicaid Eligibility Cards for Homeless Individuals

- (a) The Medicaid agency has a method for making cards evidencing eligibility for medical assistance available to an individual eligible under the State's approved plan who does not reside in a permanent dwelling or does not have a fixed home or mailing address.
- (b) ATTACHMENT 4.33-A specifies the method for issuance of Medicaid eligibility cards to homeless individuals.

TN No. 87-14
Supersedes
TN No. 87-4

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

METHOD FOR ISSUANCE OF MEDICAID ELIGIBILITY CARDS
TO HOMELESS INDIVIDUALS

1. The Medicaid Card is mailed out to the mailing address indicated in the Public Assistance Recipient's application form submitted to the Department of Public Health and Social Services.
2. The Medicaid Card may be mailed to the address of relatives as indicated in the Public Assistance Recipient's application form submitted to the Department of Public Health and Social Services.
3. The Medicaid Card may be picked up at the Department of Public Health and Social Services as requested by the Public Assistance Recipient.
4. The Medicaid Card may be mailed to the Village Commissioner for homeless individuals where the Public Assistance Recipient may call.

TN No. 87-4
Supersedes
TN No. _____

Approval Date 10/10/89

Effective Date 7/1/89

HCFA ID: 1080P/0020P

Revision: HCFA-PM-88-10 (BERC)
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: GUAM

Citation
1137 of
the Act

P.L. 99-603
(sec. 121)

4.34 Systematic Alien Verification for Entitlements

The State Medicaid agency has established procedures for the verification of alien status through the Immigration & Naturalization Service (INS) designated system, Systematic Alien Verification for Entitlements (SAVE), effective October 1, 1988.

The State Medicaid agency has elected to participate in the option period of October 1, 1987 to September 30, 1988 to verify alien status through the INS designated system (SAVE).

The State Medicaid agency has received the following type(s) of waiver from participation in SAVE.

Total waiver

Alternative system

Partial implementation

TN No. 89-1
Supersedes
TN No. 87+14

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

Citation
1902(a)(68) of
the Act,
P.L. 109-171
(section 6032)

4.42 Employee Education About False Claims Recoveries.

- (a) The Medicaid agency meets the requirements regarding establishment of policies and procedures for the education of employees of entities covered by section 1902(a)(68) of the Social Security Act (the Act) regarding false claims recoveries and methodologies for oversight of entities' compliance with these requirements.

(1) Definitions.

(A) An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement (including any Medicaid managed care organization, irrespective of the form of business structure or arrangement by which it exists), whether for-profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

If an entity furnishes items or services at more than a single location or under more than one contractual or other payment arrangement, the provisions of section 1902(a)(68) apply if the aggregate payments to that entity meet the \$5,000,000 annual threshold. This applies whether the entity submits claims for payments using one or more provider identification or tax identification numbers.

A governmental component providing Medicaid health care items or services for which Medicaid payments are made would qualify as an "entity" (e.g., a state mental

TN No. 07-001
Supersedes
TN No. NA

Approval Date: JUN - 5 2007 Effective Date: 1/01/07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

health facility or school district providing school-based health services). A government agency which merely administers the Medicaid program, in whole or part (e.g., managing the claims processing system or determining beneficiary eligibility), is not, for these purposes, considered to be an entity.

An entity will have met the \$5,000,000 annual threshold as of January 1, 2007, if it received or made payments in that amount in Federal fiscal year 2006. Future determinations regarding an entity's responsibility stemming from the requirements of section 1902(a)(68) will be made by January 1 of each subsequent year, based upon the amount of payments an entity either received or made under the State Plan during the preceding Federal fiscal year.

(B) An "employee" includes any officer or employee of the entity.

