

**DIVISION 2**  
**GUAM MEMORIAL HOSPITAL**

- Chapter 15. Board of Trustees.  
16. Procurement Regulations  
17. Credit and Collection

**CHAPTER 15**  
**BOARD OF TRUSTEES**

- Article 1. Fees.  
2. Abatement Policy and Procedure.  
3. Hospitalization of Mentally Ill. (No rules filed.)  
4. End-Stage Renal Disease Patient.

Article 1  
Fees

NOTE: Rule-making authority cited for formulation of a schedule of fees to be charged for care and services at or by the Hospital by the Board of Trustees of the Guam Memorial Hospital, 10 GCA §§80104 and 80106.

Due to the schedule of fees constant revision, the schedule of fees for the Guam Memorial Hospital will not be published in this volume. A copy of the fees may be obtained after it has been filed with the Legislative Secretary.

Article 2  
Abatement Policy and Procedure

- §15201. Abatement Procedure.
- §15202. Eligibility.
- §15203. Establishing Eligibility.
- §15204. Procedure for Determining Abatement.
- §15205. Abatement Under Special Circumstances.
- §15206. Repeal.
- §15207. Abatement Schedule.

NOTE: Rule-making authority cited for formulation of abatement rules and policies by the Board of Trustees of the Guam Memorial Hospital, 10 GCA §§80104 and 80106.

The abatement rules and policies for the Guam Memorial Hospital are reprinted here in form as exact as possible to those filed with the Legislative Secretary. The substance of the regulations has not been changed. However, for the purpose of uniformity and ease of use, a new system of numbering has been adopted by the Editor. It is hoped that the revised numerical system will eventually be substituted for that formulated by the Administrator.

**§15201. Abatement Procedure.** In order to provide medical services to residents of the territory of Guam - even if they are completely or partially unable to pay for such services - the following Abatement Procedure will become effective on July 1, 1971, in accordance with Public Law 9-131 (10 GCA §80109) and subject to approval and acceptance by the Board of Trustees of Guam Memorial Hospital. It shall be incumbent upon any recipient of medical services, or his representative, to initially request and substantiate his eligibility for abatement of his account on any account for which he is responsible.

**§15202. Eligibility.** All U.S. citizens who are bona fide residents of the territory of Guam.

**§15203. Establishing Eligibility.** (a) The following sequence will be followed by the Hospital's Business Office to determine eligibility status:

(1) Establish the annual taxable income before deduction for dependents (exemptions) and the number of dependents (exemptions) claimed except that the additional dependency allowance for Over 65 and Blindness shall not be considered:

(A) This can be done by reference to the patient's Guam or U.S. Income Tax Return (Form 1040);

(B) Obtain the necessary information from the GovGuam Department of Revenue and Taxation or

U.S. Internal Revenue Service by using the prescribed form designed for this purpose;

(C) If a request for abatement is made prior to April 15th or the patient has an authorized extension of time to file and the patient has not actually filed his tax return, then action on his abatement will be deferred until compliance with Paragraphs (A) and (B) above, can be accomplished.

(2) If no tax return has been filed by the patient because his income is below the tax filing requirements, a financial interview shall be accomplished to establish this fact.

(3) Refusal, on the part of any individual requesting abatement, to cooperate with the Hospital Business Office in their efforts to comply with this Section on establishing eligibility shall constitute non-eligibility for abatement benefits until such cooperation shall be rendered.

(4) Ownership of property, in itself, is not a determining factor of income and shall have no effect upon the results of any abatement.

**§15204. Procedure for Determining Abatement.** (a) The following sequence will be used to determine the amount of any abatement for an outstanding account after the establishment of eligibility has been concluded:

(1) With the two (2) known factors (income and exemptions) applied to the official chart, determine the "out-of-pocket" amount that the patient is responsible for paying on a calendar year basis for medical expenses:

(A) No abatement shall apply to any insurance coverage or third-party payers (Medicare, Medicaid, etc.) and all resources must be investigated with assignment of any proceeds made to the hospital where allowable. Any attempt on the part of any individual to manipulate cash and/or insurance payments in order to meet his minimum payment of medical expenses shall constitute non-eligibility of abatement benefits for the calendar year involved.

(B) Medical expenses include all charges for treatment rendered by licensed doctors of medicine; for x-rays, drugs or therapy treatment prescribed by such doctors; for laboratory tests, treatment and other services rendered by Guam Memorial Hospital; and

for insurance premiums paid to provide coverage for the aforementioned. However, surgery for cosmetic reasons, only, will not be covered.

