

Article 3
Medically Indigent Program

- §9301. Eligibility Standards.
- §9302. Amount, Duration and Scope of Medical and Remedial Care and Services Provided.
- §9303. Exclusions.
- §9304. Services Requiring Prior Authorization.
- §9305. Off-Island Medical Care.
- §9306. Responsibilities.

NOTE: Rule-making authority cited for formulation of regulations for the Medically Indigent Program of the Department of Health and Social Services, 10 GCA §2901 added by Public Law 17-83:3. These Rules and Regulations were filed with the Legislative Secretary on August 1, 1985.

There have been many Legislative changes to this MIP rogram in the years since these regulations were adopted. See the Department of Public Health & Social Services before relying on these Rules.

§9301. Eligibility Standards. (a) Program Requirements. To be eligible for coverage, an applicant for the Medically Indigent Program must be a resident of Guam who applies for and qualifies for assistance as determined by the Medically Indigent Program eligibility standards according to the following three sets of criteria: Income Limitations, Resource Limitations and Residence Requirements. Eligibility shall begin the month the application is received. Coverage of eligibility can be retroactive to three months back (90 days). An applicant must also be one who:

(1) is not eligible for Medicaid coverage under Title XIX of the Social Security Act;

(2) has neither medical insurance coverage nor the financial ability to pay for medical insurance coverage or for medical services as determined by the program; and

(3) has medical insurance coverage but such coverage is inadequate to cover the cost of medically required treatment and who is otherwise qualified for the program as a result of inadequate income or resources. Any supplemental coverage is limited to Medically Indigent Program coverage and limitations.

(b) Last Resort for Medical Services. The Medically Indigent Program is intended to be the last resort for the provision of medical services for those persons who cannot pay for medical services. Therefore, a person with medical insurance must refer claims to his insurance company first before the bills can be submitted to the Medically Indigent Program. Those services provided by federal or other

territorial programs should be utilized first as the Medically Indigent Program is the "payer of last resort".

(c) **Potential Medicaid Clients.** Potential Medicaid clients must apply for assistance to the appropriate categorical program and must be denied before they apply to the Medically Indigent Program.

(d) **Income Limitations.** Medically indigent households who fall within the following gross income limitations will not have to pay any out-of-pocket expenses on services covered by the Medically Indigent Program (except for the \$2.50 co-payment for prescribed drugs and \$5.00 co-payment for use of Guam Memorial Hospital's emergency room for outpatient services).

FAMILY SIZE	GROSS MONTHLY INCOME ALLOWED
1	\$ 410
2	\$ 542
3	\$ 648
4	\$ 754
5	\$ 845
6	\$ 935
7	\$1,027
8	\$1,106
9	\$1,184
10	\$1,264

(e) **Additional Members.** For each additional member over 10, \$60 will be added to the Gross Monthly Income Allowed.

(f) **Client's Liability Based on Partial Coverage.** If an applicant applies for assistance under the Medically Indigent Program, has a gross income which exceeds the gross income limit of its category as described above, and exceeds that limit by an amount not greater than \$300, he is still eligible for partial coverage.

(g) **Liability Guide.** The following is a table of the percentage of client's liability (per visit, hospital admission, encounters) for each range of available income per month above the income guideline:

26 GAR - PUBLIC HEALTH & SOCIAL SERVICES
 DIV. 1 - DIRECTOR OF PUBLIC HEALTH & SOCIAL SERVICES

AVAILABLE INCOME PER MONTH ABOVE INCOME GUIDE	PERCENTAGE LIABILITY GUIDE (CLIENT'S LIABILITY)
\$1 - \$50	7%
\$51 - \$100	15%
\$101 - \$150	22%
\$151 - \$200	30%
\$201 - \$250	37%
\$251 - \$300	45%

(h) **Liquid Resources.** The maximum allowable liquid resources of all members of the medically indigent household shall not exceed the limitation established below for each household size.

(i) **Assets.** In determining the liquid resources of a household applying for the Medically Indigent Program, the following shall be included as liquid assets unless otherwise exempted in this section:

- (1) Cash on hand.
- (2) Checking or Savings Account amount.
- (3) Stocks or Bonds.
- (4) Shares in Credit Union.
- (5) Lump sum payments.
- (6) Time Certificates.
- (7) Cash Value for Life Insurance.
- (8) Grants and Scholarships.

(j) **Excess Cash Resource.** In the event that the family can prove that the excess cash resource will be used for medical-treatment-related expenditure, exemptions may be granted.

