

NOV 13 2015 Honorable Judith T. Won Pat, Ed.D. Speaker I Mina'Trentai Tres Na Libeslaturan

I Mina'Trentai Tres Na Liheslaturan Guåhan

155 Hesler Place

Hagåtña, Guam 96910

VIA: The Honorable Rory J. Respicio

Chairperson, Committee on Rules

RE: Committee Report – Bill No. 189-33(COR), as Substituted

Pury J. Respile

Dear Speaker Won Pat:

Transmitted herewith, for your consideration, is the Committee Report on Substitute Bill 189-33 (COR)- An act to adopt the proposed GMHA fee schedules submitted to I Liheslaturan Guåhan, (doc 33gl-15-0944) - Guam Memorial Hospital Authority - proposed hospital rate adjustment to reflect current year Medicare reimbursement; and the addition of fourteen new fees and services, as provided pursuant to § 80109 of chapter 80, division 4 of title 10, Guam Code Annotated; Sponsored by Senator Dennis G. Rodriguez, Jr., and referred to the Committee on Health, Economic Development, Homeland Security and Senior Citizens. Bill No. 189-33(COR), as introduced, was publicly heard on October 22, 2015.

Committee votes are as follows:

TO PASS
NOT TO PASS
ABSTAIN
TO REPORT OUT ONLY

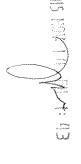
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Senseramente,

Senator Dennis G. Rodriguez, Jr.

Chairman

Attachments





COMMITTEE REPORT ON

BILL NO. 189-33 (COR)

As Substituted

An act to adopt the proposed GMHA fee schedules submitted to I Liheslaturan Guåhan, (doc 33gl-15-0944) - Guam Memorial Hospital Authority - proposed hospital rate adjustment to reflect current year Medicare reimbursement; and the addition of fourteen new fees and services, as provided pursuant to § 80109 of chapter 80, division 4 of title 10, Guam Code Annotated.



November 10, 2015

MEMORANDUM

To: ALL MEMBERS

Committee on Health, Economic Development, Homeland Security and Senior

Citizens

From: Senator Dennis G. Rodriguez, Jr. W

Committee Chairperson

Subject: Committee Report on Bill no. 189-33(COR), as Substituted

Transmitted herewith, for your consideration, is the Committee Report on Substitute Bill 189-33 (COR)- An act to adopt the proposed GMHA fee schedules submitted to I Liheslaturan Guåhan, (doc 33gl-15-0944) - Guam Memorial Hospital Authority - proposed hospital rate adjustment to reflect current year Medicare reimbursement; and the addition of fourteen new fees and services, as provided pursuant to § 80109 of chapter 80, division 4 of title 10, Guam Code Annotated; Sponsored by Senator Dennis G. Rodriguez, Jr. This report includes the following:

- Committee Voting Sheet
- Committee Report Narrative/Digest
- Copy of Bill No. 189-33(COR)
- Copy of Substitute Bill No. 189-33 (COR)
- Public Hearing Sign-in Sheet
- Copies of Submitted Testimony and Supporting Documents
- Copy of COR Referral of Bill No. 189-33(COR)
- Notices of Public Hearing (1st and 2nd)
- Copy of the Public Hearing Agenda
- Related News Articles (Public hearing publication of public notice)

Please take the appropriate action on the attached voting sheet. Your attention to this matter is greatly appreciated. Should you have any questions or concerns, please do not hesitate to contact me.

Si Yu'os Ma'åse'!

Attachments



COMMITTEE VOTING SHEET

Substitute Bill 189-33 (COR)- An act to adopt the proposed GMHA fee schedules submitted to I Liheslaturan Guåhan, (doc 33gl-15-0944) - Guam Memorial Hospital Authority - proposed hospital rate adjustment to reflect current year Medicare reimbursement; and the addition of fourteen new fees and services, as provided pursuant to § 80109 of chapter 80, division 4 of title 10, Guam Code Annotated; Sponsored by Sen. Dennis G. Rodriguez, Jr.

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COMMITTEE REPORT DIGEST

Bill No. 189-33 (COR)

I. OVERVIEW: The Committee on Health, Economic Development, Homeland Security and Senior Citizens conducted a public hearing on September 11, 2015. The hearing convened at 5:30pm in I Liheslatura's Public Hearing Room. Among the items on the agenda was the consideration of Bill 189-33 (COR)- An act to adopt the proposed GMHA fee schedules submitted to I Liheslaturan Guåhan, (doc 33gl-15-0944) - Guam Memorial Hospital Authority - proposed hospital rate adjustment to reflect current year Medicare reimbursement; and the addition of fourteen new fees and services, as provided pursuant to § 80109 of chapter 80, division 4 of title 10, Guam Code Annotated; Sponsored by Senator Dennis G. Rodriguez, Jr.

Public Notice Requirements

Notices were disseminated via hand-delivery/fax and/or email to all senators and all main media broadcasting outlets on October 14, 2015 (5-day notice), and again on October 20, 2015 (48-hour notice

Senators Present

Senator Dennis G. Rodriguez, Jr.
Senator V. Anthony Ada
Senator Benjamin J.F. Cruz
Senator Tommy Morrison
Committee Member
Committee Member

Senator Michael San Nicolas

The public hearing on agenda item Bill No. 189-33(COR) was convened at 5:30pm.

II. SUMMARY OF TESTIMONY & DISCUSSION.

Senator Dennis G. Rodriguez, Jr.: (Bill Title Read). I'd like to recognize the Vice-Chairman of the Committee, Senator Tony Ada, Senator Tommy Morrison, and Senator Michael San Nicolas, thank you very much for joining us this evening. I'd like to now ask the Guam Memorial Hospital Authority (GMHA) to please come forward. We have the CEO and the CFO here with us, thank you very much for being here this evening. We did receive the submission of the proposed hospital rate adjustments on October 13 of this year and so pursuant to the statute we have forty-five (45) days to either approve or disapprove the proposal and so I wanted to ensure that we give the public another opportunity to provide testimony and I know pursuant to the Rules as well is that you indeed had this public hearing at the hospital. This is just another opportunity to provide input that they wanted and that's why we're here this evening. What we'll do is to maybe have you give a brief summary of



what the fee adjustments are and what the impacts would be and from there we would invite members of the public to provide their testimony. (Recognized Ms. Benita Manglona.)

Ms. Benita Manglona: I've prepared a letter here so I will read this and I can go into the impact. (Read Written Testimony). So in the package that was submitted, there was a determination of what this impact would have been if we had submitted if we had applied the Medicare rate back to October 1st, 2014 using the utilization from October to August, the impact was about fourteen-million dollars (\$14,000,000). That's a gross revenue but you have to take into consideration that about half of that is the three (3) M's in which we are paid per deem but there's certain charges there that are outpatient and the outpatient were paid on a percentage basis and up to about June, Medicare was paying us about (97%) right now it's about (85%), so the rate changes and then nominal portion of that utilization is the insurance companies. I had also looked at the utilization for the whole fiscal year but even with that looking at it the utilization is I consider not significant so the impact on the rates I don't think is going to hurt them.

Senator Dennis G. Rodriguez, Jr.: Thank you very much Ms. Manglona. I want to recognize Mr. Ted Lewis the CEO and Dr. Lizama, if you'd like to join also here, you're welcome to come up and I'd like to thank the staff of the hospital. Thank you for being here. If you have anything else then I'll open it up to the senators for their questions.

Mr. Ted Lewis: Thank you Senator Rodriguez, Ms. Benita did a good job of giving an overview on this. I would categorize it as being a temp. by us to be reasonable because many of these rates that we've outlined have been unreasonable and some of them show huge percentage increases from what it is now but an example would be an intubation which we're suggesting a one-hundred-sixty sum dollars but we currently have a rate of five dollars (\$5) and eight (8) cents and when you look what happens in an intubation and several staff are working furiously in the emergency room over someone that's in real trouble and a tube is put in to their throat. The tube probably cost five dollars (\$5). We've had a rate in some areas that's been very unreasonable so what we're talking about is trying to get a reasonable rate and the methodology that we've outlined I think is a good one so that use that APC as a guideline and anything that's below that, merit some look. Also I will say that we've had a very positive response, we've had questions and we've been able to answer them and in the process of doing this too I want to say that we all have learned a bit more and it's given us opportunity to talk to some of our clinicians down in the units and in the emergency room who are giving care everyday and we have great people doing that. Insulation my feeling is we're wanting to have something that's reasonable and I think that's what this is about.

Senator Dennis G. Rodriguez, Jr.: Just one (1) quick question before I pass it on. The hospital has the authority now to raise rates (5%) and you can do it without going through any process right?

Mr. Ted Lewis: Correct.

Senator Dennis G. Rodriguez, Jr.: So how are any of these items here, over 400 items that you have, have you done analysis of maybe which items there or any of these items were ever raised with that (5%)?



Ms. Benita Manglona: The (5%) happened in April so that would have been immediate across the board which the charges that we have.

Senator Dennis G. Rodriguez, Jr.: Prior to doing a (5%), when was the last increase?

Ms. Benita Manglona: The last increase, understand there was a (5%) increase in 2010 and that was it, no other adjustment has been made.

Senator Dennis G. Rodriguez, Jr.: Okay this is across the board on all these items, in April there was a (5%) increase and then now we're looking to increasing it beyond the (5%) right?

Ms. Benita Manglona: Yes and the (5%) is very nominal the impact/compact is based on the utilization on what I had looked it, maybe three million (\$3,000,000) up to August.

Senator Dennis G. Rodriguez, Jr.: We have others that want to testify. There's only Mr. Jeff Larsen and then from there we can open up for questions. Mr. Mendiola, did you want to testify as well? (Inaudible response).

Mr. Jeff Larsen: Well that's the pro-side of it our side Is much different and with all due respect to the administration of the hospital, the rate increases that are being proposed are significant and in our analysis it shows a more substantial increase and you have my written testimony I hope at this point but there is just a couple of points that I would like to stress. One thing that should be noted is the (5%) annually and health care trans-generally are increasing between (5%) and (7%). So an annual increase of (5%) is pretty much in line with what most hospitals and health care providers adjust annually. That's also mostly in line with what health insurers provide in terms in their health care trends as well. One thing that should be noted and I also noted this but, GMH frequently adds new services to their charge master and when they add those new services those aren't at 2010 rates or 2001 rates, those are at current market rates and so for example, if you were to get a chest pace maker, what they had was a chest pace maker in 2010, they would add a new chest pace maker at a different rate which is the latest model and that latest model would be added to the charge master at the current rates. Meaning to say as they add new fees they're keeping pace with market rates, so that's something to consider. When we did the analysis on our membership which Take Care nearly represents thirty-five thousand (35,000) members and over three thousand (3,000) businesses in the community and I think when we applied our analysis, it represents (191%) increase over current fees which is in our estimation would translate around a (26%) to (28%) increase in insurance premiums. So I would argue that it's a significant increase for working families. Individuals, just based on current Guam, what we call per member per month premium averages, that's about a thousand dollars (\$1,000) per individual and between three and four-thousand dollars (\$3,000-\$4,000) per family annually just for this increase. That's substantial senators and I think that needs to be considered. A couple of other things that should be noted and Ted correctly points out that there's substantial fee increases but there are some fees that are increasing by a staggering (500-2500%) and clearly something more should be done about either the increases all at once or having those huge increases for impact rates, insurance customers which will primarily will be the impact because as you know, Medicaid, three (3) M's if you will, pay a set amount. So really the rates are going to impact the private insurance companies, commercial insurance companies. One of the other points I



want to mention is of the fees that are increasing a substantial number of those fees are provided by a third party, not by the hospital and I think that needs to be really considered and looked at because if those fees are being provided by a third party and passed through GMH's charge master, there's no oversight or accountability for those fees. To my knowledge there's no RFP or any kind of oversight of those fee increases of those third party providers.

Senator Dennis G. Rodriguez, Jr.: Can you give an example of a third party providers.

Mr. Jeff Larsen: Guam Radiology clinic consultants would be a good example. So of the fees that were noted, there's probably (2) or (3) pages of radiology in nuclear medicine fees and those services are not provided directly by the hospital. Nuclear medicine, for example, is provided by Guam Medical Imaging Consultants and so that's something that really needs to be considered and something that if GMH intends to pass those fees through, then what's the reasonable market rate for those services, that's what we should be asking ourselves. Those are just a few of the points but again the characterization of these reasonable increases I think isn't exactly the case and when you look at the impact to commercial insurance rate payers, premiums are going to go up substantially and I don't think we can afford to pass those increases on and if effectually those people that can't afford those premiums will be Medicaid payers and those are the people that quite frankly aren't paying the bills now and that's the death spiral that we want to avoid.

Senator Dennis G. Rodriguez, Jr.: Great, thank you very much. (Recognized Vice-Speaker B.J.F. Cruz)

Vice-Speaker B.J.F. Cruz: Thank you very much Mr. Chairman. Benita, how much did you say you expected you were going to be able to raise from these new rates?

Ms. Benita Manglona: (Inaudible), but I did another calculation based on the year to date utilization and the impact on that is about twenty-four-million (24,000,000) gross but half of that is the three (3) M's, about thirteen million (13,000,000) is the three (3) M's. About three-million (3,000,000) of that is insurance companies based on utilization.

Vice-Speaker B.J.F. Cruz: How realistic is it that you're going to realize that the twenty-four-million (24,000,000).

Ms. Benita Manglona: I'm not saying that it's going to be realistic, I'm just looking at the utilization, these are the rates that our consultant recommended that we follow and when you look at the rates that had been said many years ago, we're following 1992 rates.

Vice-Speaker B.J.F. Cruz: Dr. Lizama, you can correct me but I've been following the hospital for the last ten (10) years. I've been going to board meetings and I know that in 2005 and 2008, 2009, and 2010 there were notice hearings of rate increase at the hospital was proposing. Maybe neither one of you were involved at the hospital at the time. I wasn't in the legislature until 1991, I only came here in 2005 but I can tell you from personal experience because I have attended them, I've sent staff to attend them. There has been increases for various charges, sometimes as many as 20 or 30 different things are on the agenda for rate increases.



Ms. Benita Manglona: Senator those aren't rate increases, those are new fees being presented. So there's a requirement that every quarter you have to have a public hearing on those. When they buy new supplies they add that to the charge master. So it's not a rate increase, my understanding is the staff here can correct me if I'm wrong but the last rate increase was the (5%) increase in 2010 and there hasn't been any rate increases but like Jeff said, there are new items that are added to the charge master. Those are priced at what cost of what was purchased plus a certain amount for freight and that is based on the Deloitte & Touche methodology back in 90s when they contracted Deloitte to do the fee setting for the hospital.

Vice-Speaker B.J.F. Cruz: In order to make up the difference in the hospital to try and figure out how to pay for the operating cost for the hospital, is it really the fees? Or is it the ability or the competence of the hospital to collect the fees?

Ms. Benita Manglona: The fee is the component. If you are undercharging and you're not covering your cost then of course.

Vice-Speaker B.J.F. Cruz: Let's say for example on your first page. For emergency room, currently, what is your collection rate on emergency room charges?

Ms. Benita Manglona: I'd have to get back to you on that, I can't just give you that information.

Vice-Speaker B.J.F. Cruz: Are you getting one-hundred (100%) of what you're charging in the emergency room?

Ms. Benita Manglona: Of course not, you look at those people that can't pay. We have a lot of compact/impact migrants that don't pay.

Vice-Speaker B.J.F. Cruz: There are a lot of people that don't pay. Just looking, does it really matter or not you're charging five dollars (\$5) or you're charging one-hundred and twenty-nine dollars (\$129) for something. If you're not collecting the five dollars (\$5), your lost is going to be greater when you start charging one-hundred and twenty-nine (\$129) for the price.

Ms. Benita Manglona: Senator I can't speak for the past but we are making efforts on addressing the collection efforts at GMH. We have an RFP right now that was supposed to be submitted last week but there was a lot of interest so we extended it for online services that would target self-pay patients to go online and look at their accounts or anybody for that matter.

Vice-Speaker B.J.F. Cruz: The RFP for collections has been going out since 2010. Now it's 2015 going on 2016. I'm just saying if you guys could first get certified billers and get your billing system together and can collect.

Ms. Benita Manglona: We're working on that Senator but we can't wait to have the certified biller first and then wait for this and wait for that. We're tackling it from all angles on how to improve the hospital.



Vice-Speaker B.J.F. Cruz: I would be supportive on some increases if I thought that you would be collecting but what was your collection rate last year of all the bills? Of 144 that you were going to get, how much did you collect?

Ms. Benita Manglona: The collection rate for last year is eighty-million dollars (\$80,000,000) then you have to take into consideration that there's contractile adjustments from the 3 M's which are about eighty-eight-million dollars (88,000,000) of the billings that we did last year was attributed to the 3 M's.

Vice-Speaker B.J.F. Cruz: So what was supposed to be the gross revenue for the hospital? What were you anticipating?

Ms. Benita Manglona: The gross that we did for 2015 is about close to one-hundred and sixty-million (\$160,000,000).

Vice-Speaker B.J.F. Cruz: And you collected how much?

Ms. Benita Manglona: We collected about eighty-million dollars (\$80,000,000) but part of the collection on the eighty was from the past.

Vice-Speaker B.J.F. Cruz: Some of that eighty?

Ms. Benita Manglona: Yes.

Vice-Speaker B.J.F. Cruz: So it's even lower is what you're telling me. What I'm trying to get to Benita is what you're going to show is your collection is going to be even lower. Right now, you're collecting (50%) of your billing, is what you're saying. 160 and 80, alright. Now we're going to bump it up and we're going to say next year, we're going to have billable of two-hundred-ten-million dollars (\$210,000,000) and I'm still collecting 80.

Ms. Benita Manglona: I understand what you're saying, we're working on trying to beef up on the collection. We're working on an RFP for a call center so there can be people dedicated to just calling for patients to pay their bills and one of the changes.

Vice-Speaker B.J.F. Cruz: Your problem is your billing system is not clear and fulfills their requirements which requires certified billers to know what numbers to input.

Ms. Benita Manglona: So you're telling me that those employees at GMH don't know what they're doing? They were able to bill over 160,000,000 in 2015.

Vice-Speaker B.J.F. Cruz: And they were able to challenge half of it because they were improperly billed.



Ms. Benita Manglona: I don't think so. You know what they do when they have high bills, they send it off-island to scrub. To scrub those claims so that they don't pay but the same charges if it doesn't fall under that stress hold, they pay it. But that's their business practice and of course you can't blame for not wanting to pay because they have to look at their bottom line.

Vice-Speaker B.J.F. Cruz: Okay just two (2) examples on trying to see where you're at with billables. Have you certified any of your billers?

Ms. Benita Manglona: We're working on that, it doesn't happen overnight. We have people taking the test have materials that we've order, they're getting training right now.

Vice-Speaker B.J.F. Cruz: So when do you expect that you will have one (1) certified biller on staff?

Ms. Benita Manglona: They've taken the test and we're waiting for the result. Hopefully someone has already passed it.

Vice-Speaker B.J.F. Cruz: What about electronically? Have you guys brought your computer system up to date.

Ms. Benita Manglona: We are doing electronic billing, we're undergoing conversions right now. In fact, we're doing payroll we did the accounting and now we're going live with payroll and HR November 6.

Vice-Speaker B.J.F. Cruz: What about the charges that the doctors are running up on a daily basis? Is there some way that they can punch it in and we know that it's code 2002990?

Ms. Benita Manglona: We're working on automating everything.

Vice-Speaker B.J.F. Cruz: My problem is Benita is that we've had a revolving door over there and I've dealt with more CFO's and more CEO's than I have with colleagues at the Legislature. Hopefully there will be more changes, I've even forgotten all the names over the last ten (10) years.

Ms. Benita Manglona: I'm there to help the hospital and we have a lot of plans to help the hospital.

Vice-Speaker B.J.F. Cruz: And I've been trying for ten (10) years to try to help you help the hospital.

Ms. Benita Manglona: One of our plan is to right size the fees of the hospital. What is unreasonable is, to intubate a patient five dollars (\$5).

Vice-Speaker B.J.F. Cruz: I fully understand that.

Ms. Benita Manglona: The referencing that is intubation, how many people nurses do you need to intubate a patient, four (4) nurses and you think that five dollars (\$5) is reasonable?



Vice-Speaker B.J.F. Cruz: I didn't set the fee and I'm not even saying that the one-hundred and twenty-nine (\$129) is unreasonable. Your CEO used intubation as an example, I didn't. I'm looking at your defibrillation, is that to go in and have those two (2) little charges go down? And so the

Ms. Benita Manglona: (Inaudible)

Vice-Speaker B.J.F. Cruz: By one (1) person and so the charge is going from 127 to 470.

Dr. Lizama: That procedure requires nursing, anesthesiologist, and a cardiologist and a monitored bed. Senator if I may just comment on some of the comments that you made earlier. I know there was an oral testimony by Take Care regarding these charges that were creating are really for outside service. That's really not the intent, the intent is to basically establish in-house procedures, when they go outside of the hospital, it's up to the institution to establish their own charges because they're basically recognize as an independent facility. So we don't create charges for the outside facility to charge the patient, it becomes the outside facilities billings that handle the charges but anyway I know that we don't have nuclear medicine but we are looking at that. Some of the interventional procedures that he's mentioning here, we're starting to do many of those. That is why when you said that we have some fee increases in the past and these are not some of the fee increase that could have been recognized to be included in the (5%) because when we clean out that charge master and looked at what charges were there or had not been utilize, we recognize that these are the charges that are going to be providing going forward and as we needed to have the increase. Maybe someone just didn't see intubation as five dollars (\$5) but some of these procedures that are being introduced here are new procedures which we're looking at providing and some of them we're currently providing but unfortunately from the charge masters review and as we clean it out, we're recognizing that they're undercharged. So that's why you see the increase and why it wasn't included on some of the (5%) adjustments. Now with regards to increasing the fees, there's a population of patient centers that may pay this value for the service that we provide. I think the insurance company may not be necessarily impacted if we had some insurance contracts that we can work with but there's a medical tourism department that are here. And if you look at that community standard is not (95%) of PFR's what they're charged in the community. What we're charging at GMH is less than Medicare rate. Delivering babies at the hospital. So there are some basically a market out there that maybe impacted because we can't separately charge, I mean we can charge contracts for rates but we can't separate set different rates for different payers.

