

## Non-Discrimination Notice

Anyone who believes he or she has been discriminated against because of race, color, religion, national origin, age, sex, political beliefs, disability or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act, and the Americans with Disabilities Act, may file a written complaint of the alleged discrimination.

## DPHSS

### Bureau of Economic Security

#### **CENTRAL** (*Mangilao 2ND Floor*)

Telephone number: **735-7245/7354**

District covered: Mangilao, Barrigada, Maina, Yona, Agat, Asan, Mongmong-Toto-Maite, Ordot, Agana, Sinajana, Chalan Pago, Agana Heights, Santa Rita, and Piti

#### **NORTHERN** (*Dededo*)

Telephone number: **635-7432/7481**

District covered: Dededo, Harmon, Tumon, Yigo, and Tamuning

#### **Southern** (*Inarajan*)

Telephone Number: **828-7537/7539**

District covered: Talofofo, Inarajan, Merizo, and Umatac

**Bureau of Health Care Financing Administration**  
**735-7243 / 735-7270**

# GUAM MEDICAID PROGRAM



## WHO MAY APPLY FOR MEDICAID?

Elderly (65 years old and older), Blind, Families w/Dependent Children up to 20 years old, Permanently and Totally Disabled Individual, and Adult (21 to 64 years old).

The income and resources will be reviewed and assessed based on the following:

### Categorical Programs

1. Temporary Assistance to Needy Families
2. Old Age Assistance (Persons age 65 or over)
3. Aid to the Blind
4. Aid to Permanently and Totally Disabled

### Categorically Needy Medicaid

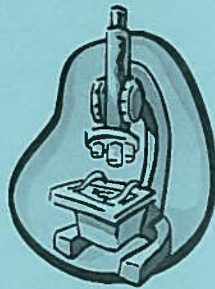
1. Children below 21 years of age and caretaker relative
2. Aged (age 65 and over)
3. Blind
4. Disabled
5. Pregnant Women

### Medicaid Expansion (New Eligibility Group)

1. Adult (21 to 64 years old)

## WHERE MAY AN APPLICATION BE ACCEPTED FOR MEDICAID?

The Bureau of Economic Security (BES)/Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamp, office at three locations. A listing on the last page of this brochure.



## WHEN DOES ELIGIBILITY BEGIN?

When all qualifying requirements are met, eligibility begins on the first day of the three months preceding the month of application submission. The income and resources will be reviewed and assessed for eligibility and for the preceding months.

## FEDERAL PENALTIES FOR FRAUD UNDER THE MEDICAID PROGRAM:

You may be prosecuted if you:

- ⇒ Knowingly and willfully make any false statement or representation in the application for medical assistance benefits.
- ⇒ Knowingly and willfully make any false statement or representation in order to qualify for benefits.
- ⇒ Intentionally conceal any facts that affect your eligibility for the purpose of receiving or continuing to receive benefits for which you were not entitled to.



If you see or know of anyone who is making false declarations to obtain Medicaid benefits, or charge Medicaid for medical care not provided, please call the Investigation Recovery Services Section at **735-7353**.



### WHERE SHOULD I GO IF I NEED MEDICAL CARE?

If you need medical care during clinic hours see one of the doctors who is a Medicaid provider.

### WHEN SHALL I USE GMH EMERGENCY ROOM?

After clinic hours, in an emergency situation (accident, severe pain, bleeding, difficulty of breathing or any other condition which if not treated immediately will endanger your life or health), go to the emergency room of GMHA for medical services. However, Medicaid will not be responsible for payment if you use emergency room for non-emergency care.

### WILL MEDICAID PAY FOR MEDICAL BILLS I ALREADY HAVE?

If you have accumulated those bills within the three months before you filed your application and the bills are for types of services listed on this brochure and do not require prior authorizations, Medicaid can pay for them. This is not an automatic benefit. Your income and resources for that period are subject to review.

### HOW ARE MEDICAL BILLS PAID?

All payments covered by the Medicaid Program are made directly to the hospital, clinics, dentists, and other providers. Should you have paid for the bills, Medicaid **WILL NOT** reimburse you.