(k) **Resource Limitations.** The liquid resource limitations are the following:

FAMILY SIZE	RESOURCE LEVEL
1	1200
2	1500
3	1650
4	1800
5	1950
6	2100
7	2250
8	2500
9	2650
10	2800

(l) **Vehicle, Real Property and Other Resources.** The Medically Indigent Program will allow two vehicles. The fair market value (Blue Book Value or Market Value equity less amount owed) should not exceed \$5,000 for each vehicle.

- (1) One additional property other than the one being lived in will be allowed. The value of this

additional property shall not exceed \$25,000 as appraised by the Department of Revenue and Taxation.

(2) Any transfer of the property holdings by gift or, knowingly without adequate or reasonable consideration, shall be presumed to constitute a gift of property with intent to qualify for assistance and such act shall disqualify the owner for assistance for future claims. An applicant may not apply for a period of one year before they may be eligible to re-apply.

(m) **Residence Requirements.** Transients, visitors, and person in Guam for the main reason of obtaining medical treatment are not eligible to apply. Applicants to the program must be a U.S. Citizen or alien lawfully admitted for permanent residence and residing permanently in Guam.

(n) **Insurance.** If insured, any household member at the time of application must maintain his or her insurance.

(o) **Uncovered Medical Procedure.** In situations where a client's health insurance will not be able to cover a particular condition or procedure and is within the scope of services covered under the Medically Indigent Program, the person may apply. If found eligible, only the uncovered procedure will be covered by Medically Indigent Program.

(p) **Discontinuance of Insurance.** Any household member who is discontinued from insurance coverage for reason beyond his or her control may be included under Medically Indigent Program coverage if eligibility criteria are met. Voluntary discontinuance of insurance coverage will disqualify the person(s) from participation under Medically Indigent Program for six months from date of termination.

(q) **Application.** Every applicant is required to complete the information sheet and application form as required by the Department of Public Health and Social Services.

(r) **Treatment of 18 Year Old Applicants.** An individual who is 18 years of age and who is not a dependent for tax purposes from another household may apply to the Medically Indigent Program. An 18 year old who is still attending high school or college and living at home shall be included under his parent's application to the Medically Indigent Program and the family's income.

Those living with relatives will be handled on a case per case basis.

(s) **Emancipated Adult.** There are situations where a minor will move out of his or her parent's home for various reasons. The minor may apply as an emancipated adult providing that an affidavit statement be submitted by the minor indicating that he or she is living a life as an adult apart from his or her parents, and is "self-sufficient".

(t) **Common-Law Status.** Any couple that has lived together for a period of one (1) year or more may apply together as a married couple if they execute an affidavit attesting to the fact that they live together. Any children born of such relationship shall be eligible in the same way children in a family unit qualifies. Any couple that has lived together for less than one (1) year must apply separately. All income and resources will be taken into consideration when determining eligibility.

(u) **Eligibility Periods.** Eligibility periods shall run from six months to one year. Households with at least one member from the age of seventeen through fifty-four years of age shall be given a certification of six months. A household with all members who are fifty-five years old and over with unearned income shall be given a year's certification period. Lesser certification may be assigned if deemed necessary.

(v) **Head of Household.**

(1) In a single-member household, the person shall be the head of the household.

(2) In a household where there is only one parent, that parent shall be the head of household.

(3) In a household where both the male and female parents have earned income, the parent with the higher income shall be the head of household.

(w) **Verifications.**

(1) **Birth Certificates and Social Security Card:**

(A) A Birth Certificate and Social Security Card are required for each member of the household applying for assistance.

(B) Birth Certificates may be substituted by a Passport, Baptismal Certificate, an Alien Registration Receipt Card (green card), or a

Government of Guam Identification Card if Birth Certificates are not available.

(C) In the absence of a Social Security Card, a receipt of the application for Social Security Card should be sufficient, however, the member shall provide the program with a photocopy of the Social Security Card after its receipt. This requirement may be waived by the Eligibility Unit Supervisor providing that the client's Social Security Number is indicated on the Government of Guam I.D. or on social security documents.

(2) **Alien Registration Receipt Card.** The Alien Registration Receipt Card will be required for all resident alien applicants.

(3) **Certificate of Naturalization.** The Certificate of Naturalization shall be required to determine proof of U.S. Citizenship for all naturalized U.S. Citizen applicants.

(4) **Affidavit - Common-Law.** Households involving unmarried couples living together may apply to the Medically Indigent Program as one household if they have lived together a minimum of one year and in which an affidavit involving the common-law situation is obtained.

(5) **Affidavit - Emancipated Adult.** An applicant who is a minor who no longer lives with his/her parents or guardians and is living an independent life may apply on his/her behalf to the program providing that he/she files an affidavit attesting to living an adult life and is self-sufficient.