Vice-Speaker B.J.F. Cruz: I agree, but I'm a little concerned that you're saying, to capture the increase that you can possibly get from anchor babies and parents that want come here and have their children born here. You're going to make it impossible for anybody else to give birth at GMH.

Dr. Lizama: I'm talking about some of the fees that we're looking at not necessarily the anchor babies. I'm talking about the fees that we're looking at.

Vice-Speaker B.J.F. Cruz: Yes I understand. I'm just saying, you're the one that used tourism. I wasn't the one that used intubation, I'm shocked that it was five dollars (\$5) but to go up (2,000%) it's a whole other thing, but I'm just saying, I'm a little concern that what we're doing is we're to



make it to what Mr. Larsen is talking about. You're going to make it so that no one else is going to be able to have insurance because their charges to them are going to be so high that they're not going to be able to do it. As it is, not all of our employees are covering insurance, I can tell you that I made it a requirement for my staff, I told them that I'd be damned if I was going to be the one (1) senator that had staff that wasn't going to have health insurance and go to the hospital and not be able to pay, so everybody is required to pay for insurance in my staff. There's many of them that would much rather not have to pay it and if it's going to go up and they're not going to be able to afford it then they're going to go and decide that they're going to apply for it under MIP.

Dr. Lizama: Senator I really don't believe that's going to be the impact on the insurance company and when we look at the current with the new hospital and the fees that they maybe charging. The amount that we're talking about with this increase, if they're talking about the impact of these charges versus the impact of what the new hospital will be charging, they're going to run our business from the new hospital charges not from this one.

Vice-Speaker B.J.F. Cruz: I've tried to remind everybody please, I do not want to bookend my career in government with the purchase of hospitals. I was stuck in Washington D.C. for three (3) months working the deal in congress to purchase to former MGM, MCM, and now GMH, raising those twenty-five-million dollars (\$25,000,000) in congress in the 1977 when I was Governor's legal counsel and I don't want the end of my career to be bookended by having to buy a hospital because you've completely pressed yourself out and you and the other hospital having to outdo each other in charging and having the insurance companies decide it's cheaper to send all of us on a plane to either Los Angeles or to Manila.

Dr. Lizama: But is it fair Senator that we're going to be so undercharged.

Vice-Speaker B.J.F. Cruz: I'm not saying so much undercharged. If you're collecting 100% of your billables and you're still short I would say yes, lets increase the rates but if you're not collecting it and you're at (50%) and you want to increase it so that you're going to be collecting (30%), what's the point?

Mr. Jeff Larsen: Vice-Speaker, can I shed a little light on the collections piece? Because the transparency report on GMHA are out on our website and we've done some analysis on those transparency reports so just to illustrate the insurance company's position. Commercial insurance company's pay between sixty-eight (68) and (78) cents on every dollar billed that GMH. Medicare thirty-seven (37) to forty-one (41) cents on every dollar billed. Self-pay, MIP, and others it's generally between 17 and 19 cents. So apply that logic to their analysis and you will see that the disproportionate impact is going to be on commercial insurance companies because we pay double in some cases triple and quadruple non insured and insured patients are paying. So with all do respect to their analysis the folks that are paying the highest percentage of dollar billed or the commercial insurance companies, those that are going to fill the brunt of the impact are going to be the commercial insurance companies, that's the facts. Look at the transparency reports, it's as simple as that.



Senator Dennis G. Rodriguez, Jr.: Yes, I have a question on that and Ted you'll have it after. In the past we've never had another hospital to gauge ourselves but we do now and so I want to know and maybe if the hospital can give me this answer. How does this compare.

Mr. Jeff Larsen: It would be the same.

Senator Dennis G. Rodriguez, Jr.: And the insurance companies do have contracts with the new hospitals.

Mr. Jeff Larsen: At a higher rate. Just to be clear three (3) insurance companies have contracts, this insurance company, Take Care, does not have contracts with the hospital for the fact that they're not accredited and their rates are high. So that's something that's different between us and the other three (3).

Ms. Benita Manglona: Senator can I say something. On the utilization on the rates that we're proposing right now, the impact on the four (4) insurance companies is about 3.6 million for the whole year. So if you look at their premiums on all the insurance they charge. Is that really a significant increase? \$3.6 million dollars impact on GMH? Just for the insurance. This is based on utilization for FY2015.

Mr. Ted Lewis: I think there's a lot of good points here but I think what's happened is, most of this discussion is related to the overall billing and collection function, the overall revenue, the overall collections. I want to try to focus a little bit on the total number of items on our charge master, it's probably over fifteen-thousand dollars (\$15,000). So the numbers of items that we're talking about on this list are about four-hundred (400) approximately. Benita is right, in terms of that, taking the analysis of the manage care in the last year and these particular four-hundred (400) items, what we've experience with is changing to our proposed rate that would be the impact. Now certainly Jeff and his comments, if we were to have this kind of an increase across the board on all of our fifteen-thousand (15,000) rates, of course they would have to raise their rates by (20%). But we're talking about just probably (3%) of our total items that we charge for and these four-hundred (400) items that we're talking about are primarily in the emergency room and radiology. There's some in other areas but these are just ones that have been unreasonably low and again I want to say that overall, yes. A lot of work has been done and there are a lot of things that can be done in the overall process. But we're just focused today on just 3% of the total.

Ms. Benita Manglona: I just want to add to Teds comment that our consultants that reviewed the hospital's charge master identified these four-hundred and two (402) items only. Even with that four-hundred and two (402) items, maybe only about half of that is being utilized. We are investing in Radiology supplies, we're hiring interventional radiologist, that's why these rates are import to have set right. We have been cited by the Office of Inspector General, that the hospital's rate is outrageously low and we have to increase it.

Senator Dennis G. Rodriguez, Jr.: Okay can you provide that analysis that you mentioned earlier about where impacts are going to be. If you can provide the committee that, because it's very important for us to take a look at.



Ms. Benita Manglona: Okay.

Senator Dennis G. Rodriguez, Jr.: (Recognized Michael F.Q. San Nicolas)

Senator Michael F.Q. San Nicolas: Thank you Mr. Chairman. I look at this list and I listen to the conversation and I'm just very bothered. Because when I look at this list I see one word, cancer. Needle Biopsy, Pancreas. Three-hundred-eighty-four dollars (\$384) is going to go up to one-thousand-fifty-two dollars (\$1,052), sticking to the cancer patient. X-Ray, Aorta leg arteries, fifty dollars (\$50) goes up to two-thousand-five-hundred and sixty dollars (\$2,560), cancer. Radiology, nuclear medicine, respiratory therapy, most likely for the guy with lung cancer, laboratory, it maybe the four hundred (400) items and (3%) of the total list but it's all the cancer patients and as the insurance companies will tell you which those mega-catastrophic treatments that drive up the cost of everybody else's premiums. So yes, insurance rates will go up and if you have cancer and you don't have insurance, you're going to have to pick between getting biopsy or paying your mortgage, am I incorrect?

Dr. Lizama: I would say you are Senator, because that's the current rates that's going on in the community.

Senator Michael F.Q. San Nicolas: Not right now in our hospital. Right now, in my hospital, my GMH, the people of Guam's GMH. If I need to go and check my pancreas has cancer, it's three-hundred-forty-eight dollars (\$348). So if I raise it to what the new hospital is charging because we're looking more on the bottom line versus on the patient which is I'm surprised I'm having this conversation, that guy is going to have to pick whether or not that extra seven-hundred dollars (\$700) is going to go to whatever else he was going to pay for and so it kind of bothers me, I lost a grandmother to cancer, but lucky thing she had Medicare and lucky had insurance and it was all taken care of when she flew to the states but I think about our people that have no coverage.

Dr. Lizama: Senator, with all due respect, we're not trying to raise the rates on taking care of cancer patients, we're just trying to raise the rates to support the hospital for its main operation I mean these are the fees that would hopefully keep us operational for every other illness. I mean this is not picking on cancer patients, it's just trying to establish a fee schedule where we basically are going to pay for our cost. In Chemo(inaudible), that's a thirty-thousand (\$30,000) dollar procedure in some instances depending on what you use as a chemotherapy to patients and so if it cost the hospital that much and we can't raise the rates on cancer then help us subsidize the hospital for cancer patients.

Senator Michael F.Q. San Nicolas: I'm okay with that. We just got through paying the refunds and I just got so many calls from people that got refunds garnished from the hospital. If you had a refund garnished because you had a three-hundred-fifty (\$350) dollar needle biopsy in your pancreas you're going to get garnished three (3) times as much with this new fee schedule and because we can garnish from tax refunds and because you don't pay your taxes and they can go and put a lean on your property. This is a whole domino effect in our community. We're not just trying to bring in more revenue for the hospital, I think this is where Vice-Speaker Cruz is coming from, when he talks about collections and billings and trying to bring in as much as we can with what we already have in



place. Benita I hear what you're saying about how you want to tackle different things from different angles but I really think we should get the billings and collections at least up to (80%) versus (50%) before we begin something like this. This is just way to high, I think it's in the wrong area I think that we need to get the billings and collections going at a better rate and we really need to think about what we're spending money.

Vice-Speaker B.J.F. Cruz: Maybe I'm getting exercised over nothing but how much of this are services that you're are not currently providing right now?

Ms. Benita Manglona: (Inaudible)

Dr. Lizama: Yes she's correct, less than half.

Vice-Speaker B.J.F. Cruz: How many of these services that are in here are you currently that you're currently providing patients?

Ms. Benita Manglona: About half of that. That's why I'm saying utilization, in fact one of the testimony that we received from one of the insurance companies earlier, I looked at their example of the increase and I looked at their utilization and there was zero. So there was no impact on that.

Vice-Speaker B.J.F. Cruz: Because currently, you're not offering that service and so you're not charging anybody for that service. But of the (50%) of services that you're currently providing, your figuring that it's going to cost the insurance companies those additional 3.6 million.

Ms. Benita Manglona: Of the rates that we currently have, it's not the ones that we don't have, the utilization of the services that we have.

Vice-Speaker B.J.F. Cruz: Let me ask the question in a different way. Out of these 400 charges in here, how many of these 400 are you currently providing services at the hospital, ie. you have an MRI machine that's working, a CT Scan that's working so that you don't need to send everybody for their radiology things or is this going to be charges of things that we're going to get a different bill from for new machines because we decided that we have these charges and we're going to have to provide these services.

Ms. Benita Manglona: I think that's partly true, we are investing in radiology supplies that we don't currently charge right now and we will be charging and we have interventional radiologist that are on board. So on the 402, not all of it are being utilized. There's no utilization on it so I do have the impact of how many per category of payers that are impacted on these fees.

Vice-Speaker B.J.F. Cruz: So we're having two-hundred (200) new charges so that we can start new services at the hospital. Is that correct Dr. Lizama?

Dr. Lizama: (Inaudible).



Vice-Speaker B.J.F. Cruz: I know that my good chairman here has asked on numerous occasions in the past before the new hospital was built. Have the two hospitals spoken and decided we will take these services and you will take these services and there is no need to duplicate services and compete for heart patients when one of us should have it? Or there is no need to invest in having oncologist come to GMH when there's oncologist at the new hospital, let them handle it, become the birthing center. We're building you a twelve-million (\$12,000,000) dollar new section.

Dr. Lizama: Senator that's very premature right now to have a discussion because we don't really know what Medicare certification or other certifications they will get and when because currently they can't take care of Medicare/Medicaid for patients. So for those patients that need care now, they default to GMH.

Mr. Ted Lewis: It's a good question and I will tell you, we have started some discussion about some of these areas and for instance there's a couple of areas where there's some really top flight specialist have been recruited by GRMC and those are areas where we may be able to work on a little but we may be able to provide that service.

Dr. Lizama: But Senator, not at this time. Not for the next year. So for the next year and I'm going to stop there, they can't do Medicaid on MIP patients over there.

Vice-Speaker B.J.F. Cruz: And where are these patients going to right now? Do we need be investing in these new machines right now or can we wait a year? We waited the last ten (10), can we wait the year to see who will take care of what?

Dr. Lizama: Senator let me tell you the situation. Right now, they can see some private patients, they offer private patients these service. You bring it becomes a standard in the community. So what do we do now? Do we not offer it at GMH when we have the potential capability of doing it because we have the expertise but we don't have the equipment? And the charges to support?

Vice-Speaker B.J.F. Cruz: But as I understand, in some of these areas you don't have the expertise, you're recruiting new doctors.

Dr. Lizama: We may not have a nuclear machine and an MRI but it's something that we have expertise in. It's having the machine and supplies that we need to invest in those supplies and machine. We're also looking at establishing charges. Part of our protocol at the hospital, if we're going to invest in a two-hundred-thousand (\$200,000) dollar equipment and supplies, we're going to have to create charges before they come here. Because as soon as they come in and we don't have charges, we can't bill. So yes these charges are created sometimes before we even see the service done because we have to order the supplies and those are big inventories.

Mr. Ted Lewis: The theory of this, I think everybody agrees too, that it would be nice if the one (1) hospital can specialize in these areas and the other these areas from a practical standpoint can speak from someone that started up the new hospital. It's a challenge because if you start your process and you're taking certain services and not doing them, you're trying to build a product and if your customers think that you don't have a couple of basic services, it hurts your overall program. It's not



that easy for them to say okay we won't provide that service. Again theoretically in the long run once they get ramped up I think you'll see some of that. It's not that easy. And then conversely from Guam Memorial who has been here and has invested in a number of services, it's not that easy to say we won't invest in this service going forward. Now if we're not providing a service or if there's a physician that's in the process of leaving and we don't have anyone else then okay, that certainly can happen. Everyone agrees the theory of that is nice but from a practical stand-point it's not that easy to do.

Senator Dennis G. Rodriguez, Jr.: Okay before I give you the opportunity to close out. I know Jeff you said there's three (3) insurance companies that have agreements with the new hospital. I know that Mr. Mendiola is here, but I don't want to force you if you don't want to come up. Because this is going to be a very difficult decision that the legislature is going to have to make. We understand where the hospital is coming from and these fees that have been very low for a very long time that need to be adjusted. I think even in Jeff's testimony, it acknowledges that there's got to be some increase and so where that increase is at, that's the difficult part that we have to hear now and go through because if no action is taken then it's automatically adopted but with the other companies that have had this agreement with the new hospital and Dr. Lizama has testified that the rates are the same. The rates where they're raising to are the same as what the new hospital is charging.

Dr. Lizama: They have a higher fee schedule than GMH and they side with them.

Senator Dennis G. Rodriguez, Jr.: Okay that's the correction. That's where I'm at and so GMH does not have any contract with any of the four (4) insurance companies and that's something we've also been asking the hospital, even prior to your time there. Why don't we have an agreement? It's been since 2006, that it was going on a month to month. So if you work on an agreement, something signed, If they have higher rates at the other hospital, they've agreed to it. There has got to be a way that this is acceptable as well. So Mr. Mendiola, I didn't mean to force you but please if you could.

Mr. Anthony Mendiola: Yes, Honorable Senator, I'm Anthony Mendiola, I represent StayWell Insurance. We're not as big as Calvo's, Select Care or Take Care but within our membership we did our analysis as well for our utilization and we feel that this increase would have significant impact on us as a payer as well as our members. If you please your honor, I sent a written testimony as well which you can review after this and talking about the new hospital, our relationship with that new hospital is fluid, we've been in talks with them for so many months and so to say that their rates are generally higher could be true they're a new facility but when we look at every single item that we deal with, the difference is that we have the prerogative and we have the privilege with negotiating with them, specific items. So we have to be creative when coming up with rates, packages or arrangements so that the impact of the price would be controlled or mitigated. For GMH, where most of the people still go at this point because I believe if you do an analysis, still most people go to GMH and as a private payer we say that we're impacted we've also have done numbers who have their out of pocket. They have their co-share as well and in relation to what Senator San Nicolas stated and to underscore that. If you look at our smaller membership and say that we have at least 1100 people who went to the emergency room in the past year, those 1,100 people received services in the ER and then in the ER when you go there, you use several services, you pay for the facility itself, you pay for the professional fee, the imaging, labs, fluids, etc. but just for the use of the



facility alone, just by being there in the cubical, one (1) person right now will pay about \$100 dollars just for that and pay other amounts for other services. What this increase would do is raise that fee to three-hundred-forty dollars (\$340). So just for that cubical, this will lead to a corresponding increase in their co-share, the out of pocket, the out of share, the patient will have his or her share and so we're not opposed to any increase that the hospital is proposing, we just are requesting for something gradual so that the impact will not be as much. The average increase that we saw from our analysis is about (277%). So if we can come up with a way to reduce that and gradually adjust, that way it's not just the insurance companies who would benefit but the patients as well who would have their out of pocket.

Senator Dennis G. Rodriguez, Jr.: Will negotiating with the hospital and having a contract in place, help in stabilizing this increase?

Mr. Anthony Mendiola: Definitely, that is if you have, 15,000 services and then you identify 400, then you can move and identify for these 20 codes we agree to a certain level of increase because putting that emergency airway was only \$5 but for other services we can temper down the adjustment through the negotiating process.

Senator Dennis G. Rodriguez, Jr.: Would you say that having the rates having the base what it is that they're proposing now make that be the starting point of your negotiations with them because what they're saying here is that, these rates are being brought up to what it should be today. For example, intubation, because it was used earlier, is being charged at \$5 now and they're saying that's just the cost, that's just the lowest. It's the lowest, we've been trying to figure out how we can work something about putting language that would finally get the hospital and the insurance companies to work out the agreement but having this as a starting point.

Mr. Anthony Mendiola: When you say as a base, you're referring to us implementing this set-up?

Dr. Lizama: In the spirit in negotiating and working with insurance companies, when we open up the urgent care. We were at the table, we had a discussion about what we were going to charge, we had a discussion on what was excluded, we've been working with insurance companies. We talk about setting these fees for the ER, I don't think that it's fair to make a statement that this is going to be for all cubicles. This \$300-400 dollars charge maybe for a monitor bed, 1-3 that requires intensive care, those are part of basically what we would negotiate with insurance companies and work with insurance companies just like we did in urgent care when we said that if it meant ordering a test outside of the urgent care then that would default to ER. Again, we have been working, we are setting our fee schedule, does not mean they're not going to be participating in further negotiate, we want to work with insurance companies and we did in the spirit in the urgent care setup and establishing these fees for the ER. Not for every person that goes to the ER is going to get charged but for those with a \$400 charge but for those that require intensive care in a monitor bed and we have trauma rooms that will cost \$400 just for being there. That's an ER observation time.

Vice-Speaker B.J.F. Cruz: Forgive me but I'm just looking at this and there are like ten (10) ER proposed increases. I see \$93 going to \$333 but I don't see ER observation room having trauma bed.



Dr. Lizama: What I'm saying is that charge is really for that trauma bed. That's what followed in the community.

Vice-Speaker B.J.F. Cruz: To have the observation then all the services are on top of that.

Dr. Lizama: Yes, because they're being monitored on a bed.

Vice-Speaker B.J.F. Cruz: So the basic bed is \$333, the intubation will add another (lnaudible). If they need to be on monitor it's going to be another charge on top of that.

Dr. Lizama: Yes.

Vice-Speaker B.J.F. Cruz: So they observation bed is the least amount. Just to come in and to be told, you should have never come in here but we're going to charge you \$333.

Dr. Lizama: No, trauma patients are basic patients that need intensive care.

Vice-Speaker B.J.F. Cruz: But it doesn't say this.

Dr. Lizama: I know Senator but we've had the discussion before and we've agreed on what would constitute a proper charge for the four-hundred dollars (\$400) just like we did with a proper charge for urgent care services.

Vice-Speaker B.J.F. Cruz: (Inaudible).

Dr. Lizama: But if we don't have that charge in place, then we can never have the discussion.

Vice-Speaker B.J.F. Cruz: So for the billers that have been trying to get six (6) years, what code are they going to put, because there's only one (1) code in here for observation bed.

Dr. Lizama: We would designate certain beds that would qualify where the application of this observation charge can be dealt and that again that's with the trauma room. There's a bed charge in ICU.

Vice-Speaker B.J.F. Cruz: I'm just saying just for this, I don't see any other charge besides the new three-hundred-thirty-three dollars (\$333), there's no delineation for a different kind of bed, there's only one (1) observation.

Dr. Lizama: Well maybe because we aren't going to charge for the other bed other than ER care. Again, it's all in negotiations.

Senator Michael F.Q. San Nicolas: I just wanted to ask real quick Mr. Chairman. The Medicaid amount that GMH was supposed to receive for 2015, how much was that? Because the topic came up of Government subsidize, either we charge this as a Government subsidize but the reality is with



the insurance patients that we're going to be subsidizing it on the back instead of the front end, what's the Medicaid amounts that we should of brought in for 2015?

Ms. Benita Manglona: (Inaudible).

Senator Michael F.Q. San Nicolas: The gross and then the actual.

