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

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

## **Skilled Nursing Facility (SNF) Reimbursement Methodology**

Effective 01/01/2021, Guam Medicaid will reimburse for Skilled Nursing Facility services on a per diem rate that is developed based on total Medicaid payments made for fiscal year 2019, divided by total Medicaid days paid for the same period, increased by an inflation factor equal to the change in the CMS skilled nursing facility market basket index levels from fiscal year 2019 to fiscal year 2021. The per diem rate is \$357.25, which will be effective from January 1, 2021 to September 30, 2021.

For each fiscal year thereafter, Guam Medicaid will adjust the per diem with an annual inflation factor equal to the change in CMS skilled nursing facility market basket index levels between the fiscal years.

Guam Medicaid will not pay in excess of the provider's customary charges to the general public. Furthermore, Guam Medicaid will ensure that such Medicaid payments will not exceed the nursing facility upper payment limit as defined in 42 CFR 447.272. Guam Medicaid will require the provider to submit a copy of its current Medicare cost report.

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

• Payment Adjustment for Provider-Preventable Conditions

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

• Other Provider-Preventable Conditions (OPPC)

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

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

TN No.:_20-0003_		Approval Date:	Effective Date: <u>01/01/2021</u>
Supersedes TN:	_11-005		

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

STATE PLAN	UNDER TITLE XIX OF THE	HE SOCIAL SECURITY ACT
	State/Territory: G	<u>buam</u>
Additional	Other Provider-Prevental	ble Conditions identified below:
_	acility days associated wit	on-island SNF claims; the additional hathe OPPC will be identified and
o.:_ <u>20-0003</u>	Approval Date:	Effective Date: <u>01/01/2021</u>

TN No.:\_20-0003 Supersedes TN: \_\_\_11-005\_\_