(6) **Income.**

(A) Last two check stubs shall be provided as part of income verification.

(B) An employment verification from the employer must be obtained showing the average hours worked and hourly rate the employee has earned for the last three months.

(C) Self-employed individuals, other than those farming and fishing, with income over \$100 a month must provide the latest gross receipts tax receipt and the latest 1040 forms. If no 1040 forms can be provided, an affidavit indicating expenses for the same month shall be furnished. For

fishermen or farmers, a notarized statement of income will be required and proof of being exempted from filing the gross receipts tax must be obtained from the Department of Revenue and Taxation and submitted to the Medically Indigent Program. Those others with income less than \$100.00 a month will be required also to submit a notarized statement of earnings.

(7) **Property.** Property appraisal shall be provided on the additional property (other than the one being lived on). If appraisal is in excess of \$25,000 applicant is disqualified.

(8) **Vehicle.** Appraisal value for vehicle(s) shall be required from an automobile appraiser if the value cannot be determined through the "Blue Book". Equity value for each vehicle should not exceed \$5,000 each. If equity value is in excess of \$5,000 applicant is disqualified.

(9) **Cash Resources.** Photocopies of passbooks, bank statements are required if applicants indicate amounts in the application form.

(x) **Permanent Resident Alien.** Aliens who have resided in Guam less than three years and who are applying for assistance shall provide information and required documentation concerning the sponsor's income and resources as a condition for eligibility. The income and resources of a sponsor(s) and the sponsor's spouse, if living together, shall be treated as unearned income and resources. This requirement applies to all Permanent Residence aliens the first three years upon entry to Guam.

(y) **Issuance of Program Card.** An identification card will be issued listing all eligible family members. Each household will be assigned a unique number. Cards will indicate the period of Medically Indigent coverage, other medical insurance coverage, applicable liability rates, and selected primary physicians and specialist(s).

(z) **Denials.** Applicants are denied when:

(1) Ineligibility is established.

(2) An applicant fails to provide necessary information to determine eligibility.

(3) Program loses contact with the applicant before eligibility is determined.

(aa) Selection of a Primary Physician.

(1) Applicants may select from a list of designated physicians the doctor they would like as their primary physician.

(2) The applicant is held to receiving care from the designated primary care doctor. If the primary physician is not available, applicants will refer to listing of designated primary physicians and visit the available physician of their choice. If an applicant feel a need to change to another primary physician, the applicant will fill out a request for a change in primary physician which requires reason(s) for requesting a change.

(bb) Investigation.

(1) From a sufficient sample of applications, a comprehensive review of these applications will be made to insure the validity of such applications.

(2) As stated in P.L. 17-83, an applicant who makes false declarations to the program shall be guilty of a crime. Such an applicant shall also be ineligible for a period of six (6) months.

§9302. Amount, Duration and Scope of Medical And Remedial Care and Services Provided. (a) **Inpatient Services.** The following inpatient hospital services are provided:

(1) Covered Inpatient Services.

(A) Maximum of 60 days inpatient hospitalization per illness. If confinement is medically necessary after 60 days, prior authorization is required from the Medically Indigent Program.

(B) Semi-private room and board or private rooms when medically necessary.

(C) Coronary and intensive care.

(D) Nursery intensive infant care.

(E) Surgery and Anesthesia.

(F) Operating and Delivery room.

(G) Laboratory tests.

(H) Diagnostic radiology.

(I) Kidney dialysis treatment.

(J) One doctor's visit per day either by hospital resident (attending physician) or an intern (consultant) in intensive care and coronary care unit.

(K) Emergency room services.

(L) Physical and occupational therapy when prescribed by physician and provided by a qualified and registered therapist.

(M) Inhalation therapy.

(N) Care for Tuberculosis or Lytico/Bodig (amyotrophic lateral sclerosis or Parkinsonism dementia). Care is limited to condition related services.

(O) Insulin injections for diabetes.

(P) Deliveries of Public Health Maternal and Child Health patients who are program eligible.

(Q) Deliveries of patients with no pre-natal care.

(2) The Medically Indigent Program shall not cover the following inpatient services:

(A) Cosmetic surgery.

(B) Private duty nursing services.

(C) Personal comfort or convenience items.

(D) Any services or items requiring prior authorizations which has not been obtained or has been denied, e.g., physical therapy, medical supplies, etc.

(E) Mental Disorders and psychiatric services.

(F) Admissions primarily for rest care, custodial or convalescent care.