Senator Dennis G. Rodriguez, Jr.: If any of your staff would like to come up, they can come forward.

Ms. Benita Manglona: I have it here, I just need to find it. The total billing for Medicaid is thirty-eight-million dollars (\$38,000,000). The 17 million was for MIP. So we've bill 38.8 million and the collection is 17.3 million.

Senator Dennis G. Rodriguez, Jr.: With the 38, is that already the reconciled.

Ms. Benita Manglona: No it's not this is how much we've billed in FY15 and we are working on the reconciliation process because there are back years that is showing that has not been received. So we are going to be working with Public Health.

Senator Michael F.Q. San Nicolas: That's a difference of twenty-one-million dollars (\$21,000,000) by itself and if this whole exercise added to bring.

Ms. Benita Manglona: Wait a minute Senator, you can't say that difference because we're paid perdeemed rate and Medicaid and MIP mirrors Medicare.

Senator Michael F.Q. San Nicolas: So if you billed that 38 million, how much would you have brought in if it were at 100% rate?

Ms. Benita Manglona: About half.

Senator Michael F.O. San Nicolas: But you already brought in 17 million, that's (55%),

Ms. Benita Manglona: But you're forgetting that some of these are from previous years collections.

Senator Michael F.Q. San Nicolas: What I'm trying to get in, is how much did you bill for FY 2015.

Ms. Benita Manglona: That's what I'm saying, it's 38.8 million that we've billed.

Senator Michael F.Q. San Nicolas: Okay in that 38.8 million that you billed. How much of that if you were to receive 100% payment on those?

Ms. Benita Manglona: It varies because some of these are in-patients, some are out-patient and the out-patient would get a higher reimbursement for in-patient we get per-deem.



Senator Michael F.Q. San Nicolas: So your sheet there doesn't show what you should have gotten and how much you actually got?

Ms. Benita Manglona: No.

Senator Michael F.Q. San Nicolas: Well there's part of the problem.

Ms. Benita Manglona: No but we can come up with the analysis. I just don't have that here. But we can identify for example, of these collections of 17, how much of this is FY15 account. We can come up with that but for the purposes of these sheet that I have, this is the information that I have now.

Senator Michael F.Q. San Nicolas: The reason that I bring this up because like I said last budget cycle a number came off, twenty-four-million dollars (\$24,000,000) in Medicaid that the hospital was supposed to receive, they still didn't receive. Does that sound accurate? How much was the hospital supposed to get in Medicaid for FY2015 that did not get. How much did we not provide?

Ms. Benita Manglona: Senator, it's a moving target because you have patients come in daily. So you don't know how much total.

Senator Michael F.Q. San Nicolas: How short are you in Medicaid? If you were to get 100% of the Medicaid, how much would you have gotten that you didn't get?

Ms. Benita Manglona: I can get that information.

Senator Michael F.Q. San Nicolas: Do you have enough approximation, like for 30 million, you only got 20 and you should gotten another 10?

Ms. Benita Manglona: Public Health works with the hospital all the time especially this year, I mean they process the hospital claims as fast as they can process. They prioritize the hospital, that I know.

Senator Dennis G. Rodriguez, Jr.: And I think also Benita, over the years we've did supplemental appropriations to Medicaid and we're specific that a large portion of it goes to the hospital.

Ms. Benita Manglona: Yes that's correct and in fact the other providers are complaining because the hospital has been prioritized.

Senator Michael F.Q. San Nicolas: Well I wish that we could have stronger figures to validate that because for me, I look at this whole thing and I see one-hundred-sixty-million dollars (\$160,000,000) in billings and only eighty-million dollars (\$80,000,000) in collections and (50%) collection rate. We're all talking about what the rate should be, but in my mind the rates should be what the market is willing to bare and if our collection rate is (50%) then either the market can't bare with the charges already are or we're not collecting enough.



Ms. Benita Manglona: Ms. Benita Manglona: Senator, no hospital collects 100% of their billing, there is contractual adjustments all the time.

Senator Michael F.Q. San Nicolas: Sure, so how do we compare?

Ms. Benita Manglona: It's hard to compare, we're a Government hospital and we are a fee for service yet Medicare pays what Medicare wants to pay. (Inaudible). For that matter, maybe we should change it and just have Medicaid and MIP pay the hospital the cost, because that was what it was before. It did not mirror Medicare before but it was changed to mirror Medicare and so we get reimbursed much lower.

Senator Michael F.Q. San Nicolas: Maybe I should ask the CEO this is something he should know. Looking at the rate of collection of the hospital and (50%), what should it be as the Chief Executive of the hospital, what do you believe the collection rate should be?

Mr. Ted Lewis: Okay, so you have Medicaid, Medicare, MIP is similar to Medicaid, you have commercial insurance and you have self-pay. Every one of those categories is different in terms of how it works. So with Medicaid and with Medicare, we have a system here where we're paid perdeem rate. Over in the mainland, they're paid in a different basis. So to use example the 38 million and the 17, the 38 million is what our retail price is, the intubation or the observation or the inpatient bed, whatever the retail is that's what shows up on what's billed but our arrangement is, we're not paid on the basis of what the chargers were paid which is based on Medicare. Now it's different with commercial insurance companies and so all those components, how it works here on Guam is a bit different than the mainland but I will tell you in the mainland, on average (50%) is very common. Sometimes it's 45, sometimes it's 55 but on average and the reason over there, even though the total comes out about the same, the reason over there is because very large amounts of their business are negotiated either as a percent of the total charge or just on a DRG basis will pay you this amount for this service period, it doesn't matter what your retail charge is. Now where it comes into play here and I very much appreciate the illustration you used of cancer and our friends here Jeff and Select Care, Stay Well and the others, of course we'll come to some reasonable arrangement, the people who I think we're all concerned about are those on a self-pay category that are not with an insurance company and so hospital business is kind of like cars, you have a retail price and then you have a smaller price that you really get paid for. So the people that are self-pay, it's tough because they're dealing with that retail price and their not under any arrangement with Medicare or Take Care where there's a negotiated lower amount and the same problem exists over in the mainland. The people that are self-pay in California or in Michigan or wherever and as healthcare prices increase this is why so many people in America have not been able to afford things and that's why Obama Care went into effect. But to answer the question, (50%) is about the norm. but how it shakes out with those different components is different there than here.

Vice-Speaker B.J.F. Cruz: Before we adjourn I really think one (1) thing needs to be clear for the listening audience. Even if the Legislature would approve the rates or let this lapse, this Guam Legislature cannot effect the Medicare rate payment, is that correct?



Mr. Ted Lewis: Yes, that's correct.

Vice-Speaker B.J.F. Cruz: And Currently the Federal Law is because you guys have been trying to work out the changes that this four (4) jurisdictions that are stuck with this very low rate, all the other hospitals in the United States can negotiate different things but by Federal Statute, not because the Guam Legislature didn't want to do it, by Federal Statute we are different.

Mr. Ted Lewis: That is correct.

Dr. Lizama: We have one (1) problem, we still have to identify our cost and make a request for adjustments in what we get from Medicare if we can show that our cost where it's at. So if we don't raise our rates and show that it is our cost then we won't increase our cost reports and may not get more adjustments.

Vice-Speaker B.J.F. Cruz: But the TEFRA rate is different from the rates they get in the states. I just wanted it very clear to the audience out there that it is not this legislature that is making a whatever that bed pay.

Ms. Benita Manglona: But it is this Legislature that the hospital will be able to reimbursed using Medicare rates for Medicaid and MIP. The hospital didn't set that, the hospital wants fee for service.

Vice-Speaker B.J.F. Cruz: And would you get that Medicare the way the current Federal Statute is?

Ms. Benita Manglona: What if you change Medicaid and MIP?

Vice-Speaker B.J.F. Cruz: But does this Guam Legislature have control over Medicaid or is that over Federal, maybe we can have control over MIP.

Ms. Benita Manglona: So maybe then start with MIP and have the hospital pay fee for service and MIP.

Vice-Speaker B.J.F. Cruz: Because what I pointed in the previous meeting that you didn't realize, it was by Federal Statute, the TEFRA rate for Guam is different.

Ms. Benita Manglona: I understand that.

Vice-Speaker B.J.F. Cruz: Well now, thankfully.

Senator Dennis G. Rodriguez, Jr.: If there's no questions from the Senators here, is there anything Mr. Larson? Anything you want to close out?

Mr. Jeff Larsen: Well I just wanted to point out that Guam is moving on the opposite direction that the states are moving and that is the states have employer and individual mandates that have a safety net and what we have here is pushing a safety net to Medicaid and MIP which is pushing it closer to (Inaudible) because the match rates are even impossible for us to hit. So the point is, is that as the



hospital increases the fees it will have a disproportionate impact on commercial insurance and more and more patients will be paying a greater share because the only way that you can rectify commercial insurance viability is start to push more and more of the co-insurance to the patient. So Gov. Guam for example has an (80%) co-insurance plan, so what you're going to see is rates go up, whether it's GRMC or GMH and that's just going to go straight to the patient or the commercial insurance as we just discussed Medicaid, MIP, Medicare isn't going to be impacted by the rates. So the analysis that they're saying, sure that might be what they propose the increase to raise is \$15 or \$17 million dollars but in truth the impacts are going to be felt by those who pay the higher share and that's the commercial insured patients and I just wanted to end with that. Thank you Senator.

Ms. Benita Manglona: But I want to make a comment that the 3 M's are going to be impacted by the outpatient services. So it's not necessarily true that the 3M's are not going to be impacted, they will be.

Senator Dennis G. Rodriguez, Jr.: Okay, so we're going to adjourn. It's 6:51pm.

Fiscal Note: Waiver requested, dated October 15, 2015 (attached).

III. FINDINGS AND RECOMMENDATIONS

The Committee on Health, Economic Development, Homeland Security and Senior Citizens, hereby reports out Bill No. 389-33(COR), as Substituted, with the recommendation to Leport Suly.

MINA' TRENTAL TRES NA LIHESLATURAN GUAHAN 2015 (FIRST) Regular Session

Bill No. 8 -33 (OR)

Introduced by:

D.G. RODRIGUEZ, JR. 0-1/

AN ACT TO ADOPT THE PROPOSED GMHA FEE SCHEDULES SUBMITTED TO I LIHESLATURAN GUÅHAN, (DOC 33GL-15-0944) - GUAM MEMORIAL HOSPITAL AUTHORITY - PROPOSED HOSPITAL RATE ADJUSTMENT TO REFLECT CURRENT YEAR MEDICARE REIMBURSEMENT; AND THE ADDITION OF FOURTEEN NEW FEES AND SERVICES, AS PROVIDED PURSUANT TO § 80109 OF CHAPTER 80, DIVISION 4 OF TITLE 10, GUAM CODE ANNOTATED.



BE IT ENACTED BY THE PEOPLE OF GUAM:

- Section 1. Legislative Findings and Intent: I Liheslaturan Guåhan takes
- 3 due note that on October 13, 2015, the Guam Memorial Hospital Authority (the
- 4 Authority or GMHA) submitted the proposed hospital rate adjustment to reflect
- 5 current year Medicare rates, and the proposed New Fee Items / Services, both of
- 6 which was received and entered into the I Liheslaturan Guåhan Messages and
- 7 Communication -33rd record as document: DOC 33GL-15-0944 Guam Memorial
- 8 Hospital Authority Pursuant to P.L. 26-66, and is appended to this Act as Exhibit
- 9 "A".

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- 10 I Liheslaturan Guåhan recognizes that the Guam Memorial Hospital
- 11 Authority promulgated the proposed fee schedule pursuant to 10 GCA §80109 –
- Powers, which provides, in pertinent part, that the Authority, "... shall have and
- 13 exercise each and all of the following powers. . .," and, accordingly further
- provides, "(b) (1) Establish a schedule of fees, in accordance with Title 10 GCA §
- 15 80105, to be charged for care and services at or by the Hospital. The schedule of

- fees shall be sufficient to recover the operating costs and fixed costs and to generate such revenue as is necessary to enable the Hospital to meet its financial obligations, operating expenses and capital improvement needs . . . ".
- Prior to the approval and ratification of the proposed fee schedule by the 4 GMHA Board of Trustees, a public hearing was conducted on August 21, 2015, as 5 provided pursuant to §80109(b), which reads, in pertinent part, that, "... public 6 hearings must be conducted by the Authority for any new fee or rate increase of 7 more than five percent (5%)." The Board of Trustees, on September 24, 2015, 8 Ģ subsequently adopted the proposed fee schedule to raise 402 rate adjustments pursuant to GMHA Board of Trustees Official Resolution No. 15-72; "RELATIVE 10 TO THE CONSENT TO ADJUST HOSPITAL RATES TO REFLECT CURRENT 11 YEAR MEDICARE REIMBURSEMENTS UNDER P.L. 26-66," and Board of 12 Trustees Official Resolution No. 15-73; "RELATIVE TO THE APPROVAL OF 13 FOURTEEN (14) NEW FEES." 14
 - In light of the potential significant impact of the proposed fee schedule increase, which is well above the five percent (5%) threshold cap provided pursuant to 10 GCA §80109(b)(2) mandating legislative approval, it is critical that the public and all affected stakeholders be made well aware of and have the opportunity to comment on the economic ramifications.

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- It is, therefore, the *intent* of *I Liheslaturan Guåhan* to fully ensure that the people of Guam be given due opportunity to thoroughly scrutinize and comment upon the Guam Memorial Hospital Authority's proposed fee schedule increase, and the establishment of fourteen (14) new fees.
- Section 2. Adoption of Guam Memorial Hospital Authority Fee Schedule; Exhibit "B". Notwithstanding any other provision of law, rule,

- regulation and Executive Order, the Guam Memorial Hospital Authority GMHA
- 2 Board of Trustees Official Resolution No. 15-72; "RELATIVE TO THE
- 3 CONSENT TO ADJUST HOSPITAL RATES TO REFLECT CURRENT YEAR
- 4 MEDICARE REIMBURSEMENTS UNDER P.L. 26-66," and Board of Trustees
- 5 Official Resolution No. 15-73; "RELATIVE TO THE APPROVAL OF
- 6 FOURTEEN (14) NEW FEES," and attached hereto as EXHIBIT "B", are hereby
- 7 ADOPTED by I Mina'Trentai Tres Na Liheslaturan Guåhan.
- 8 Section 3. Effective Date. This Act shall become immediately effective
- 9 upon enactment.

MINA' TRENTAI TRES NA LIHESLATURAN GUAHAN 2015 (FIRST) Regular Session

Bill No. 189-33 (COR), as Substituted by Committee on Health, Economic Development, Homeland Security, and Senior Citizens

Introduced by:

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D.G. RODRIGUEZ, JR.

AN ACT TO ADOPT THE PROPOSED GMHA FEE SCHEDULES SUBMITTED TO I LIHESLATURAN GUÅHAN, (DOC 33GL-15-0944) - GUAM MEMORIAL HOSPITAL AUTHORITY - PROPOSED HOSPITAL RATE ADJUSTMENT TO REFLECT CURRENT YEAR MEDICARE REIMBURSEMENT; AND THE ADDITION OF FOURTEEN NEW FEES AND SERVICES, AS PROVIDED PURSUANT TO § 80109 OF CHAPTER 80, DIVISION 4 OF TITLE 10, GUAM CODE ANNOTATED.

BE IT ENACTED BY THE PEOPLE OF GUAM:

Section 1. Legislative Findings and Intent: I Liheslaturan Guåhan takes 2 3 due note that on October 13, 2015, the Guam Memorial Hospital Authority (the Authority or GMHA) submitted the proposed hospital rate adjustment to reflect 4 current year Medicare rates, and the proposed New Fee Items / Services, both of 5 which was received and entered into the I Liheslaturan Guåhan Messages and 6 Communication -33rd record as document: DOC 33GL-15-0944 - Guam Memorial 7 Hospital Authority – Pursuant to P.L. 26-66, and is appended to this Act as Exhibit 8 "A". 9

10 I Liheslaturan Guåhan recognizes that the Guam Memorial Hospital
11 Authority promulgated the proposed fee schedule pursuant to 10 GCA §80109 –
12 Powers, which provides, in pertinent part, that the Authority, "... shall have and
13 exercise each and all of the following powers. ..," and, accordingly further
14 provides, "(b) (1) Establish a schedule of fees, in accordance with Title 10 GCA §

- 1 80105, to be charged for care and services at or by the Hospital. The schedule of
- 2 fees shall be sufficient to recover the operating costs and fixed costs and to
- 3 generate such revenue as is necessary to enable the Hospital to meet its financial
- 4 obligations, operating expenses and capital improvement needs . . . ".
- 5 Prior to the approval and ratification of the proposed fee schedule by the
- 6 GMHA Board of Trustees, a public hearing was conducted on August 21, 2015, as
- 7 provided pursuant to §80109(b), which reads, in pertinent part, that, ". . . public
- 8 hearings must be conducted by the Authority for any new fee or rate increase of
- 9 more than five percent (5%)." The Board of Trustees, on September 24, 2015,
- subsequently adopted the proposed fee schedule to raise 402 rate adjustments
- pursuant to GMHA Board of Trustees Official Resolution No. 15-72; "RELATIVE
- 12 TO THE CONSENT TO ADJUST HOSPITAL RATES TO REFLECT CURRENT
- 13 YEAR MEDICARE REIMBURSEMENTS UNDER P.L. 26-66," and Board of
- 14 Trustees Official Resolution No. 15-73; "RELATIVE TO THE APPROVAL OF
- 15 FOURTEEN (14) NEW FEES."
- In light of the potential significant impact of the proposed fee schedule
- increase, which is well above the five percent (5%) threshold cap provided
- pursuant to 10 GCA §80109(b)(2) mandating legislative approval, it is critical that
- 19 the public and all affected stakeholders be made well aware of and have the
- 20 opportunity to comment on the economic ramifications.
- It is, therefore, the *intent* of *I Liheslaturan Guåhan* to fully ensure that the
- people of Guam be given due opportunity to thoroughly scrutinize and comment
- upon the Guam Memorial Hospital Authority's proposed fee schedule increase,
- 24 and the establishment of fourteen (14) new fees.

1	Section 2. Adoption of Guam Memorial Hospital Authority Fee
2	Schedule; Exhibit "B". Notwithstanding any other provision of law, rule,
3	regulation and Executive Order, the Guam Memorial Hospital Authority - GMHA
4	Board of Trustees Official Resolution No. 15-72; "RELATIVE TO THE
5	CONSENT TO ADJUST HOSPITAL RATES TO REFLECT CURRENT YEAR
6	MEDICARE REIMBURSEMENTS UNDER P.L. 26-66," and Board of Trustees
7	Official Resolution No. 15-73; "RELATIVE TO THE APPROVAL OF
8	FOURTEEN (14) NEW FEES," and attached hereto as EXHIBIT "B", are hereby
9	ADOPTED by I Mina'Trentai Tres Na Liheslaturan Guåhan-, with the exception
10	of the following:

12 (a) Any fee adjustment outlined in Exhibit "B" that relates to
12 services not currently being performed at the Guam Memorial
13 Hospital Authority facility which are considered pass-through charges
14 by third-party health care providers as of the enactment date of this
15 Act are hereby DISAPPROVED.

Section 3. The rates approved pursuant to Section 2 of this Act for the Guam Memorial Hospital Authority (GMHA) shall be contingent upon that by no later than March 1, 2016 GMHA executes third-party payer agreements with Health Plan Administrators for health care services provided by GMHA. Failure to do so shall be deemed to void and hold in abeyance the continuing implementation of the GMHA fee schedule.

Section 4. Effective Date. This Act shall become effective immediately upon enactment.

1	Exhibit "A"
2	
3	DOC 33GL-15-0944:
4	
5	October 13, 2015, Guam Memorial Hospital Authority proposed hospital rate
6	adjustment to reflect current year Medicare rates, and the proposed New Fee
7	Items / Services, both of which was received and entered into the I
8	Liheslaturan Guåhan Messages and Communication -33rd record as
9	document: DOC 33GL-15-0944 - Guam Memorial Hospital Authority -
10	Pursuant to P.L. 26-66
11	
12	
13	[Authority: Pursuant to P.L. 26-66.]
14	
15	
16	Agency: Guam Memorial Hospital Authority
17	



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL: 647-2444 or 647-2330 FAX: (671) 649-0145

EXHIBIT"A"

October 12, 2015

VIA HAND DELIVERY

The Honorable Judith T. Won Pat, Ed. D. Senator and Legislative Speaker Chair of Committee on Higher Education, Culture, Public Libraries and Women's Affairs Thirty-Third Guam Legislature Ste. 201, 155 Hesler Place Hagåtña, Guam 96910

Hafa Adai Speaker Won Pat:

Buenas yan Saludo! In accordance with Public Law 26-66, the Guam Memorial Hospital Authority is hereby submitting for legislative filing its request to adjust certain hospital rates that fall below current Medicare rate as well as new hospital fees.

A public hearing on this matter was conducted on August 21, 2015, and we are submitting the following documents as follows:

- Board of Trustees Official Resolutions on new fees and rate increase
- 2. Minutes of Public Hearing
- 3. Summary of New Fees/Services and Rate Increase
- 4. Press Release Notice of Public Hearing
- Newspaper Notices of Public Hearing
- 6. Fax Confirmations of Notice of Public Hearing to Legislature and news media
- 7. Letters Inviting Third Party Payors to Public Hearing
- 8. Press Release Notice of Public Hearing posted on GMHA Website
- 9. Public Hearing Agenda
- 10. Public Hearing Attendance Sheet
- 11. Written Testimony from StayWell

Please feel free to contact me if further information is required.