(C) Medical expenses incurred and paid by any one individual shall not be transferable to any other person, unless such expenses are incurred by a legal dependent of the person to whom transferred.

(2) Prior to the abatement allowance on any account, proof of "out-of-pocket" expenses must be provided to the Guam Memorial Hospital Business Office to the extent determined in the preceding paragraph.

Expenses that exceed this predetermined amount from the official chart shall be abated and so shall all such hospital charges incurred at Guam Memorial Hospital for the year in which an individual has substantiated for eligibility and proof of "out-of-pocket" expenses:

(A) Each fiscal year's activity of abatement eligibility and substantive proof of "out-of-pocket" expenses stands on its own.

(B) During initial period (July 1 to December 31, 1971), only medical expenses, as described above, that were incurred within this period shall be considered for abatement. Payments made for medical expenses, regardless of when actually incurred, shall be considered as "out-of-pocket" expenses. No refunds shall be made at any time.

**§15205. Abatement Under Special Circumstances.** (a) Any person who does or does not qualify under these procedures and who feels that he had special circumstances may request an appeal for relief as follows:

(1) He shall present his case, in writing, to the Business Office Manager who, in turn, will initiate a file composed of the individual's written request and the account or family folder along with any appropriate comments. This file will be forwarded to the Chairman of a Special Abatement Committee for review and recommendation to the Hospital Administrator and Hospital Board of Trustees for final action.

(2) The Special Abatement Committee shall be composed of three (3) persons - one from each of the following departments:

(A) Public Health,

(B) Social Services, and

(C) Guam Memorial Hospital.

A chairman will be designated at the first meeting of the appointees.

(3) The results of any action - favorable or unfavorable - will be disseminated to the patient and others concerned on a "need-to-know" basis.

**§15206. Repeal.** All prior rules, policies and procedures are superseded by the approval and acceptance of these procedures by the Guam Memorial Hospital Board of Trustees. (Accepted and approved March 16, 1971.)

**§15207. Abatement Schedule.** The abatements and discounts from the established fee schedule of the Guam Memorial Hospital have been incorporated herein by reference. The above mentioned abatement schedule is available from the Guam Memorial Hospital.

Article 3  
Hospitalization of Mentally Ill

(No rules filed.)

**NOTE:** Rule-making authority cited for formulation of regulations for the hospitalization of the mentally ill by the Board of Trustees of the Guam Memorial Hospital, 10 GCA §§80104 and 80106.

Article 4  
End Stage Renal Disease Patient  
Assistance Program Guidelines

- §15401. Purpose and Authority.
- §15402. Program Duration.
- §15403. Establishment of Program Funds.
- §15404. Definition of Terms.
- §15405. Eligibility.
- §15406. Requirements for Assistance.
- §15407. Scope.

NOTE: Rule-making authority cited for formulation of regulations by Guam Memorial Hospital Authority, 10 GCA §80104. These Rules and Regulations were filed with the Legislative Secretary on September 17, 1981.

The rules and regulations relating to End-Stage Renal Disease Patient Assistance Program Guidelines are reprinted here in form as exact as possible to those filed with the Legislative Secretary. The substance of the regulations has not been changed. However, for the purpose of uniformity and ease of use, a new system of numbering has been adopted by the Editor. It is hoped that the revised numerical system will eventually be substituted for that formulated by the Director of Public Health and Social Services.

**§15401. Purpose and Authority.** The guidelines in this document are set forth for the purpose of implementing P.L. 15-132, which confers responsibilities upon the Guam Memorial Hospital Authority (GMHA) to provide assistance to End-Stage Renal Disease (ESRD) or Hemodialysis Patients. Such assistance shall be in the form of supplemental aid for certain out-of-pocket expenses incurred by ESRD patients for certain ESRD related out-patient Health Services. These Health Services include, but are not limited to, Treatment, Medication and Transportation as defined herein.

**§15402. Program Duration.** This program shall commence on the first (1st) day of Fiscal Year 1981, and shall continue to exist until such time that the One Hundred Thousand Dollars (\$100,000.00) appropriated under P.L. 15-132 has been expended, or shall continue subject to, and contingent upon subsequent legislative appropriations for this purpose.

**§15403. Establishment of Program Funds.** A special fund shall be created within the GMHA for the sole purpose of reimbursing ESRD patients for out-of-pocket expenses incurred for ESRD related Health Services.

GMHA shall be responsible for the adequate maintenance of all records and financial statements for both the fund and individual client transactions.

Request for out-of-pocket cost reimbursement shall be submitted to, and approved by the ESRD Patient Assistance Program Coordinator prior to any expenditure from this fund.