(3) Payment for Guam Memorial Hospital Inpatient Services shall be on a fee for service basis unless otherwise indicated. Medical claims are subject to review by the program. The following are covered services and fees:

COVERED SERVICES: FEE:

- (1) Room and Board Fee for service charges
- Semi-private or
- private room rate Fee for service charges
- Intensive Care Unit Fee for service charges
- Coronary Care Unit Fee for service charges
- Neonatal Intensive

26 GAR - PUBLIC HEALTH & SOCIAL SERVICES
DIV. 1 - DIRECTOR OF PUBLIC HEALTH & SOCIAL SERVICES

Care	Fee for service charges
Telemetry	Fee for service charges
Nursery	Fee for service charges
Skilled Nursing Facilities	
Services (SNFS) (including medical care)	Fee for service charges
(2) Physician services including surgery and anesthesia	1970 HRVS conversion factor 1.0 for internal medicine 10 for surgery and anesthesia
(3) Operating Room	Fee for service charges
(4) Pathology and Laboratory Services	Fee for service charges

- (5) Hemodialysis acute care Fee for service charges
- (A) Stabilization Fee for service charges
- (B) Limited care Fee for service charges
- (C) Self training Fee for service charges
- (6) Radiological services Fee for service charges
- (7) Drugs Fee for service charges
- (8) Emergency room Services Fee for service charges

(9) The following items are considered part of the routine services which are included in the room charge. No additional payment is warranted:

(A) Gloves

(B) Enema

(C) Items stocked at nursing stations or on the floor in gross supply and distributed or used individually in small quantities such as alcohol, applicators, cotton balls, band-aids, antacids, aspirins (and other non-legend drugs ordinarily kept on hand), suppositories, and tongue depressors, lotion (except for skin disease), shampoos.

(D) Items used by individual patient but which are reusable and expected to be available, such as ice bags, bedrails, canes, crutches, walkers, wheelchairs, traction equipment, and other durable medical equipment.

(E) Special dietary supplements used for tube feeding or oral feeding.

(F) Dressing trays.

(G) Thermometers.

(H) Powder, cream.

(I) Underpads.

(J) Bedpans.

(K) Q-tips.

(b) Outpatient Services.

(1) The following outpatient hospital services shall be covered:

- (A) Hospital-based physician services.
- (B) Laboratory and diagnostic tests.
- (C) Diagnostic radiology.
- (D) Laboratory tests and diagnostic radiology not available at Public Health for Maternal and Child Health Program clients (clients must be program eligible).
- (E) Emergency room for warranted emergencies. \$5.00 co-payment required.
- (F) Drugs which are prescribed by physicians and cannot be bought without a prescription.
- (G) Medical and surgical supplies.
- (H) Operating room.
- (I) Dialysis treatment.
- (K) Physical and inhalation therapy (prior authorization is required).
- (L) Insulin injections for diabetes.
- (M) Lytico-Bodig related services. (amyotrophic lateral sclerosis or Parkinsonism dementia).

(2) The following outpatient hospital services shall not be covered:

- (A) Routine or annual physical examination.
- (B) Non-emergency use of the emergency room.
- (C) Section 2103 drugs on Food and Drug Administration.

(3) The following fee schedule will be used for outpatient services.

COVERED SERVICES	FEE:
(1) Physician services	1 9 7 0
RVS conversion factor	
1.0 for internal medicine	
anesthesia.	10 for surgery and
(2) Operating Room	Fee for
service charges	
(3) Laboratory and X-ray	
Fee for service charges	
(4) Drugs	Fee for service
charges with	
	\$2.50 co-payment
(5) Emergency room services,	
Fee for service charges with	
	if warranted \$ 5 . 0 0 c o -
payment	
(6) Hemodialysis stabilization	
Fee for service charges	
	limited care.

(c) Physician, Laboratory and X-Ray Claims.

(1) Coverage:

(A) Medical and surgical services. (except over-the-counter drugs.)

(B) Injections and drugs dispensed by the physicians.

(C) Services and supplies incidental to physician services.

(D) Kidney dialysis.

(E) One hospital visit per day except consultation in ICU or CCU which requires justification.

(F) Laboratory and diagnostic x-ray procedures ordered by physicians.

(G) Insulin injections for diabetes.

(H) Services provided by non-Medically Indigent Program Providers will be reimbursed according to Medically Indigent Program fee schedule.

(I) Lytico-Bodig related services (amyotrophic lateral sclerosis or Parkinsonism disease).

(2) The following services will not be covered:

(A) Cosmetic surgery.

(B) Vaccine supply for diseases available free at Public Health.