Un Sen Dangkulo Na Agradesimient yan Si Yu'us Ma'ase'.

Senseramente,

Benita A. Manglona, CPA, CGMA

Chief Financial Officer

BM/cc Attachments

cc: Honorable Eddie Baza Calvo, Governor

Senator Dennis Rodriguez, Committee Chairman on Health

GMHA Board of Trustees

Theodore Lewis, Hospital Administrator, CEO

Dr. Larry Lizama, Associate Administrator Medical Services



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guahån



850 Gov. Carlos G. Camacho Road Tamuning, GU 96913

BOARD OF TRUSTEES Official Resolution No. 15-72

"RELATIVE TO THE CONSENT TO ADJUST HOSPITAL RATES TO REFLECT CURRENT YEAR MEDICARE REIMBURSEMENTS UNDER P.L. 26-66"

WHEREAS, P.L. 26-66 provides the opportunity for the Hospital to establish reasonable rates for services, medications, and supplies in order to meet its financial obligations, operating expenses, and capital improvement needs; and

WHEREAS, P.L. 26-66 also provides for the Board of Trustees to raise the rates of more than five percent (5%) annually provided that a public hearing must be conducted prior to approval and ratification by the Board of Trustees; and

WHEREAS, the approved rate increase is required to be submitted to the Guam Legislature for conducting a public hearing to review the Hospital's proposed rate increase; and

WHEREAS, the BOT Finance and Audit Committee endorses the Hospital's proposal to raise 402 rate adjustments to reflect current year Medicare reimbursements, which may exceed the 5% rate increase annually authorized under P.L. 26-66; now, therefore be it

RESOLVED, that the Board of Trustees agrees with the endorsement from the BOT Finance and Audit Committee to raise the rates to reflect current year Medicare reimbursements; and, be it further

RESOLVED, that the Board of Trustees directs Hospital management to raise the 402 rates to reflect current year Medicare reimbursements as noted above to be effective upon approval by the Legislature, and, be it further

RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 24TH DAY OF SEPTEMBER 2015.

Certified by:

Lee P. Webber

Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD

Secretary, Board of Trustees



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guahån



850 Gov. Carlos G. Camacho Road Tamuning, GU 96913

BOARD OF TRUSTEES Official Resolution No. 15-73

"RELATIVE TO THE APPROVAL OF FOURTEEN (14) NEW FEES"

WHEREAS, Public Law 26-66, places the rate making authority of the Guam Memorial Hospital Authority under the GMHA Board of Trustees; and

WHEREAS, the GMHA Board of Trustees has reviewed the Public Law 26-66; and

WHEREAS, a Public Hearing was held on August 21, 2015 and oral comments and written testimony have been solicited for the Fourteen (14) new fees comprised of the following Hospital departments: Labor & Delivery, Pharmacy and Operating Room; and

WHEREAS, the Board of Trustees Finance & Audit Committee reviewed and recommended approval of the fourteen (14) new fee items at their September 23, 2015 meeting; and,

WHEREAS, the GMHA Board of Trustees has reviewed the list of new fees and found the same to be in order; and

WHEREAS, the Hospital has realized forty-two thousand eighty-seven dollars and 33/100 cents (\$42,087.33) in revenues since the inception of the 14 new fees; now therefore be it,

RESOLVED, that the GMHA Board of Trustees accepts and approves the recommendation of the Finance & Audit Committee and adopts the fourteen (14) new fee items, and be it further

RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 24TH DAY OF SEPTEMBER 2015.

Certified by:

Lee P. Webber

Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD

Secretary, Board of Trustees

GUAM MEMORIAL HOSPITAL AUTHORITY SUMMARY OF NEW FEE ITEMS/SERVICES

for Submission to the 33rd Guam Legislature Public Hearing on August 21, 2015

103	CHARGE	P. C. S. Berlin R. S. H. W. L. C. W. W.	FEE MODEL	ndistrict of the constant of t
NO.	CODE	DESCRIPTION * * * * * * * * * * * * * * * * * * *	RATE	DEPARTMENT
1	16-00047	L&D-MAJOR SURGERY, 1ST HOUR	\$ 1,351.18	LABOR & DELIVERY
2	16-00120	L&D-MAJOR SURGERY, ADD 15 MIN	\$ 225.19	LABOR & DELIVERY
3	42-04322	BENZOCAINE SPRAY	\$ 117.65	PHARMACY
4	42-12911	HYDROCORTISONE 5MG TABLET	\$ 3.14	PHARMACY
5	42-20151	DISPENSING FEE -DOC	\$ 4.00	PHARMACY
6	42-20152	DAPTOMYCIN 500MG INJ	\$ 543.85	PHARMACY
7	42-26140	ISENTRESS 400MG TABLET	\$ 45.49	PHARMACY
8	42-26973	TRUVADA 200MG-300MG TABLET	\$ 103.56	PHARMACY
9	42-32240	BENZOCAINE TOP SPRAY-PER DOSE	\$ 5.00	PHARMACY
10	42-69250	WATER IRRIGATION 500ML	\$ 5.74	PHARMACY
11	42-78930	FONDAPARINUX 25.MG/0.5ML VIAL	\$ 72.61	PHARMACY
12	70-07023	NEEDLE PERCUTANEOUS 18FR	\$ 213.71	OPERATING ROOM
13	70-25232	STENT URETERAL PERC 6FR 24CM	\$ 700.79	OPERATING ROOM
14	70-39072	PROBE LITHOTRIPSY 3.5X400CM	\$ 799.85	OPERATING ROOM

I certify that this listing of items comprises all fees required by law for submission at this time to be complete as presented here:

Frumen A Patacell

Hospital Quality Improvement Specialist

8/10/15 Date

1st Endorsement of Concurrence:

I concur and further certify that this listing of items are exempted under Section 9301(i) to Article 3, Chapter 9, Division 1 of Title 5 of the Guam Code Annotated and in compliance with Title10 GCA Part 2 Division 4 Chapter 80 §80109

Benita A. Manglona

Chief Financial Officer

8/10/15 Date

GUAM MEMORIAL HOSPITAL AUTHORITY SUMMARY OF FEE RATE INCREASE

for Submission to the 33rd Guam Legislature Public Hearing on August 21, 2015

130	CHARGE		CPT	CURRENT	^(*) 2015	7. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
NO	COARGE	DESCRIPTION			MEDICARE	DEPARTMENT
	CODE	DESCRIPTION	CODE	RATE		
1	0390471	IMMUNIZATION ADMIN ONE VACCINE	90471			EMERGENCY ROOM
2		IMMUNIZATION ADMIN INTRANASAL OR ORAL 1 VACCINE	90473			EMERGENCY ROOM
3		DEFIBRILLATION/CARDIOVERSION	92960		\$ 470.50	EMERGENCY ROOM
4		ER-OB/GYN SERVICE FEE	99283			EMERGENCY ROOM
5		ER-SPECIALTY SERVICE FEE	99282			EMERGENCY ROOM
6		ER-OBSERVATION SERVICE FEE	99284			EMERGENCY ROOM
7		1&D ABSCESS, SIMPLE	10060			EMERGENCY ROOM
8		INTUBATION	31500			EMERGENCY ROOM
9		CODE 72 (ARREST) PCV	92950			EMERGENCY ROOM
10		NB HEARING SCREEN 2ND STEP	92585			NURSERY
11		NB HEARING SCREEN IST STEP	92587			NURSERY
12		US-EXT CAROTIDS, BILATERAL	93880			RADIOLOGY
13		INSERT URETERAL TUBE	50393			RADIOLOGY
14		CISTERN/LAT CERVIC, W/ INJ	61055		\$ 672.06	RADIOLOGY
15		US-EXT CAROTIDS, UNILATERAL	93882			RADIOLOGY
16		INSERT URETERAL CATH OR STENT	74480			RADIOLOGY
17		ACROMIOCLAVICULAR JT, BIL	73050			RADIOLOGY
18		X-RAY AORTA, LEG ARTERIES	75630			RADIOLOGY
19		US-FETAL HEART, 2-D	76825			RADIOLOGY
20		BIOPSY, ABDOMINAL MASS	49180			RADIOLOGY
21		BIOPSY OF THYROID	60100			RADIOLOGY
22		ABDOMEN, INCL CHEST PA	74022			RADIOLOGY
23		CHANGE BILE DUCT CATHETER	47525			RADIOLOGY
24		ABDOMEN, MULTIPLE VIEWS	74020			RADIOLOGY
25		INSERT BILE DUCT DRAIN	47510			RADIOLOGY
26		MAMMOGRAPHY, BREAST SPECIMEN	76098			RADIOLOGY
27			73562			RADIOLOGY
28		KNEE, APL W/ OBLIQUE, 3 VIEWS CT-AORTA, CONTRAST	75600			RADIOLOGY
29		CHANGE KIDNEY TUBE	50398			RADIOLOGY
30		BARIUM SPEECH EVAL, COMPLEX	70371			RADIOLOGY
31		DRAINAGE OF KIDNEY LESION	50390			RADIOLOGY
32		NEEDLE BIOPSY, PANCREAS	48102			RADIOLOGY
33		REVISE, REINSERT BILE TUBE	47530			RADIOLOGY
34						RADIOLOGY
35		NEEDLE BIOPSY, CHEST LINING NEEDLE BIOPSY, MUSCLE	32400 20206			RADIOLOGY
36						RADIOLOGY
		BIOPSY OF KIDNEY	50200 77077			RADIOLOGY
37 38		JT(S) SURVEY, SINGLE FILM BIOPSY OF HEART LINING				
39		BIOPSY, LUNGMEDIASTINUM	93505			RADIOLOGY
			32405 73565			RADIOLOGY
40		KNEE, BOTH, STANDING AP				RADIOLOGY
41		ANKLE COMPLETE >= 3 VIEWS	73610			RADIOLOGY
42	2000148	EXTRACT BILIARY DUCT STONE	47630			RADIOLOGY
43	2000162	ANKLE, 2 VIEWS	73600			RADIOLOGY
44		BARIUM ENEMA, AIR CONTRAST	74280			RADIOLOGY
45		BONE AGE STUDIES	77072			RADIOLOGY
46		BONE LENGTH STUDIES	77073			RADIOLOGY
47		BONE SURVEY, COMPLETE	77075			RADIOLOGY
48		BONE SURVEY, INFANT	77076			RADIOLOGY
49		CHEST, OBLIQUE VIEWS 2 VIEWS	71022			RADIOLOGY
50		CHOLANGIOGRAPHY, PERCUTAN	74320			RADIOLOGY
51		CHOLANGIOGRAPHY, POST-OP	74305		1 —	RADIOLOGY
52		BARIUM ENEMA, COLON	74270			RADIOLOGY
53		GU-CYSTOGRAPHY >= 3 VIEWS	74430			RADIOLOGY
54		ELBOW, COMPLETE >=3 VIEWS	73080			RADIOLOGY
55		BARIUM, ESOPHAGUS & PHARYNX	74210			RADIOLOGY
56	2004420	FACIAL BONES, LESS THAN 3 VIEWS	70140	\$ 52.62	£ 50 37	RADIOLOGY

1 of 7

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57	2001145	FACIAL BONES, MIN 3 VIEWS	70150 \$	87.69	S	95.02	RADIOLOGY
58		FEMUR, INCL 1 JOINT 2 VIEWS	73550 \$				RADIOLOGY
59		FISTULA/SINUS TRACT STUDY	76080 \$				RADIOLOGY
60		FOOT, COMPLETE >=3 VIEWS	73630 \$				RADIOLOGY
61		HUMERUS, INCL 1 JOINT >=2 VIEWS	73060 \$				RADIOLOGY
62		KNEE, COMPLETE >= 4 VIEWS	73564 \$				RADIOLOGY
63		LOWER EXTREMITY, INFANT >= 2 VIEWS	73592 \$			****	RADIOLOGY
64		MANDIBLE, COMPLETE >=4 VIEWS	70110 \$		-		RADIOLOGY
65		MANDIBLE, COMPLETE >24 VIEWS				~~~~	
66			70100 \$				RADIOLOGY BADIOLOGY
67		NASAL BONES >= 3 VIEWS ORBIT, COMPLETE MIN 4 VIEWS	70160 \$				RADIOLOGY
			70200 \$				RADIOLOGY
68		PARANASAL SINUS, COMPLETE >= 3 VIEWS	70220 \$		<u> </u> *		RADIOLOGY
69		PELVIS, AP 1-2 VIEWS	72170 \$				RADIOLOGY
70		SACROILIAC JOINT >= 3 VIEWS	72202 \$		3		RADIOLOGY
71		SACRUM & COCCYX >= 2 VIEWS	72220 \$				RADIOLOGY
72		LARYNX-PHARYNX	70370 \$				RADIOLOGY
73		RIBS, BILATERAL >=4 VIEWS	71111 \$				RADIOLOGY
74		RIBS, UNILATERAL >=3 VIEWS	71101 \$				RADIOLOGY
75		SCAPULA	73010 \$		\$_		RADIOLOGY
76		SHOULDER, COMPLETE >= 2 VIEWS	73030 \$		\$_		RADIOLOGY
77		SHOULDER, PARTIAL 1 VIEW	73020 \$				RADIOLOGY
78		SKULL, COMPLETE >= 4 VIEWS	70260 \$				RADIOLOGY
79		SKULL, LESS THAN 4 VIEWS	70250 \$		\$_	95.02	RADIOLOGY
80		SPINE, CERVICAL, APL 2-3 VIEWS	72040 \$				RADIOLOGY
81		SPINE, CERVICAL, PARTIAL 4-5 VIEWS	72050 \$	87.69	\$_	95.02	RADIOLOGY
82	2002606	SPINE, ENTIRE, PARTIAL	72010 \$			159.53	RADIOLOGY
83	2002622	SPINE, L-SACRAL, PARTIAL 2-3 VIEWS	72100 \$		\$	95.02	RADIOLOGY
84		SPINE, T-LUMBAR, APL 2 VIEWS	72080 \$			59.37	RADIOLOGY
85		SPINE, THORACIC, APL 2 VIEWS	72070 \$	52.62	\$_	95.02	RADIOLOGY
86		STERNUM >= 2 VIEWS	71120 \$			59.37	RADIOLOGY
87		RENAL CYST, TRANSLUMBAR	74470 \$	202.09	\$_	813.20	RADIOLOGY
88		GU-URECYSTOGRAPHY, RETRO	74450 \$		\$		RADIOLOGY
89		GU-URETHROCYSTOGRAPHY, VOID	74455				RADIOLOGY
90		BARIUM, UPPER G-I	74240 \$				RADIOLOGY
91		UPPER EXTREMITY, INFANT >= 2 VIEWS	73092				RADIOLOGY
92		GU-UROGRAPHY, ANTEGRADE	74425				RADIOLOGY
93		GU-UROGRAPHY, RETROGRADE	74420 \$				RADIOLOGY
94		VENOGRAM, BILATERAL	75822				RADIOLOGY
95		ANG, VENOGRAM, INF V CAVA	75825	280.56	\$_		RADIOLOGY
96		VENOGRAM, UNILATERAL	75820 \$				RADIOLOGY
97		ANG, AOR THO, S&I	75605				RADIOLOGY
98		ANG, AOR ABD CATH, S&I	75625				RADIOLOGY
99		ANG, CTD CD, UNI, S&I	36224				RADIOLOGY
100		ANG, CTD CB, BIL S&I	36224		\$		RADIOLOGY
101		ANG, CTD CV, UNI S&I	35222			2,560.42	RADIOLOGY
102		ANG, CTD CV, BIL DP INJ	36222				RADIOLOGY
103		ANG, VTB S&	36226		5_		RADIOLOGY
104		ANG, EXT, UNIL S&I	75710		\$		RADIOLOGY
105		ANG, EXT, BIL S&	75716				RADIOLOGY
106		ANG, VISC, SEL S&I	75726	530.80	\$		RADIOLOGY
107	2004594	ANG, ADR, UNIL, SEL S&I	75731			2,560.42	RADIOLOGY
108	2004651	ANG, ADR, BIL, SEL SAI	75733	796.18	\$		RADIOLOGY
109		ANG, PELVIC, SEL S&I	75736			2,560.42	RADIOLOGY
110		ANG, PUL, UNIL, SEL S&I	75741			2,560.42	RADIOLOGY
111		ANG, PUL, BIL, SEL S&I	75743				RADIOLOGY
112		DRAINAGE SOFT TISSUE, PERC	10030	622.24			RADIOLOGY
113		PUNC ASPLOF ABSCESS, HEMATOMA, SEROMA OR FLUID	10160				RADIOLOGY
114		PUNC, ASPIR, BRST CYST ADD CYST	19083		15		RADIOLOGY
115		ISONE BIOPSY, SUPERFICIAL	20220				RADIOLOGY
116		BONE BIOPSY, DEEP	20225				RADIOLOGY
117		DRAIN PELVIS/HIP, DEEP ABSCESS	26990				RADIOLOGY
118		DRAIN THIGHMNEE, DEEP ABSCESS	27301				RADIOLOGY
119		DRAIN LEG/ANKLE, DEEP ABSCESS	27603				RADIOLOGY
120		DRAINAGE, ABSCESS VISCERAL	49405				RADIOLOGY
121		THORACENTESIS NEEDLE ONLY	32554				RADIOLOGY
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442 2038224 SEL CATH LOA UNI NTECRN CAR 36224 5 - 486 0 8 5,324 61 RADIOLOGY 444 2038225 SEL CATH CALUNI VERTEBRAL 36225 5 - 480 0 8 2,526 RADIOLOGY 444 2038225 SEL CATH VA UNI VERTEBRAL 36226 5 - 582 5 5 5,324 61 RADIOLOGY 445 2038225 REPAIL SEL CATH (270-ORDER), BIL 36225 3 + 35.77 2,504.42 RADIOLOGY 446 2038225 REPAIL SEL CATH (270-ORDER), BIL 36225 3 + 35.77 2,504.42 RADIOLOGY 447 2039224 REPAIL SEL CATH (270-ORDER), BIL 36251 3 + 484.01 5 2,504.42 RADIOLOGY 448 2038255 SURVERTION, NON TUNNELED , 5 YR OLD 368551 5 601.15 8 + 383.50 RADIOLOGY 449 2038256 RADIOLOGY CATHADULT -+5 YRS 36566 3 + 325.06 3 + 383.50 RADIOLOGY 449 2038256 RADIOLOGY CATHADULT -+5 YRS 36566 3 + 325.06 3 + 383.50 RADIOLOGY 450 2038256 RADIOLOGY CATHADULT -+5 YRS 36566 3 + 325.06 3 + 383.50 RADIOLOGY 451 2038256 RADIOLOGY CATHADULT -+5 YRS 36561 3 + 325.06								
442 2036225 SEL CATH SCA UNI VERTEBRAL 38226 \$ 540.6 \$ 2,560.42 RADIOLOGY								
144 2038228 ISEL CATH VA UNI VERTEBRAL								
145 203622 RENAL SEL CATH (19T-ORDER), BIL 89262 \$ 453,51 \$ 2,864,42 RADIOLOGY 147 2036254 RENAL SEL CATH (2ND-ORDER), BIL 36224 \$ 468,07 \$ 2,566,42 RADIOLOGY 147 2036254 RENAL SEL CATH (2ND-ORDER), BIL 36224 \$ 468,07 \$ 2,566,42 RADIOLOGY 148 2036555 CV INSERTION, NON TUNNELED, < 5 YR OLD 38555 \$ 601,15 \$ 843,50 RADIOLOGY 149 2036556 ANGIO-PLOCEMENT CV CATH ADULT >=5 YRS 36565 \$ 325,06 \$ 232,08 \$ 843,50 RADIOLOGY 150 2036558 ANGIO-INSERT TUNNEL CV ADULT >=5 YRS 36565 \$ 325,06 \$ 2,238,28 RADIOLOGY 151 2036569 ANGIO-PICC < 5 YRS OLD 38668 \$ 325,06 \$ 2,238,28 RADIOLOGY 152 2036568 ANGIO-PICC >=5 YRS OLD 38668 \$ 325,06 \$ 2,238,28 RADIOLOGY 153 2036569 ANGIO-PICC >=5 YRS OLD 38668 \$ 325,06 \$ 343,50 RADIOLOGY 154 2036569 ANGIO-PICC >=5 YRS OLD 38668 \$ 325,06 \$ 443,50 RADIOLOGY 155 2036569 RAGIO-PICC >=5 YRS OLD 38669 \$ 325,06 \$ 443,50 RADIOLOGY 156 2036569 RAGIO-PICC >=5 YRS OLD 38669 \$ 325,06 \$ 443,50 RADIOLOGY 157 2036569 RAGIO-PICC >=5 YRS OLD 38669 \$ 325,06 \$ 443,50 RADIOLOGY 156 2036569 REPLACE CV INNINELS AME SITE 38669 \$ 325,06 \$ 843,50 RADIOLOGY 157 2036569 REPLACE CV INNINELS AME SITE 38669 \$ 325,06 \$ 843,50 RADIOLOGY 158 2036569 REPLACE CV INNINELS AME SITE 38691 \$ 325,06 \$ 843,50 RADIOLOGY 159 2036569 ANGIO-PICC REPLACEMENT 36891 \$ 36591 \$ 325,06 \$ 843,50 RADIOLOGY 159 2036569 ANGIO-PICC REPLACEMENT 36891 \$ 36591 \$ 325,06 \$ 843,50 RADIOLOGY 159 2036569 ANGIO-PICC REPLACEMENT 36891 \$ 36591 \$ 3								
146 2038253 REMAIL SEL CATH (2ND-GROER), DIIL 36253 \$ 448.0 \$ 2,560.42 RADIOLOGY 147 2038255 REMAIL SEL CATH (2ND-GROER), BIL 38244 \$ 469.37 \$ 2,580.42 RADIOLOGY 148 2038255 REMAIL SEL CATH (2ND-GROER), BIL 38254 \$ 469.37 \$ 2,580.42 RADIOLOGY 149 2038255 REMAIL SEL CATH (2ND-GROER), BIL 38255 \$ 601.15 \$ 843.50 RADIOLOGY 149 2038255 REMAIL SEL CATH (2ND-GROER), BIL 38255 \$ 601.15 \$ 843.50 RADIOLOGY 149 2038255 ANGION-PLACEMENT CY CATH ADULT >=5 YRS 36555 \$ 325.06 \$ 2236.28 RADIOLOGY 150 2038255 ANGION-PLACEMENT TWINE LUNES 36555 \$ 325.06 \$ 2,236.28 RADIOLOGY 151 2038255 ANGION-PLACE SYRS OLD 36565 \$ 325.06 \$ 2,236.28 RADIOLOGY 152 2038256 ANGION-PLACE SYRS OLD 36565 \$ 325.06 \$ 483.50 RADIOLOGY 153 2038257 ANGION-PLACE SYRS OLD 36565 \$ 325.06 \$ 483.50 RADIOLOGY 154 2038257 ANGION-PLACE CY NONTUNNEL SAME SITE 36550 \$ 325.06 \$ 483.50 RADIOLOGY 155 2038250 REPLACE CY NONTUNNEL SAME SITE 36550 \$ 325.06 \$ 843.50 RADIOLOGY 156 2038250 REPLACE CY TUNNEL BAME SITE 36550 \$ 325.06 \$ 843.50 RADIOLOGY 159 2038250 REPLACE CY TUNNEL BAME SITE 36550 \$ 325.06 \$ 843.50 RADIOLOGY 159 2038250 REPLACE CY TUNNEL BAME SITE 36550 \$ 325.06 \$ 843.50 RADIOLOGY 159 2038250 REPLACE CO TEPLACEMENT 36564 \$ 325.06 \$ 843.50 RADIOLOGY 159 2038250 REPLACE CO TEPLACEMENT 36564 \$ 325.06 \$ 843.50 RADIOLOGY 159 2038250 REMOVAL TUNNELED CV 36589 \$ 325.06 \$ 483.00 RADIOLOGY 159 2038250 REMOVAL VA VENOUS PERICATH 36590 \$ 303.20 \$ 483.00 RADIOLOGY 150 2038250 REMOVAL VA VENOUS PERICATH 36590 \$ 303.20 \$ 483.00 RADIOLOGY 161 2036257 ANGIONER SINCE SEL 37184 \$ 3650 \$ 303.20 \$ 483.00 RADIOLOGY 162 2037360 REMOVAL OF IVC FILETER 37193 \$ 303.21 \$ 303.22 \$ 803.00 \$ 303.00 \$ 303.00 \$ 303.0						435.37	2,560.42	
147 2038284 REMAL SEL CATH (2ND-ORDÉR), BIL 36/254 \$ 469.71 \$ 2,586.42 RADIOLOGY						448.40	2,560.42	
449 2038555 CW INSERTION, NON TUNNELED, < 5 YR OLD 38555 \$ 80,115 \$ 843.50 RADIOLOGY	147	2036254	RENAL SEL CATH (2ND-ORDER), BIL				2,560.42	
150	148	2036555	CV INSERTION, NON TUNNELED, < 5 YR OLD	36555	\$			RADIOLOGY
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185 2043761 REPOSITION FEED TUBE DUODENUM 43761 \$ 325.06 \$ 745.60 RADIOLOGY								
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186 2044901 DRAINAGE ABSCESS APPENDICEAL 49406 \$ 360,32 \$ 1,052.63 RADIOLOGY								4
	186	2044901	DRAINAGE ABSCESS APPENDICEAL	4940	6 \$	360,32	\$ 1,052.63	[RADIOLOGY