(C) A "contractor" or "agent" includes any contractor, subcontractor, agent, or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

(2) The entity must establish and disseminate written policies which must also be adopted by its contractors or agents. Written policies may be on paper or in electronic form, but must be readily available to all employees, contractors, or agents. The entity need not create an employee handbook if none already exists.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

- (3) An entity shall establish written policies for all employees (including management), and of any contractor or agent of the entity, that include detailed information about the False Claims Act and the other provisions named in section 1902(a)(68)(A). The entity shall include in those written policies detailed information about the entity's policies and procedures for detecting and preventing waste, fraud, and abuse. The entity shall also include in any employee handbook a specific discussion of the laws described in the written policies, the rights of employees to be protected as whistleblowers and a specific discussion of the entity's policies and procedures for detecting and preventing fraud, waste, and abuse.
- (4) The requirements of this law should be incorporated into each State's provider enrollment agreements.
- (5) The State will implement this State Plan amendment on January 01, 2007.
- (b) ATTACHMENT 4.42-A describes, in accordance with section 1902(a)(68) of the Act, the methodology of compliance oversight and the frequency with which the State will re-assess compliance on an ongoing basis.

TN No. 07-001
Supersedes
TN No. NA

Approval Date: JUN - 5 2007 Effective Date: 1/01/07

ATTACHMENT 4.42-A

Employee Education About False Claims Recoveries.

An "entity" includes a governmental agency, organization, unit, corporation, partnership, or other business arrangement whether for-profit or not-for-profit, which receives or makes payments, under a State Plan approved under title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually. The Agency shall determine which individuals or organizations meet the definition of entity and notify the individual or organization in writing no later than November 15 each year.

For calendar year 2007, an entity that has met the \$5,000,000 annual threshold shall be required to submit by July 31, 2007 the following: 1) A copy of the entity's policies and procedures which should include a brief description of the Federal law and any local laws on false claims and whistleblower protection, and 2) a copy of the employee handbook, if one exists, which contains the rights of the employees to be protected as whistleblowers and the procedures for preventing fraud, waste, and abuse. For subsequent years, entities that meet the \$5,000,000 annual threshold by September 30 will be required to submit the above information by January 1 of the following year. The Agency will re-assess the entity's compliance on an ongoing basis by reviewing their policies and ensuring they are in conformity with the False Claims Act and the other provisions named in section 1902(a)(68).

The Agency will send reminder notices no later than December 15 of each year to the entity regarding the requirements of section 1902(a)(68) of the Act, P.L. 109-171 (section 6032). The provider's failure to meet the requirements could result in the forfeiture of all Medicaid payments during the period of noncompliance.

TN No. 07-001
Supersedes _____
TN No. _____

Approval Date: JUN - 5 2007 Effective Date: 1/01/07

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: GUAM

Citation
1902(a)(69) of
the Act,
P.L. 109-171
(section 6034)

4.43 Cooperation with Medicaid Integrity Program Efforts.
The Medicaid agency assures it complies with such requirements
determined by the Secretary to be necessary for carrying out the
Medicaid Integrity Program established under section 1936 of the
Act.

TN No. 08-01
Supersedes
TN No. NA

Approval Date: OCT 20 2008 Effective Date: July 1, 2008

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States

The Medicaid agency shall not provide any payments for items or services provided under the State Plan or under a waiver to any financial institution or entity located outside of the United States. [Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)]

PROPOSED SECTION 4 - GENERAL PROGRAM ADMINISTRATION

4.5 Medicaid Recovery Audit Contractor Program

<p><u>Citation</u></p> <p>Section 1902(a)(42)(B)(i) of the Social Security Act</p> <p>Section 1902(a)(42)(B)(ii)(I) of the Act</p> <p>Section 1902 (a)(42)(B)(ii)(II)(aa) of the Act</p>	<p>_____ The State has established a program under which it will contract with one or more recovery audit contractors (RACs) for the purpose of identifying underpayments and overpayments of Medicaid claims under the State plan and under any waiver of the State plan.</p> <p>✓ The State is seeking an exception to establishing such program for the following reasons: Guam's Medicaid funds come in the form of an annual capped block grant, and because health care on the island is predominantly provided by the government, procuring a Recovery Audit Contractor is not a feasible option for Guam.</p> <p>_____ The State/Medicaid agency has contracts of the type(s) listed in section 1902(a)(42)(B)(ii)(I) of the Act. All contracts meet the requirements of the statute. RACs are consistent with the statute.</p> <p>Place a check mark to provide assurance of the following:</p> <p>_____ The State will make payments to the RAC(s) only from amounts recovered.</p> <p>_____ The State will make payments to the RAC(s) on a contingent Basis for collecting overpayments.</p> <p>The following payment methodology shall be used to determine State payments to Medicaid RACs for identification and recovery of overpayments (e.g., the percentage of the contingency fee):</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will not exceed the highest rate paid to Medicare RACs, as published in the Federal Register.</p> <p>_____ The State attests that the contingency fee rate paid to the Medicaid RAC will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will only submit for FFP up to the amount equivalent to that published rate.</p>
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TN No. 10-004
Supersedes
TN No. _____