(C) Chiropractor's services.

(D) Acupuncture.

(E) Services provided at Public Health.

(F) Any services or items requiring prior authorizations which has not been obtained or has been denied by the Medically Indigent Program.

(3) The following Fee Schedule for Physician, Laboratory and X-Ray claims shall be used:

COVERED SERVICES	FEE
(1) Physician services	1970 HRVS conversion factor of 1.0
(2) Surgery and Anesthesia factor	1970 HRVS conversion factor of 10
(3) Outpatient Surgery	1970 HRVS conversion factor of 11
(4) Regular	1970 HRVS conversion factor of .43 or the current Medicare rate whichever is lower
(A) Laboratory tests	Will be paid on a negotiated fee schedule.
(B) Panel tests	Will be paid on a negotiated fee schedule.
(5) X-Ray	1970 HRVS conversion factor

paid on a negotiated fee
schedule

(d) **Skilled Nursing Care Services.** Skilled Nursing Care shall be on a fee for services basis. The program shall provide Skilled Nursing Care coverage for 180 days per year for recipients. However, the following services are not covered under SNF:

- (1) Custodial care
- (2) Personal comfort items
- (3) Private duty nursing services
- (4) Unskilled services

(e) **Optometrist Services.** Optometrist services are covered for eye examination (not to exceed one examination a year) only if provided for by Optometrists authorized by the Medically Indigent Program.

(f) **Eyeglasses.** Eyeglasses for adults (19 and above) shall be covered, however, with limitations. Coverage will be provided to clients not eligible under any local organization, federal program or agency. Co-payment of \$25.00 per glasses and prior authorization are required. Lenses are limited to once every year. Standard frames are limited to once every two (2) years.

(g) **Audiological Evaluation.** Audiological evaluation shall be covered if required by an ENT specialist. Payment will be made on negotiated fee schedule.

(h) **Speech, Language Evaluation and Hearing Therapy.** Coverage is limited to stroke and patients with laryngectomy. Prior authorization by the Medically Indigent Program is required.

(i) **Dental Services.** Emergency dental services (extractions) which are necessary to alleviate severe pain are covered for adults (19 and above).

(j) **Hearing Aids** Hearing Aids to correct significant disability for adults (22 and above) who are not eligible under any local organization, federal program or agency will be covered. Co-payment of \$100 per hearing aid and prior authorization are required.

(k) **Medical Equipment.** Prosthetic/Orthotic devices and durable medical equipment, are covered for Public Health Services for Handicapped Children Program clients (0-21 years of age). Clients must be eligible under the Medically Indigent program for coverage. Prior authorization is required.

(l) **Physical Examinations.** Routine Physical Examinations are covered once every three years. Prior authorization is required.

(m) **Family Planning Services.** Voluntary sterilization for females and males are covered for Public Health Maternal and Child Health program clients. Clients must be eligible under the Medically Indigent Program for coverage. Prior authorization is required.

(n) **Home Health Services:** The following Home Health Services shall be covered:

(1) Medical supplies, when prescribed by physician, are covered. A prescription from the attending physician including diagnosis and an itemized list of supplies must be submitted to Medically Indigent Program before a prior authorization can be issued. The following are covered:

(A) Dressing supplies (combined 4x4s, 2x2s gauze pads, elastic bandages, porous tapes, etc.).

(B) Colostomy and ileostomies (original sets, replacement and ongoing care supplies).

(C) Urinary appliances (sterile foley catheters, irrigations sets, catheterization sets, bags, tubes, etc.).

(D) Supports and abdominal binders (not to include braces).

(E) Syringes and needles.

(2) **Medical Equipment** - Medically Indigent Program covers only oxygen refills.

(A) The following medical equipment are not covered:

1. Wheelchairs
2. Walkers
3. Hospital beds
4. Bedside rails
5. Bedpans

(B) A referral from the Home Care Program must be submitted to the Medically Indigent Program before a prior authorization can be issued. Referral should include the diagnosis, the name of supplies and the anticipated period of use.

(C) Physical and Occupational therapy services are covered if prior authorized by the Medically Indigent Program is obtained. Any extension of physical therapy beyond the period of six weeks will require prior approval by the Medically Indigent Program Medical Consultant.

(o) **Drug Prescription Coverage.** The following drug prescriptions shall be covered:

(1) Outpatient prescribed drugs are provided and reimbursed in accordance with the drug formulary which includes the name of drugs covered by the Medically Indigent Program, the strength, the Maximum Allowable Charge (MAC) and the maximum or minimum allowable quantity.