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187	2047000 BIOPSY OF LIVER, PERCUTANEOUS	47000 \$	230.50		RADIOLOGY
188	2047011 DRAINAGE ABSCESS CYST LIVER	49405 \$	360.32		RADIOLOGY
189	2047490 CHOLECYSTOSTOMY PERCUTANEOUS	47490 \$	360.32		RADIOLOGY
190	2047552 PERCUTANEOUS BILL STRICT W/ INT STENT	47552 \$	325.06		RADIOLOGY
191	2047553 CHOLANGIO PERCUTANEOUS W/ BIOPSY	47553 \$	325.06		RADIOLOGY
192	2047554 CHOLANGIO CALCULUS/LI REMOVAL	47554 \$	325.06	1,833.49	RADIOLOGY
193	2047555 PERC BILI STRICT W/O INT STENT	47555 \$	325.06	1,833.49	RADIOLOGY
194	2047556 PERC BILI STRICT W/ INT STENT DILATION BILI	47556 \$	325.06	4,095.89	RADIOLOGY
195	2048511 DRAIN PANCREATIC, PSEUDOCYST	49405 \$	360.32		RADIOLOGY
196	2049061 IMAGE CATH FLUID RETRO/PERI	49406 \$	360.32		RADIOLOGY
197	2049083 PARACENTESIS WITH IMAGE GUIDE	49083 \$	293,36		RADIOLOGY
198	2049405 DRAIN, VISCERAL, PERC	49405 \$	331.86		RADIOLOGY
199	2049406 DRAIN, RETRO/PERITONEAL, PERC	49406 \$	352.60	1.052.63	RADIOLOGY
200	2049407 DRAIN, RETRO/PERITONEAL, TV/TR	49407 \$	385.68		RADIOLOGY
201	2049423 DRAIN ABSCCESS CHANGE INJECT	49423 \$	360.32		RADIOLOGY
202	2049452 REPLACE G-J TUBE, PERS	49452 \$	188.93		RADIOLOGY
203	2049460 MECH REMOVAL OBSTRUCT MATERIAL	49460 \$	68.40		RADIOLOGY
204	2050021 DRAINAGE PERI/RENAL PERCUTANEOUS	49405 \$	360.32		RADIOLOGY
205	2050150 HAND, PARTIAL 2 VIEWS	73120 \$	82.68		RADIOLOGY
206	2050184 NEPHROSTOMY PERCUTANEOUS	74480 \$	439.82		RADIOLOGY
207	2050186 GU-NEPHROSTOGRAM	74475 \$	439.82		RADIOLOGY
208	2050187 US-BRAIN INFANT	76506 \$	90.83	1,440.50	RADIOLOGY
	2050194 US-CHEST				RADIOLOGY
209		76604 \$	131.04	134,85	RADIOLOGY
210	2050389 REMOVE NEPHRO TUBE W/ FLUORO 2050395 INTRO GUIDE PELVIS, URETER DILATION	50389 \$ 50395 \$	118.68 360.32	2.004.05	RADIOLOGY
212	2051102 SUPRAPUBIC CATHETER INSERTION	51102 \$	272.41		RADIOLOGY
213	2055700 BIOPSY OF PROSTATE	55700 \$	213.62		RADIOLOGY
214	2062281 NEUROLYTIC INJ, EPI, CERV/THOR	62281 \$	308.56	1,470.03	RADIOLOGY
215	2062282 NEUROLYTIC INJ, EPI, LUMB/SACR	62282 \$	332.30		RADIOLOGY
216	2062310 NON-NEUROLYTIC INJ, CERV/THOR	62310 \$	379.77		RADIOLOGY
217	2062311 NON-NEUROLYTIC INJ, LUMB/SACR	62311 \$	356.03		RADIOLOGY
218	2070557 MRI-BRAIN, OPEN INTRACRANIAL, W/O CONTRAST	70557 \$	279.17		RADIOLOGY
219	2070558 MRI-BRAIN, OPEN INTRACRANIAL, W/ CONTRAST	70558 \$	338.65		RADIOLOGY
220	2071030 CHEST, MIN 4 VIEWS	71030 \$	66.56		RADIOLOGY
221	2071110 RIBS, BILATERAL, 3 VIEWS	71110 \$	66.56		RADIOLOGY
222	2072072 SPINE, THORACIC, 3 VIEWS	72072 \$	66.56	95.02	RADIOLOGY
223	2074241 UGI WITH KUB	74241 \$	98.53		RADIOLOGY
224	2074246 UGI WITH AIR CONTRAST	74246 \$	116.21		RADIOLOGY
225	2075563 MRI-CARDIAC MORPH, FUNCTION COMBINED; STRESS	75563 \$	789.50		RADIOLOGY
226	2075650 ANGIO-CERVICOCEREBRAL	36223 \$	237.85		RADIOLOGY
227	2075658 ANGIO-BRACHIAL, RETROGRADE	75658 \$	247.34	2,360,42	RADIOLOGY
228	2075705 ANGIO-SPINAL, SELECTIVE	75705 \$	266.33		RADIOLOGY
229	2075746 ANG-PULMO, NONSELECTIVE CATH OR VENOUS INJ	75746 \$	554,40		RADIOLOGY
230	2075756 ANGIO-INTERNAL MAMMARY	75756 \$	257.29		RADIOLOGY
231	2075791 ANGIO-AV SHUNT EVAL DIALYSIS	75791 \$	302.51		RADIOLOGY
232	2075840 VENOGRAPHY-ADRENAL, UNILATERAL, SELECTIVE	75840 \$	218.85		RADIOLOGY
233	2075842 VENOGRAPHY-ADRENAL, BILATERAL, SELECTIVE	75842 \$	246.44		RADIOLOGY
234	2075860 VENOGRAPHY-VENOUS SINUS, JUGULAR	75860 \$	554.40		RADIOLOGY
235	2075872 VENOGRAPHY-EPIDURAL	75872 \$	554.40		RADIOLOGY
236	2075880 VENOGRAPHY-ORBITAL	75880 \$	147.81		RADIOLOGY
237	2075885 PERC TRANSHEPATIC PORTOGRAPHY WI HEMO EVAL	75885 \$	229.26		RADIOLOGY
238	2075887 PERC TRANSHEPATIC PORTOGRAPHY W/O HEMO EVAL	75887 \$	232.42		RADIOLOGY
239	2075889 HEPATIC VENOGRAPHY W/ HEMODYNAMIC EVAL	75889 \$	223.38		RADIOLOGY
240	2075891 HEPATIC VENOGRAPHY W/O HEMODYNAMIC EVAL	75891 \$	223.38		RADIOLOGY
241	2075893 VENOUS SAMPLING W/ OR W/O ANGIO	75893 \$	212.07		RADIOLOGY
242	2075898 ANGIO THROUGH EXISTING CATH, FOLLOW UP	75898 \$	60.09	\$ 827.52	RADIOLOGY
243	2075961 RETRIEVAL, TRANSCATH, PERC, INTRAVASC FB	37197 \$	273.12		RADIOLOGY
244	2075978 ANGIO-TRANSLUMINAL BALLOON, VENOUS	75978 \$	257.29	\$ 2,501.17	RADIOLOGY
245	2076010 RADIOLOGY EXAM, NOSE TO RECTUM FOREIGN BODY, CHILD	76010 \$	35.86		RADIOLOGY
248	2076529 US-OPTHALMIC, FOREIGN BODY LOCALIZATION	76529 \$	98.53		RADIOLOGY
247	2076775 US-RETROPERITONEAL, REAL TIME W/ IMAGE DOCU, LIMIT	76775 \$	106.26		RADIOLOGY
248	2076811 US-OB REAL TIME TO INCLIDET FETAL ANA, TRANSAB SIN	76811 \$	123.85		RADIOLOGY
249	2076813 US-OB REAL TIME, 1ST TRIM FETAL NUCHAL MEAS	76813 \$	73.90		RADIOLOGY
250	2076815 US-GESTATIONAL, LIMITED	76815 \$	115.47		RADIOLOGY
251	2076816 US-OB REAL TIME, FOLLOW UP(FETAL SZ, AFI, ORGANS)	76816 \$	73.90		RADIOLOGY
			. 0.00		1

252		US-OB REAL TIME, TRANSVAGINAL	76817		\$	134.85	RADIOLOGY
253		US-OB FETAL BIOPHYSICAL PROFILE; WIO NONSTRESS	76819				RADIOLOGY
254		US-DOPPLER VELOCIMETRY, FETAL UMBILICAL ARTERY	76820			91,69	RADIOLOGY
255	2076821	US-DOPPLER VELOCIMETRY, FETAL MID CEREBRAL ARTERY	76821				RADIOLOGY
256		US-ECHO, FETAL CV, REAL TIE, 2D W/&W/O M-MODE	76826				RADIOLOGY
257		US-DOPPLER ECHO, FETAL PULSED WAVE, CONT WAVE COMP	76828				RADIOLOGY
258	2076831	US-SONOHYSTEROGRAPHY, SALINE INF, COLOR DOPPLER	76831	\$ 123.85			RADIOLOGY
259	2076882	US-EXTREMITY, NON-VASC, LMTD	76882				RADIOLOGY
260		R&L HEART CATH, W/O CORONARY ANGIO	93453				RADIOLOGY
261		ANG, RIGHT HEART CATHETERIZATION	93451				RADIOLOGY
262		ANG, SWANZ-GANZ INSERTION	93503				RADIOLOGY
263		ANG, LEFT HEART RETRO CATHETERIZATION	93452	\$ 997.52	\$		RADIOLOGY
264		US, DUPLX SCAN ART IN, VEN OUT OF PENILE VES COMP	93980				RADIOLOGY
265		ADMINISTRATION BLD/BLD COMPONENT	36430				LABORATORY
268		EEG PROLONGED 41-60 MIN	95812				SPECIAL SERVICES
267	3000053		95824	\$ 183.89	\$		SPECIAL SERVICES
268		INTRATHECAL LUMBAR PUNCT	62270				NUCLEAR MED
269		NM-VENOGRAM, UNILATERAL	78457				NUCLEAR MED
270		NM-CARDIAC BLD POOL, 1ST, MULTI	78473				NUCLEAR MED
271		NM-GASTRIC MUCOSA IMAGING	78261		1\$		NUCLEAR MED
272	4000008	NM-METS I-131, MULTIPLE	78018		\$		NUCLEAR MED
273		NM-MYOCARDIAL, PLANAR, EJECT	78468				NUCLEAR MED
274		NM-MYOCARDIAL PERF, MULTI	78454				NUCLEAR MED
275		NM-VENOGRAM, BILATERAL	78458		\$		NUCLEAR MED
276		NM-MYOCARD PERF, SPECT, SINGLE	78451				NUCLEAR MED
277		NM-PULMO VENT, AERO, MULTI	78598				NUCLEAR MED
278		NM-MYOCARDIAL, PLAN, SPECT	78469				NUCLEAR MED
279		NM-LIVER IMAGING, STATIC	78201				NUCLEAR MED
280		NM-BONE MARROW, LIMITED	78102				NUCLEAR MED
281		NM-VASCULAR FLOW STUDY	78445				NUCLEAR MED
282		NM-LIVER & SPLEEN, STATICS	78215				NUCLEAR MED
283		NM-MYOCARDIAL, PLAN, QUALI/T	78466				NUCLEAR MED
284		NM-CARDIAC BLD POOL, GATED, SINGLE	78472				NUCLEAR MED
285		NM-CARDIAC BLD POOL, 1ST, SINGLE	78481				NUCLEAR MED
286		NM-METS THYROID, LIMITED	78015				NUCLEAR MED
287		NM-LIVER IMAGING, V-FLOW	78202				NUCLEAR MED
288		NM-DTPA AEROSOL EVAL	78597				NUCLEAR MED
289		NM-GASTRIC EMPTYING NM-TESTICULAR	78264 78761		*		NUCLEAR MED NUCLEAR MED
291		NM-GASTRO-ESOPHAGEAL REFLUX	78262				NUCLEAR MED
292		NM-ESOPHAGEAL TRANSIT	78258				NUCLEAR MED
293		NM-THYROID UPTKE, SLIMUL QUANT	78012				NUCLEAR MED
294		NM-ADRENAL CORTEXMEDULLA	78075				NUCLEAR MED
295		NM-PLASMA VOL, SINGLE SAMPLE	78110				NUCLEAR MED
296		NM-RED CELL, SINGLE SAMPLE	78120				NUCLEAR MED
297		NM-RED CELL, SINGLE SAMPLE NM-RED CELL, MULTI SAMPLE	78121				NUCLEAR MED
298		NM-WHOLE BLOOD VOLUME	78122				NUCLEAR MED
299		NM-RED CELL, DIFF, ORGAN, TISSUE	78135				NUCLEAR MED
300		INM-RED CELL, DIFF, ORGAN, 1155UE	78140				NUCLEAR MED
301		NM-SPLEEN IMAGING ONLY	78185				NUCLEAR MED
302		NM-LYMPHATICS/LYMPH NODE	78195				NUCLEAR MED
303		NM-HEMATOPOIETIC, RETICULOENDOTHELIAL	78199				NUCLEAR MED
304		NM-LIVER SPECT	78205				NUCLEAR MED
305		NM-SALIVARY GLAND IMAGING	78230				NUCLEAR MED
306		NM-SALIVARY GLAND, SERIAL IMG	78231				NUCLEAR MED
307		NM-SALIVARY GLAND, FUNCTION	78232				NUCLEAR MED
308		NM-VIT B-12, W/O INTRINSIC FACT	78270				NUCLEAR MED
309		NM-VIT B-12, WO INTRINSIC FACTOR	78271				NUCLEAR MED
310		NM-VIT B-12, COMBINED	78272				NUCLEAR MED
311		INM-INTESTINE, MECKELS	78290				NUCLEAR MED
312		NM-PERITONEAL VENOUS SHUNT PATENCY TEST	78291				NUCLEAR MED
313		NM-MYOCARDIAL PERFUSION SPECT <1STUDY	78451				NUCLEAR MED
314		NM-MYOCARDIAL PERFUSION SPECT > 1STUDY	78451				NUCLEAR MED
			78453				NUCLEAR MED
315		NM-MYOCARDIAL PERFUSION PLANAR <1STUDY			_		NUCLEAR MED
316	4078404	NM-MYOCARDIAL PERFUSION PLANAR >1STUDY	78454	\$ 619.07		1,140.04	DAOOFEVILWER

317		NM-ACUTE VENOUS THROMBOSIS	78456		\$	813.20	NUCLEAR MED
318		NM-MYOCARDIAL IMAGING, INFARCT AVID, PLANAR	78466			373.56	NUCLEAR MED
319		NM-MYOCARDIAL IMAGING, INFARCT AVID, PLANAR W/E,F	78468			373.56	NUCLEAR MED
320		NM-CARDIAC BLOOD POOL, GATED EQUILIBRIUM, SPECT	78494	244.24	\$	373. 58	NUCLEAR MED
321		NM-BRAIN IMAGING, SPECT	78607		\$	1,189.74	NUCLEAR MED
322		NM-BRAIN IMAGING VASCULAR	78610		\$		NUCLEAR MED
323		NM-CEREBRAL FLUID FLOW IMAGING	78635	327.16	\$	557.25	NUCLEAR MED
324		NM-CEREBRAL FLUID FLOW SHUNT	78645	327.16	\$	557.25	NUCLEAR MED
325		NM-KIDNEY IMAGING MORPHOLOGY	78700				NUCLEAR MED
326		NM-KIDNEY IMAG, VAS, FLOW/FUNCT	78709			420.66	NUCLEAR MED
327		NM-KIDNEY W/ TOMO (SPECT)	78710				NUCLEAR MED
328		NM-RADPHARM LOCAL OF TUMOR 1 DAY	78802				NUCLEAR MED
329		NM-RADPHARM LOC TUMOR WHOLE >=2 DAYS	78804	1,063.09	\$	1,188.74	NUCLEAR MED
330		NM-RADPHARM INFLAM LIMITED AREA	78805				NUCLEAR MED
331		NM-RADPHARM INFL AM WHOLE BOO Y	78806				NUCLEAR MED
332		NM-CARD BLOOD POOL/FL	78483		\$		NUCLEAR MED
333		NM-BONE SPECT IMAGE	78320			332.31	NUCLEAR MED
334		DRESSING APPLICATION	97602	\$ 28.82	\$	146.14	REHABILITATIVE SVCS
335		PEAK FLOWMETER, PRE & POST	94060			236.86	RESPIRATORY THERAPY
336		INCENTIVE SPIROMETRY, SUBSEQUENT	94640		\$		RESPIRATORY THERAPY
337		WEANING PARAMETERS	94799			161.28	RESPIRATORY THERAPY
338		CHEST PHYSIO, INITIAL	94667				RESPIRATORY THERAPY
339	***************************************	CUFF PRESSURE MEASUREMENT	94799	35.08	\$		RESPIRATORY THERAPY
340		SUCTION (PROCEDURE)	94799				RESPIRATORY THERAPY
341		SPIROMETRY, P/P BRONCHODIL	94060				RESPIRATORY THERAPY
342	5300047	OZ SATURATION, CONTINUOUS	94762	\$ 35,06	\$	112.71	RESPIRATORY THERAPY
343		CHEST PHYSIO, SUBSEQUENT	94668	\$ 35.06	\$	52,37	RESPIRATORY THERAPY
344	5300089	AEROSOL INHAL, SUBSEQ	94640	\$ 18.94	\$		RESPIRATORY THERAPY
345		AEROSOL INHAL	94640	\$ 18.94	\$	164.63	RESPIRATORY THERAPY
346	5300171	INCENTIVE SPIROMETRY, INITIAL	94640	\$ 24.32	\$	164.63	RESPIRATORY THERAPY
347	5300338	BRONCHODILATOR (HHN) TX, FIRST HOUR	94644	\$ 32.43	\$	131.75	RESPIRATORY THERAPY
348	5300568	SPUTUM INDUCTION PER TX	94640	\$ 17.05	\$	164.63	RESPIRATORY THERAPY
349	5325604	CONT POS AIRWAY PRESSURE	94660			164.63	RESPIRATORY THERAPY
350		AEROSOL INH-SPUTUM INDUCT, INIT	94640			164.63	RESPIRATORY THERAPY
351		AEROSOL INH-SPUTUM INDUCT, SUBSEQ	94640	\$ 54.76	\$	164.63	RESPIRATORY THERAPY
352		DEMO & EVAL UTILIZ AERO GEN, MDI, NEB & IPPB	94664			164.63	RESPIRATORY THERAPY
353		CAPNOGRAPHY	94770			236.86	RESPIRATORY THERAPY
354		CARDIAC REHAB, O-P W/O EKG MONITOR	93797		_		REHABILITATIVE SVCS
355		CARDIAC REHAB, O-P W/ EKG MONITOR	93798				REHABILITATIVE SVCS
356	5495005	DRESSING APPLICATION	97602			146.14	REHABILITATIVE SVCS
357		PT-WOUND DEBRIDEMENT, 20SQCM OR <	97597	·		146.14	REHABILITATIVE SVCS
358		INCOMPATIBLE X-MATCH	86920			125.12	LABORATORY
359	6803068		86927	\$ 62.61	\$	108,24	LABORATORY
360		BONE MARROW ASPIRATION	38220		\$		LABORATORY
361		BONE MARROW SMEAR:INTERPRETATION	85097		<u> </u>		LABORATORY
362		BONE MARROW STAINING	88313				LABORATORY
363		LEUKOCYTE MYLOPEROXIDASE	88319				LABORATORY
364		ANTIBODY IDENTIFICATION	86870			183.69	LABORATORY
365		ANTIBODY TITER RH.ET	86886		\$	183.69	LABORATORY
366	6860264	ANTIBODY ELUTION	86860			125.12	LABORATORY
367	6860272	ANTIBODY ABSORPTION	86978			76.07	LABORATORY
368	6860280	ANTIBODY DETECT W/ ENZYMES	86971	\$ 45.14		125.12	LABORATORY
369	6860702	CROSSMATCH PER UNIT	86922				LABORATORY
370		TRANSFUSION RXN WORKUP	88078				LABORATORY
371		ABO, SERUM GROUP	86900				LABORATORY
372	6861007	RH TYPING, D	86901			76.07	LABORATORY
373		RH SUBTYPES EACH	86906			76.07	LABORATORY
374		RBC ANTIGEN TYPING-PATIENT	86905				LABORATORY
375		ANTIBODY SCRN, DIR COOMBS	86880				LABORATORY
376		AB SCREEN, INDIRECT COOMBS	86885				LABORATORY
377		CYTOLOGY, EXC GENITAL, SMEARS	88104				LABORATORY
378		GROSS ONLY	88300				LABORATORY
379	688312	SPECIAL STAIN: GROUP 1	88312				LABORATORY
380	RRRRAN	TISSUE SLIDES, EACH	88321				LABORATORY
381		GROSS & MICRO COMPLIC					LABORATORY
301	V00300/	JOHNOOD BERNIONO COMPLIO	88307	→ 107.58	*	193.09	JENDOIVA: UN I