Approval Date: FEB 10 2011

Effective Date: January 1, 2011

<p>Section 1902 (a)(42)(B)(ii)(II)(bb) of the Act</p>	<p>_____ The contingency fee rate paid to the Medicaid RAC that will exceed the highest rate paid to Medicare RACs, as published in the Federal Register. The State will submit a justification for that rate and will submit for FFP for the full amount of the contingency fee.</p>
<p>Section 1902 (a)(42)(B)(ii)(III) of the Act</p>	<p>_____ The following payment methodology shall be used to determine State payments to Medicaid RACs for the identification of underpayments (e.g., amount of flat fee, the percentage of the contingency fee):</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(aa) of the Act</p>	<p>_____ The State has an adequate appeal process in place for entities to appeal any adverse determination made by the Medicaid RAC(s).</p>
<p>Section 1902(a)(42)(B)(ii)(IV)(bb) of the Act</p>	<p>_____ The State assures that the amounts expended by the State to carry out the program will be amounts expended as necessary for the proper and efficient administration of the State plan or a waiver of the plan.</p>
<p>Section 1902 (a)(42)(B)(ii)(IV)(cc) Of the Act</p>	<p>_____ The State assures that the recovered amounts will be subject to a State's quarterly expenditure estimates and funding of the State's share.</p>
	<p>_____ Efforts of the Medicaid RAC(s) will be coordinated with other contractors or entities performing audits of entities receiving payments under the State plan or waiver in the State, and/or State and Federal law enforcement entities and the CMS Medicaid Integrity Program.</p>

TN No. 10-004
 Supersedes _____
 TN No. _____

Approval Date: _____ FEB 10 2011 Effective Date: January 1, 2011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam**4.46 PROVIDER SCREENING AND ENROLLMENT**

The Medicaid agency gives the following assurances:

[1902(a)(77) 1902(a)(39) 1902(kk); P.L. 111-148 and P.L. 111-152]

PROVIDER SCREENING

Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(3), 1902(a)(77) and 1902(kk) of the Act. (42 CFR 455 Subpart E)

**ENROLLMENT AND SCREENING OF PROVIDERS (42 CFR 455.410)**

Assures enrolled providers will be screened in accordance with 42 CFR 455.400 et seq.

Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.

VERIFICATION OF PROVIDER LICENSES (42 CFR 455.412)

Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

REVALIDATION OF ENROLLMENT (42 CFR 455.414)

Assures that providers will be revalidated regardless of provider type at least every 5 years.

TERMINATION OR DENIAL OF ENROLLMENT (42 CFR 455.416)

Assures that the State Medicaid agency will comply with section 1902(a)(3) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

TN: 12-001Approval Date: APR 26 2012Effective Date: January 1, 2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

REACTIVATION OF PROVIDER ENROLLMENT (42 CFR 455.420)

X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.

APPEAL RIGHTS (42 CFR 455.422)

X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.

SITE VISITS (42 CFR 455.432)

X Assures that pre-enrollment and post-enrollment site visits of providers who are in "moderated" or "high" risk categories will occur.

CRIMINAL BACKGROUND CHECKS (42 CFR 455.434)

X Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.

FEDERAL DATABASE CHECKS (42 CFR 455.436)

X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.

NATIONAL PROVIDER IDENTIFIER (42 CFR 455.440)

X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

TN: 12-001Approval Date: APR 26 2012Effective Date: January 1, 2012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

SCREENING LEVELS FOR MEDICAID PROVIDERS (42 CFR 455.450)

X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

APPLICATION FEE (42 CFR 455.460)

X Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(i)(2)(C) of the Act and 42 CFR 455.460.