### CAN A PERSON WITH OTHER INSURANCE APPLY FOR MEDICAID?

Yes, it is also the only allowable deduction, health insurance premium, to the gross income for eligibility. The income and resources will be reviewed and assessed for eligibility and adjustment.

The primary insurance must be billed first; Medicaid Program is the payer of last resort.

### WHAT BENEFITS DOES MEDICAID PROVIDE?

#### \*With limitations.

- ✓ Ambulance and Medical Transportation\*
- ✓ Audiological Examination and Hearing Aids\*
- ✓ Birthing Center Services
- ✓ Clinic Services
- ✓ Dental Services\*
- ✓ Diabetes and Related Services and Supplies
- ✓ Durable Medical Equipment and Supplies\*
- ✓ Early and Periodic Screening, Diagnostic and Treatment
- ✓ Family Planning Services and Supplies
- ✓ Home Health Services
- ✓ Hospice Care\*
- ✓ Inpatient Services\*
- ✓ Kidney Dialysis and Related Services
- ✓ Laboratory and Radiology Services
- ✓ Mental Health Services\*
- ✓ Tuberculosis or Lytico (Amyotrophic Lateral Sclerosis) and Bodig (Parkinson Disease) and Related Services
- ✓ Off-island Medical Care and Air Transportation\*
- ✓ Optometrist Services and Lens\*
- ✓ Other Practitioner Services
- ✓ Out-Patient Services
- ✓ Physician Services
- ✓ Prescription Drugs\*
- ✓ Preventive Services
- ✓ Prosthetic Devices\*
- ✓ Skilled Nursing Facility Services\*
- ✓ Tobacco-Use Cessation Treatments\*
- ✓ Voluntary Sterilization Services

## DENTAL BENEFITS

- Emergency dental services-Children 16 years old and below and adult 55 years old and above must initially request these services at Public Health Dental Clinic.
- Dentures (limited as part of post trauma treatment).



## WHAT COVERED SERVICES REQUIRE PRIOR AUTHORIZATION FROM MEDICAID?

- Hospitalization at GMHA acute ward for more than 60 days.
- Elective surgery, for which you have to be admitted one or more days before the surgery is scheduled.
- Medically indicated circumcision
- Physical, occupational and inhalation therapy
- CT Scan, MRI, and MRA
- Abortion in special circumstances
- Refractive eye examination and eyeglasses
- Routine physical examination
- Durable medical equipment
- Medical/surgical supplies
- Hearing evaluation and hearing aid
- Sterilization
- Off-island medical care and air transportation
- Home Care Services

## WHAT SERVICES ARE NOT COVERED BY MEDICAID?

- ❖ Cosmetic surgery
- ❖ Inpatient mental disorders and psychiatric services
- ❖ Private duty nursing services  
Personal comfort or patient's convenience items  
Any services requiring prior authorization, where authorization has not been obtained or was denied.
- ❖ Admission primarily for rest care, custodial or convalescent care, etc.
- ❖ Non-emergency use of emergency room
- ❖ Services inappropriate for the patient's diagnosis
- ❖ Unskilled and homemaker services
- ❖ Immunizations and vaccines readily available free of charge at Public Health Clinic.
- ❖ Chiropractor's and Acupuncture services
- ❖ Eyeglasses with correction below plus or minus .50 diopters or 10 cylinder axis, and contact lenses
- ❖ Speech therapy
- ❖ Dentures not related to trauma
- ❖ Experimental drugs, vitamins/minerals, obesity control pharmaceutical, food supplements, milk modifiers, infant formula, therapeutic diets, over the counter and FDA listed ineffective drugs.
- ❖ Eyeglasses within 2 years from the date of last purchased by the program
- ❖ Hearing aids within 3 years from the date of last purchased by the program
- ❖ Intermediate Care Facility services
- ❖ Rehabilitative Services
- ❖ Hospice Care
- ❖ Case management services
- ❖ Personal care services in recipient's home
- ❖ Off-island cost of meals, ground transportation, and lodging for patients referred off-island for treatment and their relatives.