382	6886903 ANTIGEN SCREEN-FOR COMPATIBLE UNITS	86902 \$	22.27	S	76,07	LABORATORY
383	6886921 CROSSMATCH, PREWARM	86921 \$	68.29	\$	76.07	LABORATORY
384	6886923 CROSSMATCH, ELECTRONIC	86923 \$	49.72	\$	125,12	LABORATORY
385	6895008 BLOOD UNIT:SPLITTING	86985 \$	18.22	\$	125.12	LABORATORY
386	6895010 PLATELETS:POOLED	86965 \$	36.41			LABORATORY
387	6896023]T4 CELL COUNT	88184 \$	94.96		183.69	LABORATORY
388	6990004 LAB HANDLING FEE	89240 \$	15,95	\$		LABORATORY
389	6991955 PHLEBOTOMY THERAPEUTIC	99195 \$	37.86	44		LABORATORY
390	7883428 PATHO-IMMUNOHISTOCHEMISTRY STAIN	88342 \$	153.20	\$	183.69	LABORATORY
391	9096000 HEMO ACUTE CARE 1HR	90935 \$	149,66	\$	613.57	HEMODIALYSIS
392	9096100 HEMO ACUTE CARE UP	90935 \$	119,68			HEMODIALYSIS
393	9300002 EKG, TRACING 12-LEAD	93005 \$	53.08	\$	78.47	SPECIAL SERVICES
394	9304007 EKG, RHYTHM STRIP 1-3 LEAD	93041 \$	15.16	\$		SPECIAL SERVICES
395	9400001 ECHO FOLLOW UP	93308 \$	35.06			SPECIAL SERVICES
396	9400003 FLOW VOLUME LOOP	94375 \$	110,45	\$		RESPIRATORY THERAPY
397	9400031 LUNG VOLUME-FRC	94727 \$	59.41	\$		RESPIRATORY THERAPY
398	9400042 ECHOCARDIOGRAM, 2-D	93307 \$	91.58			SPECIAL SERVICES
399	9400154 CARDIO STRESS TEST	93017 \$	115.47	\$	238.04	SPECIAL SERVICES
400	9493312 TRANSESOPHAGEAL ECHO, COMPREHENSIVE	93312 \$	514.87			SPECIAL SERVICES
401	9493318 TEE, 2-D IMAGE ACQUISITION	93318 \$	299.17	\$	594.44	SPECIAL SERVICES
402	9494200 MAXIMUM VOLUNTARY VENTILATION	94200 \$	55.27	\$	131.75	RESPIRATORY THERAPY

GUAM MEMORIAL HOSPITAL AUTHORITY PUBLIC HEARING ON HOSPITAL NEW FEES AND RATE ADJUSTMENTS

Friday, August 21, 2015 @ 2:30 P.M. DL Webb Conference Room

ATTENDANCE ,	
Present: Theodore M. Lewis, Hosp. Administrator/CEO Benita A. Manglona, Chief Financial Officer Florencio T. Lizama, MD, Asso. Administrator, Medical Services Frumen Patacsil, Hospital QI Specialist	Guests Present: Refer to attached Attendance Sheet

Belle Rada, Deputy Asst. Nursing

Administrator

	AGENDA: "(*)	DISCUSSION / RESPONSES	DECISION / ACTION
I.	Introduction	Ms. Benita Manglona introduced herself at the public hearing as the Chief Financial Officer as well as the Presiding Hearing Officer for this public hearing and announced the commencement of this public hearing at 2:40 p.m.	Informational
		She also introduced the GMHA management and staff who were present at this public hearing, including Mr. Ted Lewis, our Hospital Administrator/CEO, Dr. Lizama, our Medical Director, Ms. Belle Rada, Deputy Assistant Nursing Administrator, and Mr. Frumen Patacsil, our Chargemaster.	
11.	Opening Remarks	On behalf of the GMHA Board of Trustees, our CEO and the Hospital employees, Ms. Benita welcomed everyone to this public hearing.	
Portugui dade da mana de mana de de mana de ma		She indicated that we would follow the agenda and the public would be given an opportunity to ask questions later.	Informational
111.	Purpose of the Public Hearing	Ms. Manglona cited the enactment of Public Law 26-66 in December 2001 that removed the rate-setting jurisdiction from the PUC and gave it to the GMHA Board of Trustees.	
- The state of the		She also cited the Guam Code Annotated 10GCA §80109 that gave the authority to the Hospital to set its rates and to adjust its methodology for calculating and adjusting fees in order for Hospital to have sufficient funds for its operation, capital expenditures, and to meet other obligations.	Informational
		She emphasized that the cost of delivering healthcare has significantly increased over the years while GMHA rates have not kept pace of those increases. In the recent Office of Inspector General report on GMHA released in December 2014, it cited the Hospital, "has not adjusted its rates since the early 1990s; current fees are not sufficient to cover operating costs".	

		She indicated that the hospital's fee structure is so outdated, unreasonably and	
		unrealistically very low and that certain fees are well below Medicare rate. Those in the healthcare industry understand that Medicare rate is one of the lowest, if not the lowest of all healthcare rates. This is one reason why GMHA is pursing these rate increases to at the least align those charges that are below Medicare rates.	
		In compliance with the Administrative Adjudication Law and further Guam Code Annotated directives, the Hospital did publish in the Pacific Daily Newspaper and the Marianas Variety the announcement of this public hearing.	
		The Hospital also sent the notice of this public hearing via facsimiles and electronic mail to various news media organizations and the Governor's Office, the Congresswoman, and to our elected Senators of the 33 rd Guam Legislature. In addition, letters were sent to the third party payers via facsimile inviting them to this public hearing.	Informational
		The Hospital also posted the Notice of Public Hearing, the list of new fee items and the list of rate adjustments on its official website as mandated by public law.	
IV.	Presentation of Proposed New Fees and Rate Adjustments	Mr. Patacsil introduced himself being in charge of the Hospital Charge Library. He commenced presenting the 14 new fee items. These new fee items were submitted by various hospital departments from March to August 2015. The summary of these new fee items were as follows:	
			Informational
		Fee Items Departments Description 9 Pharmacy Pharmaceutical items 3 Operating Room Supplies 2 Labor & Delivery Services	
		TOTAL: 14 New Fee Items	(Refer to list of new fees and list of rate adjustments provided at the public hearing)
		Mr. Patacsil also presented a total of 402 rate adjustments that reflected current year Medicare reimbursements, which might exceed the 5% rate increase authorized by statute per calendar year.	nearity)
		The listing of new fee items and the rate adjustments were available on the GMHA website at www.gmha.org under Public Information - GMHA Press Release - GMHA Public Hearing. They are in PDF format and could be downloaded.	
V.	Testimonies from the Public	It was noted that no attendees had signed up for testimony.	
	E WARMATS	Ms. Benita stated that the public can submit a written testimony to the Hospital Administrator/CEO within five (5) days after this public hearing. These testimonies	Informational

		will be incorporated into the submission package to the 33 rd Guam Legislature, subsequent to the approval by the GMHA Board of Trustees.	
VI.	Questions and Answers on Proposed Fees	Ms. Manglona stated that we would now entertain any questions from the public concerning the proposed fees presented at this public hearing today.	
		Questions from Mr. Frank Campillo, Selectcare and GMHA Responses Mr. Campillo inquired how the APC system works and when it is applicable.	
		Ms. Manglona stated that the Hospital contracted a consultant to review the Chargemaster last year and reported this year that about 400 charge items were below Medicare rate. The Hospital used the Medicare APC rate as a benchmark because Medicare goes through a very complicated formula that it derives from looking at all charges in hospitals across the States to come up with its reasonable rates.	
		Mr. Campillo stated that the Medicare APC system is based and used on hospitals that are paid through the DRG system. The Hospital is not under the DRG system, so it does not apply to the Hospital. He also referred to a publication issued by Medicare that the Hospital is not going to be paid under the OPPS system by Medicare.	
		Ms. Manglona stated that the Hospital is reimbursed at the percentage for outpatient services and is paid at per diem rate for inpatient. Dr. Lizama added that the Hospital is trying to capture revenue to have some fees for reimbursement other than per diem rate. He also mentioned that we could apply the fee structure in the two-midnight rule hospitalization.	Informational
		Mr. Campillo indicated that he is aware that the Hospital rates are behind but these huge rate increase would only affect the third party payers and not the non-payers that are the majority of population and the biggest problem. The impact would damage the system with less insured population and consequently increase the Hospital's receivables. He hopes that the Hospital would listen and would adjust the rates that are acceptable to everybody.	
		Dr. Lizama responded that it is difficult for the Hospital to set a fee schedule as we are paid under the TEFRA system. The APC system was identified by our consultant as an acceptable fee structure for the Hospital. These rate increases might not be unreasonable as we are looking at the numbers with the procedures identified for the right coding for the right procedure.	
		Ms. Manglona stated that the Hospital studied the utilization when we started the rate adjustments. More than half of these rates are Medicare, MIP and Medicaid that are paid at a certain percentage. The insurance is only one-fourth or one-third	

and the rest are self-pay and other providers. So the impact to the insurance is not significant as we are aggressively making our effort to collect from the non-payers to improve the revenue. We also look at how to lessen or avoid the denials from the insurance by bundling the services and routine supplies with the room rates.

Mr. Campillo indicated that they are not disagreeing the Hospital having to adjust its rates tremendously, but are requesting the Hospital to be cautious when implementing the fees in an aggregate basis to recover the costs.

Ms. Manglona explained that it might be extreme on certain services, but we need to look at the value and type of services delivered. In addition, some charges have no utilization and some are not performed regularly so the rates are higher. When we set our rates, we have to take all these into consideration. We would have set it 15-25% above the Medicare APC rates, but we choose to just follow the Medicare rates. She added that the Hospital do intend to review its fees regularly. Once we implement the fees and send our bills to Medicare, we will see what they reimburse us.

Questions from Mr. Jeffrey Larsen, TakeCare and GMHA Responses

Mr. Larsen inquired if we could categorize the total aggregate impact of the rate increase if we take the revenue from prior year at the old rates and apply the same experience to the new rates.

Ms. Manglona responded that if we were to implement these rates on October 1, the impact would be close to \$14 million, based on current year utilization. Dr. Lizama added that the calculation actually included mostly Medicare, MIP and Medicaid. He emphasized that our goal is to maximize reimbursement.

Mr. Larsen also inquired if these rate increases fall within the allowable rates under the public law in terms of percentage increase. Ms. Manglona responded that our operating loss is \$30 million as far from recovering our operating expenses. This is the reason why we have to hold this public hearing to hear the comments from the public. Since it is more than 5%, we have to present it to the Legislature for their final decision for approval on our fees.

Mr. Larsen would like to clarify if the Hospital is keeping current with the increase in healthcare cost for services, procedures or supplies and if we are setting those fees based on fee increase or cost basis. Mr. Patacsil responded that the Hospital fee is based on purchase cost.

Mr. Larsen wanted to make sure that the new fee schedule allows the hospital to keep pace with current rate that are added on a regular basis as the costs are going up, such as the supplies and equipment. Dr. Lizama responded that we might not have kept up because nowadays, there are different codes that basically describe different procedures, which might be coded for one with different charges.

Informational

Public Hearing on Hospital New Fees and Rate Adjustments Friday, August 21, 2015 @ 2:30P.M. Page 4 of 5

VIII.	Adjournment	The public hearing was adjourned at 3:30 p.m.	
VII.	Closing Remarks	Ms. Benita thanked everyone for making their time to attend this public hearing. The next public hearing will be scheduled in the next quarter on new fees.	Informational
		Questions from Ricky Martin. TakeCare and GMHA Responses Mr. Martin stated that some of the issues centered around the Hospital's ability to collect and inquired if the Hospital plans to increase self-pay collections. Ms. Manglona responded that we are working on certain avenues to increase our self-pay collection, including online payment.	Informational
		Mr. Lewis indicated that when the Hospital do our regular evaluation, we would find some areas to determine if the prices were too high so that we would look into it when we purchase.	
		Mr. Larsen finally inquired if the hospital financial team determined that this would be a regular occurrence for rate increase on an annual basis to offset revenue shortfall. Ms. Manglona responded that this would be an ongoing process and would include this in our policy as we were cited by the Office of Inspector General that the Hospital did not review the rates regularly.	
		Mr. Larsen added if these fees are increased based on what the third party is charging the Hospital. Ms. Manglona responded that that was not factored in and we just referred to the APC system to set the rates.	
remember versick vor behaviour e den service versiche stelle der der der der der den den service versiche vers		Mr. Larsen further inquired if some of these services are directly provided by the Hospital or by third party or contracted provider and if we could identify which items are third party versus direct hospital. Mr. Lewis responded that we could identify some of the services provided by third party, such as referenced Laboratory services. The third party would be charging based on their structure, which would increase our cost, not only our own labor not being paid for, but the cost we are paying to acquire the service outside.	

Recorded and Transcribed by:

Approved by:

Wai-Man H. Chan "Candy" Administrative Assistant Benita A. Manglona Chief Financial Officer

ate

Public Hearing on Hospital New Fees and Rate Adjustments Friday, August 21, 2015 @ 2:30P.M. Page 5 of 5



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL: 647-2444 or 647-2330 FAX: (671) 649-0145

PRESS RELEASE

FOR IMMEDIATE RELEASE - August 11, 2015

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the Guam Memorial Hospital Authority (GMHA) will be conducting a Public Hearing on (1) hospital's <u>new</u> rates, fees and charges; and (2) some rate adjustments to reflect current year Medicare reimbursements, which may exceed the 5% rate increase authorized by statute per calendar year. Documents relating to this proceeding are available on our website at <u>www.gmha.org</u> under Public Information - GMHA Press Release — GMHA Public Hearing. Should you have any questions, please feel free to contact *Mr. Frumen Patacsil*, Hospital Quality Improvement Specialist at 647-2214 or *Ms. Benita A. Manglona*, Chief Financial Officer at 647-2367.

Date: Friday, August 21, 2015

Time: 2:30 p.m.

Place: GMHA Daniel L. Webb Conference Room, 1st Floor, Administration

Wing, 850 Gov Carlos Camacho Road, Oka Tamuning, Guam.

Individuals requiring special accommodations should contact Toni Villavicencio, ADA Coordinator, at 647-2218/2418 to make appropriate arrangements.

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Tel: (871) 647-2544 or (671) 647-2330; Fax: (671) 649-0145 This Public Notice is paid for by government funds, and is paid for by Guam Memorial Hospital Authority.

NOTICE OF PUBLIC HEARING

NOTICE IS HEPEBY GIVEN that the Guism Memorial flospital Authority (BMHA) will be conducting a Public Hearing on (1) hospital's new rates, feet and charges; and (2) some rate adjustments for reflect current year Medicare reinflusteriants, which may exceed the 5% rate increase authorized by statute per legislater year. Descriptions of the period of th which may exceed the 5% rate increase authorized by statute per calendar year. Documents relating to this proceeding are available on our website at www.gmha.org under Public Information - GMHA Press Release - GMHA Public Hearing. Should you have any questions, please feel free to contact Mr. Fruman Patacsil, Hospital Quality Improvement Specialist at 647-2214 or Ms. Bentia Manglona, Chief Financial Officer at 647-2387.

Time

Friday, August 21, 2015 2:30 p.m. GMHA Daniel L. Wellb Conference Room, Administration Wing, 850 Gov Carles Camache Road, Oka Temuning, Guem.

individuals requiring special accommodations should contact Toni Villevicencio, ADA Coordinator, at 647-2218/2418 to make appropriate arrangements.

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GUAM LAND USE COMMISSION

Department of Land Management ITC Building, Third Floor, Tamaning, GU P.O. Box 2950, Heplitia, Guern 96932 Telephone: (671) 649-5283, Facsimile: (671) 649-5383

AGENDA

A regular meeting of the Guam Land Use Commission will be held on Thursday, August 13, 2015 at 1:30 pm, at the Department of Land Management Conference Room, 590 S. Merine Corps Dr., 3rd Floor, ITC Building. Tamorino

I. Roll Call:

IL Approved of GLUC Minutes - June 25, 2015 M. Old or Unfinished Business

Zone Chance

A James Ji; zone change from "A" to "R2" for the proposed construction of a 32-unit, 2-storey condominium structure, Lot #10100-8-5-92 Dededo (2010-53) Continuation-GLUC, 11/13/141

N. New Bushiess (None) V. Administrative & Miscellaneous Matters

VI. Adjournment

Funding Source for this ad provided by the Applicantial above, Person(s) requiring special accommodations nieses call 649-5263 Feb. 375.



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DPW still short of school buses but no problems so far

@mvguam.co Mulely News Staff

THE first week of school is underway and school buses and bus drivers, though at low numbers, were ready to go according to Glenn Leon Guerrero, director of the Department. of Public Works

Leon Guerrero said DPW had 115 buses and drivers to starte the new school year;

However, according to Franklin Taitano, Department of Public Works superintendent of transportation, in order for, bus operations to run smoothly. "the magic number is 189 drivers and buses."

According to the magic number, the department is short 74 buses.

Despite the lack of resources. there were no major issues with transporting, students, to their goes back to do another elemenschools Monday and Tuesday, according to Taltano. "Asfür as 1 know there were no stary and middle schools." complaints.

Leon Guerrero said although the number of buses in the DPW fleet is supposed to be 135, the department's 115 school buses are sufficient to transport the nearly 30,000 public and private school students to and from school

More than likely some drivers will have to do double runs. but Leon Guerrero said they have been doing that since last. year and it is not a problem for drivers



A government of Guain school bus drops students at Juan M. Guerrero Ele The Department of Public Works is still short of school buses but DPW says it have the countries of any problems

'A double run is when a driver has to go back and get another. trip. For example, a driver will do one elementary run and then tary-run," Taitano said "II tary run, raman happens at almost all'elemen

Substitutes 👊

bus drivers is higher than the with medical issues, four in the number of buses is to provide, administrative section and nine substitutes for drivers who are supervisors. Taltano said, , , , out sick protherwise take leave. Leon Citemero said

- "On any given day, we sometimes have up to five; 10, even 15 drivers out on leave e medition cal or other. Taitand said.

Somebusdriversstillemployed a at DPW are on "light duty" for medical or other reasons and are not able to drive a bus.

Taitano said there are 10 drivers on light duty due to medical issues. "We are working with the Department of Administration to see what we can do about it," he said."