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS (42 CFR 455.470)

X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

TN: 12-001 Approval Date: APR 26 2012 Effective Date: January 1, 2012

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 0938-1151. The time required to complete this information collection is estimated to average 15 minutes 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 _____

SECTION 5 ^{Guam} PERSONNEL ADMINISTRATION

Citation

42 CFR 432.10 (a)
AT-78-90
AT-79-23
AT-80-34

5.1 Standards of Personnel Administration

- (a) The Medicaid agency has established and will maintain methods of personnel administration in conformity with standards prescribed by the U.S. Civil Service Commission in accordance with Section 208 of the Intergovernmental Personnel Act of 1970 and the regulations on Administration of the Standards for a Merit System of Personnel Administration, 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.

The plan is locally administered and State-supervised. The requirements of 42 CFR 432.10 with respect to local agency administration are met.

(b) Affirmative Action Plan

The Medicaid agency has in effect an affirmative action plan for equal employment opportunity that includes specific action steps and timetables and meets all other requirements of 5 CFR Part 900, Subpart F.

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

new

State _____

Guam 5.2 [Reserved]

**PERSONNEL RULES AND REGULATIONS
GOVERNMENT OF GUAM**

Rule 1

PURPOSE AND SCOPE OF RULES

1.00 Purpose: It is the purpose of these rules to implement the provisions of Title V, Government Code of Guam, relating to the selection, compensation, and retirement of public employees in order to assure the orderly administration of the merit system. (NOTE: Amendments herein made were in conformance with Public Law 90-197, U.S. Congress (Elective Governor Act); applicable local laws, including Public Laws 9-86 and 9-239; Executive Order No. 67-12; and amendments to these rules heretofore promulgated by the Governor).

1.10 Coverage: These rules apply to all persons employed by the Government of Guam exclusive of those employed by Guam Memorial Hospital, Department of Education, University of Guam, Guam Housing Corporation, Guam Housing and Urban Renewal Authority, Guam Power Authority, and Guam Economic Development Authority. Exempted employees shall be given benefits under these rules not inconsistent with the law.

1.20 Application: All appointments and promotions to positions in the government service, and all measures for the control and regulation of employment and separation from service shall be applied equitably. Actions of certifying and appointing officers with respect to employee relations shall be such as to insure selection and retention of employees on the basis of merit and fitness.

1.30 Limitations: Preference in employment will be to persons who are both citizens of the United States and domiciled in Guam. Territorial residence or American citizenship may be waived by the Governor upon a certification from the Director of Administration that persons who are both qualified residents or citizens are not immediately available for appointment.

GOVERNMENT OF GUAM
Office of the Governor
Agana, Guam

EXECUTIVE ORDER NO. 67-12

CIVIL SERVICE COMMISSION
DEPARTMENTAL PERSONNEL RULES
AND
REGULATIONS

WHEREAS, Section 4004, Government Code of Guam, authorizes the Board of Education, the Board of Regents of the College of Guam, the Board of Trustees of Guam Memorial Hospital, and the Director of Labor and Personnel to adopt, with limitations, personnel rules and regulations which are by the provisions of Section 4007, Government Code of Guam, subject to the approval of the Civil Service Commission and the Governor; and

WHEREAS, the newly formed Civil Service Commission has met and as an interim measure has approved those departmental rules and regulations in effect July 31, 1967, not in conflict or inconsistent with Public Law 9-86, pending formation of new regulations under such law;

NOW, THEREFORE, by virtue of the authority vested in me by Section 4007, Government Code of Guam, departmental personnel rules and regulations in effect July 31, 1967, not in conflict or inconsistent with Public Law 9-86, are approved.

Dated at Agana, Guam, this 22nd day of August, 1967.

/s/
MANUEL F.L. GUERRERO
Governor of Guam

ATTEST:

/s/
RUDOLPH G. SABLAN
Acting Secretary of Guam

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

State Guam

Citation
42 CFR Part 432,
Subpart B
AT-78-90

5.3 Training Programs; Subprofessional and
Volunteer Programs

The Medicaid agency meets the requirements of 42 CFR Part 432, Subpart B, with respect to a training program for agency personnel and the training and use of subprofessional staff and volunteers.