Signatures of the Hospital Administrator, and the ESRD Patient Assistance Program Coordinator shall be mandatory for expenditure from this fund.

**§15404. Definition of Terms.** (a) ESRD means--irreversible renal failure.

(b) Patient means any patient with ESRD that has been admitted into Guam Memorial Hospital's Hemodialysis Program by the ESRD Program's Medical Director, but excludes vacationers, tourists and transients.

(c) Insurance Programs mean any Health Insurance Program that provides coverage for ESRD Health Services. Insurance Programs includes, but are not limited to, entities such as HMOs, Indemnity Health Insurance Plans, Medicaid and Medicare.

(d) Out-of-Pocket Costs mean the co- payments, or cost-sharing required by Insurance Programs for ESRD Health Services and for other ESRD Health Services such as, but not limited to prescription drugs, psychological services and transportation costs as prescribed by the ESRD Medical Director. The amount of out-of-pocket cost reimbursement is subject to criteria set forth in these guidelines.

(e) Prescription Drugs mean those ESRD related medication prescribed by the ESRD Medical Director and cannot be bought without a prescription.

(f) ESRD Patient Assistance Program Coordinator means that person designated as the responsible party for reviewing and approving all reimbursement requests submitted under this program.

(g) Vacationers, tourists and transients mean those visiting ESRD Patients from other jurisdiction outside the territory of Guam.

**§15405. Eligibility.** All patients admitted into the Guam Memorial Hospital Authority's ESRD Program by

the ESRD Medical Director, but excludes vacationers, tourists and transients.

**§15406. Requirements for Assistance.** (a) Each ESRD Patient must have on file the following documents:

(1) Each ESRD Patient must provide documentation of Net Income. Net Income is determined by deducting from the gross income payments such as income taxes, social security, alimony and child support;

(2) Because of the limited availability of funds, the ESRD Patient Assistance Program shall serve as an Assistance Program of last resort. That is, all eligible ESRD Patients must first document that they are not eligible for, or capable of acquiring commercial or government health insurance, or are not eligible for assistance under available Hospital, Local and Federal Government, or Community assistance programs;

(3) Each ESRD Patient must have on file the Nephrologist's patient medical summary; and

(4) Each ESRD Patient must have on file the Renal Social Worker's patient summary and her recommendation for the patient's need of assistance.

(b) Each ESRD Patient must submit his or her request for reimbursement under this program to the ESRD Patient Assistance Program Coordinator.

**§15407. Scope.** These guidelines shall govern determinations for eligibility for participation under this Patient Assistance Program for ESRD related Health Services as promulgated by P.L. 15-132. Out-of-pocket cost reimbursements shall be provided in, but not limited to, the following:

(a) **Treatment Costs.** The program will reimburse for out-of-pocket costs required by insurance programs for on-island Out-Patient ESRD Health Services that are not covered by any other insurance program and as prescribed by the ESRD Medical Director.

Treatment cost under this program shall be limited to, but not to exceed Six Hundred Dollars (\$600.00) per eligible patient per month, and subject to the Income Reimbursement Guidelines shown on Exhibit A.

(b) **Medication.** The program will reimburse for out-of-pocket costs for prescribed ESRD medications when not

covered by insurance programs, provided that the drug is prescribed by the ESRD Medical Director.

All out-patient ESRD related non-prescription drugs will be purchased in bulk under this program and distributed as needed (as determined by the ESRD Medical Director) to all ESRD Patients.

(c) **Psychology Services.** The program will reimburse for out-of-pocket cost for Psychology Services (as prescribed by the ESRD Medical Director) when not covered by insurance programs, or when co-payment is required.

(d) **Optical Services.** The program will reimburse out-of-pocket costs for lenses and frames by patients with diagnosed Retinopathy when not covered by insurance programs.

(e) **Transportation.** The program will reimburse for out-of-pocket costs for on-island transportation from the ESRD Patient's home to the ESRD Center and return trip home. On- island transportation cost to be reimbursed by the program shall be at a rate of Thirty Cents (\$0.30) per mile, but not to exceed Thirty Dollars (\$30.00) per month per patient.

EXHIBIT A

REIMBURSEMENT GUIDELINE

Net Monthly Income	Assistance		
	Self	1 Dependent	2 or more Dependents
Less than \$900	\$200	\$400	\$600
\$901 to \$1,000	\$100	\$200	\$400
\$1,001 to \$1,200	\$ 75	\$150	\$250
\$1,201 to \$1,300	\$ 50	\$100	\$200
1,301 to \$1,400+	-0-	\$ 50	\$150