There are corrently 122 active drivers. Seven of them are limited-term appointment driv-The reason the number of eas (undergoing training), 10

> DPW hired some limited term appointment drivers who: have been trained and must a qualify to drive school buses. Common state

Although there haven't been major: complaints about bus square one." he said:

lateness, Taltano said, "Buses can be late due to lack of buses and manbower.

. Obviously it would be better if we had 135, but we have to follow government procedures." He said: Leon Guerrero said DPW has more than \$2 million in funding through Department of the Interior grants to procure school buses?

We advertised bids for 27 buses and received many. DPW is looking for the lowest respon-sible bidder. He said.

Leon Guerrero said the most recent bid for 27 buses returned They fall linder our ment a good offer with pricing lower system and they have shown us than the department's expectathey re good workers. Leon tions. However, just before the deadline to protest, the bld was protested. "Now we are back to

Mongmong man shoots self; Yona mån suffers burns

By Robert Q. Tuper robelt@invgulers.com Variety News Staff

SEPARATE unintentional incidents yesterday resulted in the transpotution of two men to the Guarr Memorial Hospital with injuries. An early morning fire in Your and an accidental afternoon shooting in Piti kept emergency responders busy.

According to hospital offichals, the fire victim was treated and released, while the shooting victim was admitted for further (reatment.

According to Guam Fire Department spokesman Kevin Reilly OFD units reported to à structure fire in Yone at 4:40 a.m. Upon arrival, frefighters found a wood and tin structure fully ablaze. Reilly said a lone occupant was able to escape from the burning structure and was attended to by medics at the scene. Reilly said resident was a 27-year-old male. Reilly said the man believed he escaped without injuries and initially refused treatment, however, he was eventually transported to GMH and treated for injuries and respinatory distress. Reilly said the man suffered from burns to his hands and smoke inhelation.

Reilly said an investigation into the cause of the structural fire would be conducted.

Shooting

Lateraturound noon, the Gram-Police Department responded to a shooting in Piti. According to Syl. Liz Flickinger, acting GPD spokeswomen, GPD was informed of an accidental shooting at the Piti Outdoor Shooting Range at 12:30 p.m. Flickinger said the victim, identified as a 38-year-old male resident of Mongmong, was responsive when police arrived. The man was reportedly suffering from injuries to his abdominal area.

Flickinger said the victim was loading his pistol when the gim he was using went off. He was transported to GMH. She said that as of 2 p.m., the man was listed in stable condition and was being attended to in the hospital's operating room.

As, of press time, hospital spokeswoman June Perez said the man remained in stable condition following surgery.

NOTICE OF GOVERNMENT MEETING

The Contractors License Board regular board meeting Will, be held on Wednesday, August 28, 2015 at 5:30pm at the Contractors License Board conference room, located at 542 North Marine Corps Drive in Upper

For any special accommodations, please contact us at 649-2211/9676.

Guam Memorial Hospital Authority Attiridat Espetat Mimuriat Guarian

850 GOV, CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL (971) 647-2544 or (671) 647-2380, FAX: (671) 649-0145, -4.0.

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NOTICE OF PUBLIC HEARING

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Date: Friday August 21, 2015.

Time: 1:30 p.m. Hore: (IMHA Desid L. Webb Conteres 850 Gev Carles Crimitche Road, Ohis Trimering, Gouss.

ADA Courdinator, al 647-2218/2367 in inside Rippropriate arrangements.

GUAM HOUSING AND URBAN RENEWAL AUTHORITY

APPROVAL OF PREVIOUS SCARD MINUTES - July 27, 2015 CORRESPONDENCE AND REPORTS

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TO:

Honorable Eddie Baza Calvo, Governor of Guam

Fax No.: 477-4826

Honorable Ray Tenorio, Lieutenant Governor of Guam

Fax No.: 477-2007

Congresswoman Madeleine Z. Bordallo

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Fax No.: 477-6411

KPRG

Fax No.: 734-2958

KHMG 88.1 FM Fax No.: 477-7136

FROM:

Guam Memorial Hospital Authority

DATE:

August 19, 2015

SUBJECT:

NOTICE OF PUBLIC HEARING, FRIDAY, AUGUST 21, 2015, 2:30 P.M.

DANIEL L. WEBB CONFERENCE ROOM

RE: HOSPITAL NEW FEES AND RATE ADJUSTMENTS

PLEASE SEE ATTACHED PRESS RELEASE.

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PRESS RELEASE

FOR IMMEDIATE RELEASE - August 11, 2015

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the Guam Memorial Hospital Authority (GMHA) will be conducting a Public Hearing on (1) hospital's new rates, fees and charges; and (2) some rate adjustments to reflect current year Medicare reimbursements, which may exceed the 5% rate increase authorized by statute per calendar year. Documents relating to this proceeding are available on our website at www.gmha.org under Public Information - GMHA Press Release - GMHA Public Hearing. Should you have any questions, please feel free to contact Mr. Frumen Patacsil, Hospital Quality Improvement Specialist at 647-2214 or Ms. Benita A. Manglona, Chief Financial Officer at 647-2367.

Date:

Friday, August 21, 2015

Time:

2:30 p.m.

Place:

GMHA Daniel L. Webb Conference Room, 1st Floor, Administration

Wing, 850 Gov Carlos Camacho Road, Oka Tamuning, Guam.

Individuals requiring special accommodations should contact Toni Villavicencio, ADA Coordinator, at 647-2218/2367 to make appropriate arrangements.

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KHMG 88,1 FM Fax No.: 477-7136

FROM:

Guara Montorial Hospital Authority

DATE

August 19, 2015

SUBJECT:

NOTICE OF PUBLIC HEARING, FRIDAY, AUGUST 21, 2015, 2:30 P.M.

DANIEL L. WEBB CONFERENCE ROOM
RE: HOSPITAL NEW FEES AND RATE ADJUSTMENTS

PLEASE SEE ATTACHED PRESS RELEASE.

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August 19, 2015

SUBJECT:

NOTICE OF PUBLIC HEARING, FRIDAY, AUGUST 21, 2015, 2:30 F.M. DANIEL L. WEBB CONFERENCE ROOM

RE: HOSPITAL NEW FEES AND RATE ADJUSTMENTS

PLEASE SEE ATTACHED PRESS RELEASE.

Total Pages Scanned: 2

Total Pages Confirmed: 2

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	298	671-637-9870	10:32:12 a.m. 08192015	00:00:24	2/2	1	EC	HS	CP24000

Abbreviations:

HS: Host send

PL: Polled local

PR: Polled remote

MP: Mallbox print

CP: Completed FA: Fall

TS: Terminated by system

HR: Host receive WS: Waiting send

MS: Mallbox save

RP: Report FF: Fax Forward

TU: Terminated by user

Date/Time Local ID 1

08-19-2015 6490145

10:42:43 a.m.

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GMH ADMIN

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Guam Memorial Hospital Authority

Aturidát Espetát Mimuriát Guáhan

850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL.: (671) 647-2544 or (671) 647-2330 FAX: (671) 649-0143



FACSIMILE TRANSMITTAL LISTING

TO:

Honorable Eddle Beza Calvo, Governor of Guerr Fax No.: 477-4826

Honorable Ray Tenorio, Lieutenant Governor of Guant Fax No.: 477-2007

Congresswomen Madeleine Z. Bordallo Fex No.: 477-2587

Speaker , Judith T. Won Pet, 33rd Goam Legislature Fax No.: 472-3589

Vice Speaker, Benjamin J.F. Cruz, 33rd Guam Legislature Pax No.: 477-2522

Secretary, Tina Musa-Barnes, 33rd Guam Lagislators Fax No.: 472-3400 Senator, Dennis G. Rodríguez, Jr., 33rd Guam Legislature Fax No.: 649-0520

Arty, Charles Kinnunen, Office of Attorney General Fex No. 477-3398

Pacific Daily News, Observation Post Fox No.: 472-4641

Marianas Variety Fax No.: 648-2007

Newstalk K57, Power 98

KUAM TV/Radio

Fax No.: 477-3982

KTWG KSTO

KOKU

Fax No.: 477-6411

Fex No.: 472-7663

KPRO

Fax No.: 734-2958

KHMG 88.1 FM

Fax No.: 734-3476

Fex No.: 477-7136

FROM:

Guam Memorial Hospital Authority

DATE:

August 19, 2015

SUBJECT:

NOTICE OF PUBLIC HEARING, FRIDAY, AUGUST 21, 2015, 2:30 P.M.

DANIEL L. WEBB CONFERENCE ROOM RE: HOSPITAL NEW FEES AND RATE ADJUSTMENTS

PLEASE SEE ATTACHED PRESS RELEASE.

Total Pages Scanned: 2

Total Pages Confirmed: 2

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001	299	671 472 7663	10:32:29 a.m. 08-19-2015	00:00:23	2/2	1	EC	HS	CP26400

Abbreviations:

HS: Host send

PL: Polled local

MP: Mallbox print

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HR: Host receive WS: Waiting send PR: Polled remote MS: Mallbox save

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GMH ADMIN

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Guam Memorial Hospital Authority

Aturidåt Espetät Mimuriät Guähan 850 gov. Carlos Camacho Road Oka, Tamuning, guam 95913 TEL:: (871) 847-244 or (871) 047-2330 FAX: (871) 649-0145



FACSIMILE TRANSMITTAL LISTING

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Speaker , Judith T. Won Pat, 33rd Guam Legislature Pax No.: 472-3589

Vice Speaker, Benjamin J.F. Cruz, 33rd Guam Lagislature Pax No.: 477-2522

Secretary, Tine Mumo-Barnes, 33th Guara Legislature Fax No.: 472-3400

Senator, Dennis G. Rodriguez, Jr., 33rd Guam Legislature

Fex No.: 649-0520

Atty, Charles Kinsunen, Office of Attorney General

Fax No. 477-3390

Pacific Daily News, Observation Post Fax No.: 472-4641

Fax No.: 648-2007

Newsmik K57, Power 98

KUAM TV/Radio Fax No. 637-9870

Fax No.: 477-3982 KTWG

KOKU

KSTO Fax No.: 477-6411 Fax No.; 472-7663

KPRG Fax No.; 734-2958

Fex No.: 734-3476

KHMG 88.1 FM Fax No.: 477-7136

FROM:

Guam Memorial Hospital Authority

DATE:

August 19, 2015

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NOTICE OF FUBLIC HEARING, FRIDAY, AUGUST 21, 2015, 2:30 P.M. DANIEL L. WIEBE CONFERENCE ROOM

RE: HOSPITAL NEW FEES AND RATE ADJUSTMENTS

PLEASE SEE ATTACHED PRESS RELEASE.

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Total Pages Confirmed: 2

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RP: Report FF: Fax Forward FA: Fall TU: Terminated by user



Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL.: (671) 647-2544 or (671) 647-2330 FAX: (671) 649-0145



August 11, 2015

VIA FACSIMILE (477-5096)
Ms. Chen Mack
President
STAYWELL GUAM, INC.
P.O. Box CZ
Hagatña, Guam 96932

Dear Ms. Mack:

Please be advised that the Guam Memorial Hospital Authority (GMHA) will be conducting a Public Hearing at 2:30 p.m. on Friday, August 21, 2015 in the GMHA Daniel L. Webb Conference Room on (1) the hospital's new rates, fees and charges, and (2) some rate adjustments to reflect current year Medicare reimbursements, which may exceed the 5% rate increase authorized by statute per calendar year. The listings of the proposed new rates, fees, and charges and the rate adjustments are available on our website under Public Information – GMHA Press Release – GMHA Public Hearing.

Individuals requiring special accommodations should contact the Administration Office at 647-2418 to make appropriate arrangements.

Should you have any questions, please feel free to contact *Mr. Frumen Patacsil*, Hospital Quality Improvement Specialist at 647-2214 or *Ms. Benita A. Manglona*, Chief Financial Officer at 647-2367.

Sincerely,

Benita A. Manglona, CPA, CGMA

Chief Financial Officer



Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. ČARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL.: (671) 647-2544 or (671) 647-2330 FAX: (671) 649-0145



August 11, 2015

VIA FACSIMILE (477-4141)
Mr. Frank Campillo
Plan Administrator
CALVO'S SELECTCARE
P.O. Box FJ
Hagåtña, Guam 96910

Dear Mr. Campillo:

Please be advised that the Guam Memorial Hospital Authority (GMHA) will be conducting a Public Hearing at 2:30 p.m. on Friday, August 21, 2015 in the GMHA Daniel L. Webb Conference Room on (1) the hospital's new rates, fees and charges, and (2) some rate adjustments to reflect current year Medicare reimbursements, which may exceed the 5% rate increase authorized by statute per calendar year. The listings of the proposed new rates, fees, and charges and the rate adjustments are available on our website under Public Information – GMHA Press Release – GMHA Public Hearing.

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Sincerely,

Benita A. Manglona, CPA, CGMA

Chief Financial Officer



Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL.: (671) 647-2544 or (671) 647-2330 FAX: (671) 649-0145



August 11, 2015

VIA FACSIMILE (647-3551)
Mr. Jeffrey Larsen
Chief Operation Officer
TAKECARE INSURANCE COMPANY INC.
P.O. Box 6578
Tamuning, Guam 96931

Dear Mr. Larsen:

Please be advised that the Guam Memorial Hospital Authority (GMHA) will be conducting a Public Hearing at 2:30 p.m. on Friday, August 21, 2015 in the GMHA Daniel L. Webb Conference Room on (1) the hospital's new rates, fees and charges, and (2) some rate adjustments to reflect current year Medicare reimbursements, which may exceed the 5% rate increase authorized by statute per calendar year. The listings of the proposed new rates, fees, and charges and the rate adjustments are available on our website under Public Information – GMHA Press Release – GMHA Public Hearing.

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Sincerely,

Benita A. Manglona, CPA, CGMA

Chief Financial Officer



Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL.: (671) 647-2544 or (671) 647-2330 FAX: (671) 649-0145



August 11, 2015

VIA FACSIMILE (472-3615)
Mr. Jerry Crisostomo
Plan Administrator
Netcare Life & Health Insurance Company
Suite 200, Julale Center
424 West O'Brien Drive
Hagåtña, Guam 96910

Dear Mr. Crisostomo:

Please be advised that the Guam Memorial Hospital Authority (GMHA) will be conducting a Public Hearing at 2:30 p.m. on Friday, August 21, 2015 in the GMHA Daniel L. Webb Conference Room on (1) the hospital's new rates, fees and charges, and (2) some rate adjustments to reflect current year Medicare reimbursements, which may exceed the 5% rate increase authorized by statute per calendar year. The listings of the proposed new rates, fees, and charges and the rate adjustments are available on our website under Public Information – GMHA Press Release – GMHA Public Hearing.

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Should you have any questions, please feel free to contact *Mr. Frumen Patacsil*, Hospital Quality Improvement Specialist at 647-2214 or *Ms. Benita A. Manglona*, Chief Financial Officer at 647-2367.

Sincerely,

Benita A. Manglona, CPA, CGMA

enta Manglona

Chief Financial Officer



Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL.: (671) 647-2544 or (671) 647-2330 FAX: (671) 649-0145



August 11, 2015

VIA FACSIMILE (735-7270)
Maria Teresa Bondoc, MBA-HCA, CPC
HSP Administrator
Bureau of Healthcare Financing Administration
Department of Public Health & Social Services
MIP/MEDICAID SECTION
123 Chalan Kareta
Mangilao, Guam 96913-6304

Dear Ms. Bondoc,

Please be advised that the Guam Memorial Hospital Authority (GMHA) will be conducting a Public Hearing at 2:30 p.m. on Friday, August 21, 2015 in the GMHA Daniel L. Webb Conference Room on (1) the hospital's new rates, fees and charges, and (2) some rate adjustments to reflect current year Medicare reimbursements, which may exceed the 5% rate increase authorized by statute per calendar year. The listings of the proposed new rates, fees, and charges and the rate adjustments are available on our website under Public Information – GMHA Press Release – GMHA Public Hearing.

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Sincerely,

Benita A. Manglona, CPA, CGMA

Chief Financial Officer



Aturidåt Espetåt Mimuriåt Guåhan

850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL.: (671) 647-2544 or (671) 647-2330 FAX: (671) 649-0145



August 11, 2015

VIA FACSIMILE (477-2315)
Ms. Lorna Malbog
Health Manager
NANBO INSURANCE UNDERWRITERS
P.O. Box 2980
Hagåtña, Guam 96932

Dear Ms. Malbog:

Please be advised that the Guam Memorial Hospital Authority (GMHA) will be conducting a Public Hearing at 2:30 p.m. on Friday, August 21, 2015 in the GMHA Daniel L. Webb Conference Room on (1) the hospital's new rates, fees and charges, and (2) some rate adjustments to reflect current year Medicare reimbursements, which may exceed the 5% rate increase authorized by statute per calendar year. The listings of the proposed new rates, fees, and charges and the rate adjustments are available on our website under Public Information – GMHA Press Rejease – GMHA Public Hearing.

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Sincerely,

Benita A. Manglona, CPA, CGMA

Chief Financial Officer

Activity Report

Date/Time Local ID 1

08-11-2015 6490145

01:53:34 p.m.

Transmit Header Text

Local Name 1

GMH ADMIN

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013	244	671 + 477 4141	01:49:07 p.m. 08-11-2015	00:00:16	1/1	1	EC	HS	CP31200
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017	246	671 472 3615	01:49:39 p.m. 08-11-2015	00:00:26	1/1	1	EC	HS	CP19200
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019	248	671-4747270 Public	01:49:57 p.m. 08-11-2015	00:00:14	1/1	1	EC	HS	CP26400

Abbreviations:

HS: Host send HR: Host receive

WS: Waiting send

PL: Polled local

PR: Polled remote

MS: Mallbox save

RP: Report

FF: Fax Forward

MP; Mallbox print

CP: Completed

FA: Fall

TU: Terminated by user

TS: Terminated by system

Transmission Report

Date/Time Local ID 1 08-11-2015 6490145 01:54:15 p.m.

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GMH ADMIN

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Guam Memorial Hospital Authority

Aturidát Espetát Mimuriát Guáhan 850 gov. Carlos Camacho Road 0KA, Tamunning, Guam 96913 TEL: (671) 647-254 to (671) 647-2530 FAX: (671) 649-0145



August 11, 2015

VIA FACSIMILE (477-2315)
Ms. Loma Malbog
Health Manager
NANBO INSURANCE UNDERWRITERS
P.O. Box 2980
Hagatha, Guam 96932

Dear Ms. Malbog:

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Should you have any questions, please feel free to contact Mr. Frumen Patacsil, Hospital Quality Improvement Specialist at 647-2214 or Ms. Benita A. Mangiona, Chief Financial Officer at 647-2367.

Cinnarais

Benita A. Mangiona, CPA, CGMA Chief Financial Officer

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Total Pages Scanned: 1

Total Pages Confirmed: 1

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
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Abbreviations:

HS: Host send HR: Host receive PL: Polled local PR: Polled remote MP: Mailbox print RP: Report

CP: Completed FA: Fall

TS: Terminated by system G3: Group 3

WS: Waiting send

MS: Mailbox save

FF: Fax Forward

TU: Terminated by user

EC: Error Correct

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Search GMHA

Aturidåt Espetåt Mimuriåt Guåhan

Guam Date: Tuesday, August 11, 2015 Guam Time: 9:34:44 AM

HAFA ADAI AND WELCOME TO OUR WEBSITE.....THE STAFF AND MANAGEMENT OF THE AUTHOR

GMHA BOT Meetings & Public Hearings	Hospital Circulars	Other Press Releases
Public Hearing - August 21, 2015	Smoke Free Policy Circular 6183.	
Press Release List of 14 New Fees List of Rate Adjustments		
Board Of Trustee Meeting - <u>May 28,</u> 2015	Smoke Free Policy <u>Circular 6183</u> .	Press Release No. 2015-050 Middle East Respiratory Syndrome
		June 4, 2015
Board Of Trustee Meeting - <u>April 30,</u> <u>2015</u>	Smoke Free Policy <u>Circular 6183</u> .	Press Release No. 2015-044 Eliminating Mosquito Breeding Sites and Protecting Against Bites
		May 19, 2015
Public Hearing - <u>March 30, 2015</u> - to discuss existing hospital rates, fees, and charges <u>List of NEW FEES</u>	Smoke Free Policy <u>Circular 6183</u> .	Press Release No. 2015-038 Pertussis Two New Cases of Pertussis
A STATE OF THE STA	Witnessee	May 7, 2015
Board of Trustee Meeting - February 26, 2015	Legal Services Requests <u>Circular</u> 6189.	GMH Notice of Press Conference- April 27, 2015
Board of Trustee Meeting - <u>January</u> 22, 2015		Press Release No. 2015-033 RB Mucinex Voluntary Recall - April 24, 2015
Board of Trustee Meeting - <u>December</u> 10, 2014		Press Release No. 2015-032 Three new suspect case reports of Pertussis - April 24, 2015
Board of Trustee Meeting - <u>October</u> 29, 2014		Press Release No. 2015-030 EMS Strong, Para I Famagu'on



Guam Memorial Hospital Authority Aturidat Espetat Mimuriat Guahan



850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL: 647-2444 or 647-2330 FAX: (671) 649-0145

PUBLIC HEARING HOSPITAL NEW FEES AND RATE ADJUSTMENTS

Friday, August 21, 2015 GMHA Daniel L. Webb Conference Room 2:30 p.m.