(2) The dispensing fee per prescription per item prescribed is \$2.75. If the pharmacist has in his inventory drugs with ingredients which cost less than the Maximum Allowable Charge of acceptable quality, he is required to charge the Medically Indigent Program at the lower cost.

(3) Medically Indigent Program clients will have to pay a \$2.50 co-payment charge per prescription filled. Those with liabilities must pay \$2.50 plus their liability share.

(4) Drugs not listed in the drug formulary shall not apply to inpatient prescribed drugs.

§9303. Exclusions. (a) Services not covered by the Medically Indigent Program.

(1) Abortions.

(2) Services provided at the Intermediate Care Facility at Guam Memorial Hospital.

(3) Admissions primarily for rest care, custodial or convalescent care, etc.

(4) Unskilled services

(5) Cosmetic surgery.

(6) Acupuncture.

(7) Private duty nursing services.

(8) Personal comfort or convenience items.

(9) Any service or items which are not medically required for the diagnosis or treatment of a disease, injury or condition.

(10) Non-emergency use of the emergency room.

(11) Section 2103 drugs on Food and Drug Administration listing.

(12) Over-the-counter drugs.

(13) Immunization for diseases covered by Public Health.

(14) Family Planning Services (Birth Control Pills and Contraceptive Devices).

(15) Fertility procedures.

(16) Prenatal, Post-partum check-ups, which are covered by Public Health.

(17) Physician services for deliveries and cesarean sections of Public Health Maternal and Child Health clients covered by Public Health.

(18) Well-Child Care covered by Public Health.

(19) (Outpatient) Communicable Disease Services provided by Public Health.

(20) Insulin injection provided at Public Health.

(21) Primary Ambulatory Chronic Disease Preventive and Control provided by Public Health.

(22) Home Health Nursing and Nurse Aid Services.

(23) Dental Services (except for emergency dental care services for adults 19 and above).

(24) Orthopedic conventional shoes.

(25) Rehabilitation Services.

(26) Podiatrists services.

(27) Local transportation services.

(28) Services for any inmates or residents of a public institution.

(29) Drug and Alcohol treatment on outpatient basis.

(30) Circumcision.

(31) Mental disorders and psychiatric services.

(32) Any other Health Care Services provided at the Department of Public Health and Social Services.

§9304. Services Requiring Prior Authorization

(a) **Admission for Elective Surgery.** A prior authorization must be authorized by Medically Indigent Program for patients being admitted 48 hours before the elective surgery is scheduled. A justification by the attending physician must be submitted to the Medically Indigent Program.

(b) **Inpatient Hospital Services more than 60 days.** The Medically Indigent Program covers a maximum of 60 days hospitalization per illness. If confinement is medically necessary after 60 hospital days, a justification from the attending physician is required before the Medically Indigent Program will issue an authorization for continued hospital coverage.

(c) **Physical Therapy, Occupational Therapy and Non-emergency Inhalation Therapy Provided at the Guam Memorial Hospital (Outpatient) Department.** These Services are limited to Home Health Care patients of the Department of Public Health and Social Services. Medically Indigent Program recipients in need of the above services, must submit to the Medically Indigent Program a copy of the attending physician's treatment plan, which includes the patient's name; diagnosis; type, frequency and the suggested regime. An authorization for the coverage of the services will be issued by Medically Indigent Program upon completion of review of the treatment.

(d) **Medical Supplies and Oxygen Refills.** Medically Indigent Program covers medical supplies and oxygen refills to be used by a client at home only if the patient is actively enrolled under the Home Health Care Program of the Department of Public Health and Social Services. A prescription from the attending physician including diagnosis, an itemized list of supplies and the anticipated period of use must be submitted to the Medically Indigent Program before an authorization can be issued.

Medical supplies for Home Health Care Patients only are as follows:

(1) Dressing supplies (combined 4x4s, 2x2s gauge pads, elastic bandages, porous tapes, etc.).

(2) Colostomy and ileostomies (original sets, replacement and ongoing care supplies).

(3) Urinary appliances (sterile foley catheters, irrigation sets, catheterization sets, bags, tubes, etc.).

(4) Supports and abdominal binders (not to include braces).

(5) Syringes and needles.

(e) **Cat Scan (Head or Body) Provided on an Outpatient basis.** Before authorization for coverage is issued, a justification for the need of the service by the attending physician must be submitted to the Medically Indigent Program.

(f) **Drugs.** Medically Indigent Program covers (outpatient) prescribed drugs in accordance with the drug formulary. Drugs not listed in the formulary must receive prior authorization. A referral from the physician and a prescription must be submitted before authorization can be issued justifying reasons for substituting the drugs. A \$2.50 co-share must be paid by the Medically Indigent program patient. If an applicant must pay for the \$2.50 in addition to his/her liability amount.