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

State _____

5.2 [Reserved]

TN # _____
Supersedes _____

Approval Date _____

Effective Date _____

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

State _____

Guam

SECTION 6 FINANCIAL ADMINISTRATION

Citation

42 CFR 433.32
AT-79-29

6.1 Fiscal Policies and Accountability

The Medicaid agency and, where applicable, local agencies administering the plan, maintains an accounting system and supporting fiscal records adequate to assure that claims for Federal funds are in accord with applicable Federal requirements. The requirements of 42 CFR 433.32 are met.

76-6

TN # _____

Supersedes _____

TN # _____

Approval Date _____

3/2/77

Effective Date _____

7/1/76

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

State _____

Guam

Citation

42 CFR 433.34 (b)

AT-79-29

6.2 Cost Allocation

The Medicaid agency meets the requirements of 42 CFR 433.34, paragraphs (c) through (e) with respect to the submittal and content of a cost allocation plan.

18 11 1980
11/18/80
11/18/80

76-6

TN #

Supersedes

TN #

Approval Date

3/2/77

Effective Date

7/1/76

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

State _____

Guam

Citation

42 CFR 433.33

AT-79-29

AT-80-34

6.3 State Financial Participation

(a) State funds are used in both assistance and administration.

State funds are used to pay all of the non-Federal share of total expenditures under the plan.

There is local participation. State funds are used to pay not less than 40 percent of the non-Federal share of the total expenditures under the plan. There is a method of apportioning Federal and State funds among the political subdivisions of the State on an equalization or other basis which assures that lack of adequate funds from local sources will not result in lowering the amount, duration, scope or quality of care and services or level of administration under the plan in any part of the State.

(b) State and Federal funds are apportioned among the political subdivisions of the State on a basis consistent with equitable treatment of individuals in similar circumstances throughout the State.

TN # 76-6 Approval Date 3/2/77 Effective Date 7/1/76
Supersedes
TN # _____

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

State Guam

SECTION 7 GENERAL PROVISIONS

Citation
45 CFR 205.5

7.1 Plan Amendments

The plan will be amended whenever necessary to reflect new or revised Federal statutes or regulations or material change in any phase of State law, organization, policy or State agency operations.

TN # 75-2 Approval Date 1/14/76 Effective Date 4/1/75
 Supersedes _____
 TN # _____

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

State _____

Citation
45 CFR
Parts 80
and 84

7.2 ^{Guan} Nondiscrimination

In accordance with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et. seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 70b), and the regulations at 45 CFR Parts 80 and 84, the Medicaid agency assures that no individual shall be subjected to discrimination under this plan on the grounds of race, color, national origin, or handicap.

The Medicaid agency has methods of administration to assure that each program or activity for which it receives Federal financial assistance will be operated in accordance with title VI regulations. These methods for title VI are described in ATTACHMENT 7.2-A.

TN # 75-2
Supersedes _____
TN # _____

Approval Date 1/14/76 Effective Date 4/1/75

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

State _____

Citation
45 CFR 204.1

^{Guam}
7.3 State Governor's Review

The Medicaid agency will provide opportunity for the Office of the Governor to review amendments, any new State plan and subsequent amendments, and long-range program planning projections or other periodic reports thereon. Any comments made will be transmitted to the Health Care Financing Administration with such documents.

Not applicable. The Governor—

Does not wish to review any plan material.

Wishes to review only the plan material specified in the enclosed document.

I hereby certify that I am authorized to submit this plan on behalf of

Department of Public Health and Social Services
(Designated Single State Agency)

Date April 1, 1975

/s/ Pedro L.G. Santos
(Signature)

Director of Public Health and Social Services
(Title)

ATTACHMENT 7.2-A

Nondiscrimination Policy

79-26

Nondiscrimination

Assurance is hereby given that in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 200d et. seq.) and the Regulation issued thereunder by the Department of Health, Education, and welfare (45 CFR Part 80) no individual shall, on the ground of race, color, sex, or national origin be excluded from participation in, be denied the benefits of, or be otherwise subjected discrimination under this plan.

The State agency will comply with all of the provisions for reporting its compliance with Part 80 of the regulations that are promulgated by the responsible Department official of his designee and will provide to him and to beneficiaries and participants access to sources of information in accordance with the requirements of 45 CFR Part 80.6.

ST. GUAM SA Approved 12/4/79 RO Approved 1/14/80
Effective 1/1/80