(g) **Optometrist.** Prior authorization is required for eye examinations. Coverage shall not exceed one examination per year.

(h) **Speech and Language Therapy.** Medically Indigent Program provides coverage for Speech and Language Evaluation and Therapy for stroke and cancer (carcinoma of the larynx) victims 19 and above who do not qualify for assistance under any federal program or agency. A referral justifying the need for evaluation for therapy must be submitted by the primary physician.

(i) **Hearing Aids.** Coverage for hearing aids to correct significant disability for adults 22 and above will be provided by the Medically Indigent Program if the client is not eligible under any local organization, federal program or agency. Co-payment of \$100 per hearing aid and prior authorization are required.

(j) **Eyeglasses.** Eyeglasses are covered by the Medically Indigent Program for adults 22 and above with limitations. Clients not eligible under any local organization, federal program or agency are covered. Co-payment of \$25 per glasses and prior authorization are required. Coverage for lenses is limited to once every year. Standard frames are limited to once every two years.

(k) **Physical Examinations.** Prior authorization is required for physical examination. Coverage for physical examination is limited to once every three years.

(l) **Prosthetic Devices and Durable Medical Equipment.** Prosthetic devices and durable medical equipment are covered for Public Health Services for Handicapped Children clients who meet Medically Indigent Program eligibility requirements. A referral and prescription from attending physician must be submitted to the Medically Indigent Program for prior authorization.

(m) **Sterilizations.** Voluntary sterilization for females and males are covered for Public Health Maternal and Child Health program clients only. Clients must be eligible under Medically Indigent Program for coverage. Prior authorization is required.

§9305. Off-Island Medical Care. (a) **Eligibility.** Medically Indigent Program standards are in effect (in regards to income and residency requirements) for off-island care as are in effect for the Medically Indigent Program relative to income, residency and resources.

(1) An applicant must have not discontinued his insurance coverage within six months prior to application to the Medically Indigent Program.

(2) Those with insurance must continue with their insurance coverage.

(3) Voluntary discontinuance of insurance will result in six months suspension from the program.

(b) **Medical Review.** All off-island referrals will be reviewed by the Medically Indigent Program Medical Consultant after the applicant is found eligible and all necessary documents have been submitted. Referrals will be reviewed if the treatment is medically necessary and the care is not available on Guam. Medically Indigent Program Medical Consultant shall consult with the other Medical Review Board members as required. If the Medical Consultant is not available other Medical Review Board members may review and determine the appropriateness of the off-island referral.

(c) **Coverage.** When referral for off-island treatment has been determined appropriate, services will be pre-authorized by the Director of Public Health and Social Services and any new services or need for further services must be pre-authorized before payments are made. Off-island service providers shall contact Medically Indigent Program office requesting supplemental assistance, procedures, and/or service providers. Medical summaries shall be attached to the bills.

(d) **Air Transportation.** Round trip air transportation will be provided to Medically Indigent Program clients, Medicaid clients, Services for Handicapped children Program clients, and private insurance clients, who meet program criteria. One parent (or a guardian, if the parent is unable to accompany the child) will be covered if the client is a minor, 17 years of age or below. Air transportation will also be provided to medical escort (Registered Nurse or Physician) certified by the Off-island Medical Review Board as being necessary to accompany and assist the patient on the off-island medical care. Referring physician shall request in writing reason for recommending medical escort.

(e) **Clients with Liabilities.** Those clients with cost-sharing rate requirements will be responsible for

their share of cost and must make payments directly to service providers. The Medically Indigent Program will apply directly to service Providers the appropriate rate of payment on each bill received.

(f) **Supplemental Assistance.** A client may be covered under an existing insurance program and may be eligible to the Medically Indigent Program for supplemental assistance.

(g) **Mortuary Expenses.** In the event a client expires during the course of treatment, mortuary expenses will be covered by Medicaid clients and those clients who receive both medical and air transportation assistance under the Medically Indigent Program. Program coverage is limited to mortuary fees, container for shipping remains and shipping costs. Funeral caskets are not covered by the Medically Indigent Program.

(h) **The Following Services Will Not be Provided in Regard to Off-Island Care:**

- (1) Elective cosmetic surgery.
- (2) Experimental treatments.
- (3) Fertility procedures. Sterilizations. Abortions.
- (4) Off-island living expenses.
- (5) Organ transplant.
- (6) Special appliances and materials.
- (7) Other services covered by local or federal government.

§9306. Responsibilities. (a) **Primary Physicians.** The client may select from a designated list a primary physician upon being found eligible to the Medically Indigent Program. The client is held responsible to see his/her designated physician.

(b) **Change in Primary Physician.** A change in primary physicians may be approved upon the client's

written request to the Medically Indigent Program. This change will take effect on the first of the following month.

If the selected primary physician is not available, the client may see another physician who has signed an agreement with the Medically Indigent Program, but must provide a statement that his primary physician was not available on a certain date and time.

(c) **Reporting Requirements.** The client shall report within ten days to the Medically Indigent Program any changes in their households such as the following:

- (1) Moved to another house.
- (2) Someone moved into the household.
- (3) Someone moved out of the household.
- (4) Someone in the household has given birth.
- (5) Someone in the household terminated from employment.
- (6) Someone in the household received a raise in wage or salary.
- (7) Someone in the household obtained a job.
- (8) Someone in the household reached the age of 19 or 65.
- (9) Someone in the household becomes disabled.

(d) **Penalty for Failure to Report Changes.** The above list is not inclusive. Therefore, all changes shall be reported. Failure to report changes may result in ineligibility from one to six months for further assistance from the program and possible recourse for any improper payments.

(e) **Emergency Treatment.** Treatment at the Guam Memorial Hospital Emergency Room would require

that the Medically Indigent patients would pay \$5.00 for each visit.

The use of Guam Memorial Hospital Emergency Room should be used only for the following:

(1) **Urgent Medical Problems:** These are less severe problems which may require prompt medical attention. Example of urgent medical problems are:

- Fractures
- Heat prostration
- Possible poisonings
- Objects in eye, nose, etc.
- Pain in abdomen or chest
- Cuts or other injuries
- Sudden shortness of breath
- Burns on arms, hands, etc.

(2) **Life Threatening Medical Problems:** Help should be sought immediately when a person's life is actually in danger.

Medical problems that threaten lives are:

- Multiple injuries from unconsciousness major accidents for more than five minutes.
- Chest or abdominal-Burns over more than half wounds the body
- Drowning
- Severe Shock

(f) **Appeals Process.** A Fair Hearing can be requested pursuant to 5 GCA Chapter 9 Article 2.

(1) Fair Hearing.

(A) A Fair Hearing shall be provided to any applicant/client who requests a hearing because his or her application for medical assistance is denied.

(B) A hearing shall be granted by any action resulting in suspension, discontinuance, or termination of assistance.

(2) Appeals Process.

(A) Notice of a denial, discontinuance, or reduction in benefits will be made in writing to the client ten days in advance and stating the reason and effective date. The Medically Indigent Program may be contacted to schedule Fair Hearing.

Medically Indigent Program shall offer an agency conference (Informal Hearing) to claimant who wish to appeal an action.

Agency Conference shall be attended by Program Supervisor and the applicant or representative. An informal conference may resolve dispute. Claimant then may withdraw Fair Hearing request.

(B) The client has a right to have another person of his own choosing to assist with his/her case.

(C) If client chooses to go through a hearing, an opportunity will be granted for a hearing conducted by an impartial hearing officer.

(3) Notification of Time and Place of Hearing.

The time, date and place of the hearing shall be arranged so that the hearing is accessible to the claimant at least ten (10) days prior to the hearing. Advance written notice shall be provided to all parties involved to permit adequate preparation of the case. Notice shall:

(A) Inform claimant of the time, date and place of the hearing.

(B) Advise the claimant or representative of the name, address, and phone number of the person to notify in the event it is not possible for the claimant to attend the scheduled hearing.

(C) Specify that the agency will dismiss the hearing request of the claimant or its

representative fails to appear for the hearing without good cause.

(D) Explain that the claimant or representative may examine the case file prior to the hearing.

(E) Advise the availability of legal services, Public Defender Service Corporation.

(4) **Hearing Official.** Fair hearing shall be conducted by an attorney who does not have any personal stake of involvement in the case; and was not directly involved in the initial determination of the action which is being contested.

(5) Responsibilities of the Hearing Official.

(A) Administer required oaths or affirmations.

(B) Insure all relevant issues are considered.

(C) Request, receive and make part of record all evidence determined necessary to decide the issues being raised.

(D) Regulate the conduct and course of the hearing consistent with due process to insure an orderly hearing.

(6) **Hearing Decisions.**

(A) The claimant shall be notified in writing of the decision and the reasons for the decision.

(B) After a hearing decision which upholds the agency action, the claimant shall be notified of the right to pursue judicial review of the decision.