AGENDA

- I. Introduction of Public, GMHA Management and Staff
- II. Opening Remarks
- III. Purpose of the Public Hearing
- IV. Presentation of Proposed Fees
- V. Testimonies from the Public
- VI. Questions and Answers on Proposed Fees
- VII. Closing Remarks by the Presiding Hearing Officer
- VIII. Adjournment

Thank You For Your Active Participation



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL: 647-2444 or 647-2330 FAX: (671) 649-0145

PUBLIC HEARING HOSPITAL NEW FEES AND RATE ADJUSTMENTS

Friday, August 21, 2015 GMHA Daniel L. Webb Conference Room 2:30 p.m.

Attendance Sheet

NO.	NAME	ORGANIZATION	CONTACT NO.
1	Normand TARVE	MARIANAS YARLETY	8585380
2	Frumencio X, Pajac	of SMFTA-Aceta:	6472214
3	Jame Toves Orch Solde		
4	Candy clan	GMH FISCAL	647-2190
5	Patricia Curractio	GMHA	Ly7-2389
6	BenitaMangluna	GmHA	
7	Many Grz	PON	479-0406
8	Joseph Mesngin	Sen. Rodriguez Africe	649.86-38
9	Mathew Edgueg	Take Care	487 7107
10	Alicio Iseke	·	300-7172
11	Jeff Larsu	<u> </u>	300 7107
12	Tan Millery	INC Mas	988-3589.
13	Frank Crapt	Al	
14	Alesa OGN	an MYA	Xans
15	Edua Contonell	Stry Well	4777091 X118)
16	Jac Guzman	Maninas Variety	
17	Lerlani San Vicotas	SELE CITCHEE	471-7087
18	FRANK CAMPUD	GELECTOARE	474.0809
19	gian Chy	Gnd	(47 213)



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 GOV. CARLOS CAMACHO ROAD OKA, TAMUNING, GUAM 96913 TEL: 647-2444 or 647-2330 FAX: (671) 649-0145

PUBLIC HEARING HOSPITAL NEW FEES AND RATE ADJUSTMENTS

Friday, August 21, 2015 GMHA Daniel L. Webb Conference Room 2:30 p.m.

Attendance Sheet

NO.	NAME	ORGANIZATION	CONTACT NO.
20	LATOYA IDANEZ	Calvos,	479-7980
21	Technois	6 MH	
22	Carlostanolin	Offer of Fun Bules	
23	John Grang	Calvo's Select Care	
24	JUN (NPANTE	6n.Ha	
25	selle hade	GM 4A	
26	MANC'S SLA	GRue	
27	ERIC PLINSKE	GRMC	
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August 26, 2015

Ms. Benita Mangiona, CPA, CGMA Chief Financial Officer Guam Memorial Hospital Authority 850 Gov. Carlos Camacho Road Tamuning, Guam 96913

Subject: August 21, 2015 Public Hearing – Written Testimony on Proposed Rate Increase based on Medicare APC

Dear Ms. Mangiona:

We thank you for this opportunity to provide testimony on the proposed GMHA rate increase.

Based on the rate listing that we received during the August 21, 2015 Public Hearing, we conducted an analysis of the financial impact that this round of proposed rate hike may bring about. The analysis specifically considered StayWell member utilization and experience for the past year.

Our study showed that implementing the proposed 2015 Medicare APC fees at GMHA would lead to an average increase of 277% (two hundred seventy-seven percent) in reimbursement rate for the involved procedures. Increases in individual procedure code pricing ranged from 12% to 2,449%. As such, the financial impact could be staggering. For instance, the simple blood typing procedure that costs \$ 9.79 would be billed at \$ 76.07. See Table below for other examples.

Code	Description	Current Rate	2015 Medicare APC	Percentage Increase
31500	INSERT EMERG AIRWAY	5.09	129.72	2449%
85097	BONE MARROW INTERP	19.57	294.25	1404%
86900	BLD TYPING ABO	9,79	76.07	677%
94660	POS AIRWAY PRESS CPAP	11,39	164.63	1345%
99284	EMERG DEPART VISIT	93.00	333.80	259%

We applaud the hospital's efforts to improve collection but we caution against implementing such a drastic increase in hospital rates. As we all know, the changes will significantly impact the private payers and the consumers as well. Earlier this year, the hospital already implemented an adjustment in its fees. A gradual, rather than a sudden steep adjustment, is the approach that the community can work with.

On the other hand, we question the appropriateness of applying the 2015 Medicare APC rates on Guam at this time. APCs or "Ambulatory Payment Classifications" are the government's method of paying

facilities for outpatient services for the Medicare program. This component of the Outpatient Prospective Payment System" (OPPS) for hospital outpatient services is analogous to the Medicare prospective payment system for hospital inpatients known as "Diagnosis Related Groups" or DRGs. From our recollection, this system - including its required coding systems, rules and processes - has never been used at GMHA. Medicare itself may not use such a scheme with GMHA at this time. We would welcome any update or clarification if our assumptions are incorrect.

Sincerely,

Anthony G. Mendiola

Vice President/Medical Management

StayWell Insurance/IHIC

Cc: Provider Relations File

Exhibit "B"

Adoption of Guam Memorial Hospital Authority:

1) BOARD OF TRUSTEES OFFICIAL RESOLUTION NO. 15-72;

"RELATIVE TO THE CONSENT TO ADJUST HOSPITAL

RATES TO REFLECT CURRENT YEAR **MEDICARE**

REIMBURSEMENTS,"

(1) Summary of Fee Rate Increase; and

2) BOARD OF TRUSTEES OFFICIAL RESOLUTION NO. 15-73;

"RELATIVE TO THE APPROVAL OF FOURTEEN (14) NEW

FEES," UNDER P.L. 26-66.

(1) Summary of New Fee Items / Services.

[Authority: Pursuant to P.L. 26-66.]

Agency: Guam Memorial Hospital Authority



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guahån

850 Gov. Carlos G. Camacho Road Tamuning, GU 96913



BOARD OF TRUSTEES Official Resolution No. 15-73

"RELATIVE TO THE APPROVAL OF FOURTEEN (14) NEW FEES"

WHEREAS, Public Law 26-66, places the rate making authority of the Guam Memorial Hospital Authority under the GMHA Board of Trustees; and

WHEREAS, the GMHA Board of Trustees has reviewed the Public Law 26-66; and

WHEREAS, a Public Hearing was held on August 21, 2015 and oral comments and written testimony have been solicited for the Fourteen (14) new fees comprised of the following Hospital departments: Labor & Delivery, Pharmacy and Operating Room; and

WHEREAS, the Board of Trustees Finance & Audit Committee reviewed and recommended approval of the fourteen (14) new fee items at their September 23, 2015 meeting; and,

WHEREAS, the GMHA Board of Trustees has reviewed the list of new fees and found the same to be in order; and

WHEREAS, the Hospital has realized forty-two thousand eighty-seven dollars and 33/100 cents (\$42,087.33) in revenues since the inception of the 14 new fees; now therefore be it,

RESOLVED, that the GMHA Board of Trustees accepts and approves the recommendation of the Finance & Audit Committee and adopts the fourteen (14) new fee items, and be it further

RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 24TH DAY OF SEPTEMBER 2015.

Certified by:

Lee P. Webber

Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD

Secretary, Board of Trustees

GUAM MEMORIAL HOSPITAL AUTHORITY SUMMARY OF NEW FEE ITEMS/SERVICES

for Submission to the 33rd Guam Legislature Public Hearing on August 21, 2015

90.	CHARGE	and the property of the proper	FEE MODEL	Consideration of the Section 1997
NO	CODE	DESCRIPTION	RATE	DEPARTMENT
1	16-00047	L&D-MAJOR SURGERY, 1ST HOUR	\$ 1,351.18	LABOR & DELIVERY
2	16-00120	L&D-MAJOR SURGERY, ADD 15 MIN	\$ 225.19	LABOR & DELIVERY
3	42-04322	BENZOCAINE SPRAY	\$ 117.65	PHARMACY
4	42-12911	HYDROCORTISONE 5MG TABLET	\$ 3.14	PHARMACY
5	42-20151	DISPENSING FEE -DOC	\$ 4.00	PHARMACY
6	42-20152	DAPTOMYCIN 500MG INJ	\$ 543.85	PHARMACY
7	42-26140	ISENTRESS 400MG TABLET	\$ 45.49	PHARMACY
8	42-26973	TRUVADA 200MG-300MG TABLET	\$ 103.56	PHARMACY
9	42-32240	BENZOCAINE TOP SPRAY-PER DOSE	\$ 5.00	PHARMACY
10	42-69250	WATER IRRIGATION 500ML	\$ 5.74	PHARMACY
11	42-78930	FONDAPARINUX 25.MG/0.5ML VIAL	\$ 72.61	PHARMACY
12	70-07023	NEEDLE PERCUTANEOUS 18FR	\$ 213.71	OPERATING ROOM
13	70-25232	STENT URETERAL PERC 6FR 24CM	\$ 700.79	OPERATING ROOM
14	70-39072	PROBE LITHOTRIPSY 3.5X400CM	\$ 799.85	OPERATING ROOM

I certify that this listing of items comprises all fees required by law for submission at this time to be complete as presented here.

Frumen A. Patacsil

Hospital Quality Improvement Specialist

1st Endorsement of Concurrence:

I concur and further certify that this listing of items are exempted under Section 9301(i) to Article 3, Chapter 9, Division 1 of Title 5 of the Guam Code Annotated and In compllance with Title10 GCA Part 2 Division 4 Chapter 80 §80109

Benita A. Mangiona

Chief Financial Officer



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guahån



850 Gov. Carlos G. Camacho Road Tamuning, GU 96913

BOARD OF TRUSTEES Official Resolution No. 15-72

"RELATIVE TO THE CONSENT TO ADJUST HOSPITAL RATES TO REFLECT CURRENT YEAR MEDICARE REIMBURSEMENTS UNDER P.L. 26-66"

WHEREAS, P.L. 26-66 provides the opportunity for the Hospital to establish reasonable rates for services, medications, and supplies in order to meet its financial obligations, operating expenses, and capital improvement needs; and

WHEREAS, P.L. 26-66 also provides for the Board of Trustees to raise the rates of more than five percent (5%) annually provided that a public hearing must be conducted prior to approval and ratification by the Board of Trustees; and

WHEREAS, the approved rate increase is required to be submitted to the Guam Legislature for conducting a public hearing to review the Hospital's proposed rate increase; and

WHEREAS, the BOT Finance and Audit Committee endorses the Hospital's proposal to raise 402 rate adjustments to reflect current year Medicare reimbursements, which may exceed the 5% rate increase annually authorized under P.L. 26-66; now, therefore be it

RESOLVED, that the Board of Trustees agrees with the endorsement from the BOT Finance and Audit Committee to raise the rates to reflect current year Medicare reimbursements; and, be it further

RESOLVED, that the Board of Trustees directs Hospital management to raise the 402 rates to reflect current year Medicare reimbursements as noted above to be effective upon approval by the Legislature, and, be it further

RESOLVED, that the Board of Trustees Chairperson certifies and the Board of Trustees Secretary attests to the adoption of this resolution.

DULY AND REGULARLY ADOPTED ON THIS 24TH DAY OF SEPTEMBER 2015.

Certified by:

Lee P. Webber

Chairman, Board of Trustees

Attested by:

Edna V. Santos, MD

Secretary, Board of Trustees

GUAM MEMORIAL HOSPITAL AUTHORITY SUMMARY OF FEE RATE INCREASE

for Submission to the 33rd Guam Legislature Public Hearing on August 21, 2015

2 0390473 IMMUNIZATION ADMINI NITRAMASAL OR ORAL 1 VACCINE 90473 \$ 13.92 \$ 5.35.4 EM	1.7%	RGE DE	DESCRIPTION	CODE	(A)	URRENT RATE	Sec.	2015 EDICARE APC	DEPARTMENT
2 0390473 IMMUNIZATION ADMIN INTRAMASAL OR ORAL 1 VACCINE 90473 \$13.92 \$5.35.4 EM	471 IMMI	90471 IMMUNIZATIO	N ADMIN ONE VACCINE	90471	1	13.92	\$	53,54	EMERGENCY ROOM
4 0900178 ER-OBIGYN SERVICE FEE 99283 3 127.31 5 198.32 ES 5 0900185 ER-SPECIALTY SERVICE FEE 99284 83.30 5 112.79 EM	473 IMMI	90473 IMMUNIZATIO	ON ADMIN INTRANASAL OR ORAL 1 VACCINE	90473	\$	13.92	\$	53.54	EMERGENCY ROOM
5 0900185 ER-SPECIALTY SERVICE FEE	000 DEF	00000 DEFIBRILLAT	ION/CARDIOVERSION				\$	470.50	EMERGENCY ROOM
6 0900243 ER-OBSERVATION SERVICE FEE 99284 \$ 93.00 \$ 33.80 EW	178 ER-0	00178 ER-OB/GYN S	SERVICE FEE	99283	\$			198.39	EMERGENCY ROOM
Tologo Indication Tologo State 10060 \$ 29.13 \$ 16196 EM	1185 ER-S	00185 ER-SPECIAL	Y SERVICE FEE						EMERGENCY ROOM
8 0931500 ITUBATION	1243 ER-C	00243 ER-OBSERV	TION SERVICE FEE	99284	\$		\$	333.80	EMERGENCY ROOM
9 9996000 CODE 72 (ARREST) PCV	1060 I&D	10060 I&D ABSCES	3, SIMPLE					161.96	EMERGENCY ROOM
10	500 INTL	31500 INTUBATION		31500	\$			129.72	EMERGENCY ROOM
11 1692587 IMB HEARING SCREEN IST STEP 92587 \$ 54.76 \$ 143.01 M.I.									EMERGENCY ROOM
12 2000001 INSERT URETERAL TUBE									
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21 2000047 BIOPSY OF THYROID 60100 \$ 68.63 \$ 487.34 R/ R/									
22 2000048 ABDOMEN, INCL CHEST PA									
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Section Sect	571	2001145 FACIAL BONES, MIN 3 VIEWS	70150 \$	87.69 \ \$	95.02	RADIOLOGY
599 2001246/PRITULASHINIS TRACT STUDY						
60 2007446 FOOT, COMPLETE >=4 VIEWS						
61 2001436 HUMBEUR, DICL, 1 JOHN 7=2 YEWIS 7506 \$ 52,62 \$ 93.37 RADIOLOGY 303 2001436 LOWER EXTREMITY, NEVATY >=2 YEWIS 7507 \$ 7500147 \$ 95.02 \$ 95.02 RADIOLOGY 40 2001437 MANDIBLE, COMPLETE ≥=3 YEWIS 7501 \$ 97.00 \$ 97.00 \$ 97.00 \$ 95.02 \$ 95.02 RADIOLOGY 65 2001737 MANDIBLE, PARTIAL < 4 YEWIS 7501 \$ 97.00 \$ 97.00 \$ 97.00 \$ 95.02 \$ 95.02 RADIOLOGY 66 2001437 MANDIBLE, COMPLETE ≥=3 YEWIS 7501 \$ 97.00 \$ 77.00 \$ 97.						
2001485 NURLE_COMPLETE >= 4 VIEWS						
301 SEQ.LOWER EXTREMITY, NFANT >=2 VIEWS	<u> </u>					
44						
66 2010 12 (2017) MANDIBLE, PARTIAL 4 VIEWS 7700 \$.02.0 \$.93.7 RADIOLOGY 707						
66 2007192 NASAL BOMES >= 3 VIEWS						
877 2001947 ORBIT, COMPLETE WIN 4 WEWS 70200 \$ 70.14 \$ 59.02 RADIOLOGY 99 200289 PRANNASA, SINUS, COMPLETE >> 3 VEWS 70200 \$ 70.14 \$ 59.02 RADIOLOGY 99 200289 PRANNASA, SINUS, COMPLETE >> 3 VEWS 70200 \$ 70.14 \$ 59.02 RADIOLOGY 97 200289 PRANNASA, SINUS, COMPLETE >> 3 VEWS 72200 \$ 70.14 \$ 59.02 RADIOLOGY 97 200289 PRANNAS SINUS, COMPLETE >> 3 VEWS 72200 \$ 70.14 \$ 59.02 RADIOLOGY 97 200289 RIBS, BILATERAL >> 4 VIEWS 72200 \$ 52.62 \$ 53.37 RADIOLOGY 97 200289 RIBS, BILATERAL >> 4 VIEWS 77.11 \$ 77.15 \$ 50.02 RIBS, DIALTERAL >> 4 VIEWS 77.11 \$ 77.15 \$ 50.02 RIBS, DIALTERAL >> 4 VIEWS 77.11 \$ 77.15 \$ 50.02 RIBS, DIALTERAL >> 4 VIEWS 77.11 \$ 77.15 \$ 50.02 RIBS, DIALTERAL >> 4 VIEWS 77.11 \$ 70.02 RIBS, DIALTERAL >> 4 VIEWS 77.00 RIBS, DIALTERAL >> 4 VIEWS 77.00 RIBS, DIALTER						I
868 2001982 PARAMASK SINUS, COMPLETE >= 3 VIEWS 770220 \$ 770.44 \$ 9.802 RADIOLOGY 709 20020101 SACROLLAG JOINT >= 3 VIEWS 72202 \$ 70.14 \$ 9.802 RADIOLOGY 719 2002101 SACROLLAG JOINT >= 3 VIEWS 72202 \$ 70.14 \$ 9.802 RADIOLOGY 710 2002101 SACROLLAG JOINT >= 3 VIEWS 72202 \$ 520 \$ 53.37 RADIOLOGY 711 2002101 SACROLLAG JOINT >= 3 VIEWS 72202 \$ 520 \$ 53.37 RADIOLOGY 712 2002101 SACROLLAG JOINT >= 3 VIEWS 72202 \$ 520 \$ 53.37 RADIOLOGY 713 2002201 SACROLLAG JOINT >= 3 VIEWS 70370 \$ 70.14 \$ 195.35 RADIOLOGY 714 2002201 SACROLLAG JOINT SALE AND SA						
999 20/20099 PELUS, AP1-2 VIEWS 7200 \$ 73.49 \$ 95.02 RADIOLOGY 7 710 2002101 SACROLUA CIONTY ≈ 9 VIEWS 7200 \$ 7200 \$ 95.02 RADIOLOGY 7 712 200218 SACRUA COCCYX >≈ 2 VIEWS 7200 \$ 92.62 \$ 93.37 RADIOLOGY 7 713 2002308 RIBS. BILATERAL >≈ 4 VIEWS 7 7111 \$ 77.15 \$ 95.02 RADIOLOGY 7 714 2002230 RIBS. BILATERAL >≈ 4 VIEWS 7 7111 \$ 77.15 \$ 95.02 RADIOLOGY 7 715 2002308 RIBS. BILATERAL >≈ 4 VIEWS 7 7111 \$ 77.15 \$ 95.02 RADIOLOGY 7 716 2002308 SCAPULA 7 71.05 \$ 95.02 RADIOLOGY 7 717 2002308 SCAPULA 7 71.05 \$ 95.02 RADIOLOGY 7 718 2002308 SCAPULA 7 710 \$ 52.02 \$ 95.02 RADIOLOGY 7 719 2002309 SCAPULA 7 710 \$ 95.02 \$ 95.02 RADIOLOGY 7 719 2002309 SCAPULA 7 710 \$ 95.02 \$ 95.02 RADIOLOGY 7 719 200240 SHOULDER PARTIAL 1 VIEW 7 7130 \$ 95.02 \$ 96.02 RADIOLOGY 7 719 200240 SHOULDER PARTIAL 1 VIEW 7 7130 \$ 95.02 \$ 96.02 RADIOLOGY 7 719 200240 SHOULDER PARTIAL 1 VIEW 7 7130 \$ 95.02 \$ 95.02 RADIOLOGY 7 719 2002509 SKILL LESS THAN 1 VIEWS 7 700 \$ 95.00 \$ 95.00 \$ 95.00 RADIOLOGY 7 710 2002509 SKILL LESS THAN 1 VIEWS 7 700 \$ 95.00 \$ 95.00 RADIOLOGY 7 710 2002509 SKILL LESS THAN 1 VIEWS 7 700 \$ 95.00 \$ 95.00 RADIOLOGY 7 710 2002509 SPIRE, CERVICAL, APL 23 VIEWS 7 700 \$ 95.00 \$ 95.00 RADIOLOGY 7 710 2002509 SPIRE, CERVICAL, APL 23 VIEWS 7 700 \$ 95.00 \$ 95.00 RADIOLOGY 7 710 2002509 SPIRE, CERVICAL, APL 23 VIEWS 7 700 \$ 95.00 \$ 95.00 RADIOLOGY 7 710 2002509 SPIRE, CERVICAL, PARTIAL 2-3 VIEWS 7 700 \$ 95.00 RADIOLOGY 7 710 2002509 SPIRE, LESS THAN 1 VIEWS 7 700 \$ 95.00 RADIOLOGY 7 710 2002509 SPIRE, LESS THAN 1 VIEWS 7 700 \$ 95.00 RADIOLOGY 7 710 2002509 SPIRE, CERVICAL, PARTIAL 2-3 VIEWS 7 700 \$ 95.00 RADIOLOGY 7 710 2002509 SPIRE, LESS THAN 1 VIEWS 7 700 RADIOLOGY 7 710 2002509 SPIRE, CERVICAL, PARTIAL 2-3 VIEWS 7 700 RADIOLOGY 7 710 2002509 SPIRE, CERVICAL, PARTIAL 2-3 VIEWS 7 700 RADIOLOGY 7 710 2002509 SPIRE, CERVICAL, PARTIAL 2-3 VIEWS 7 700 RADIOLOGY 7 710 2002509 SPIRE, CERVICAL, PARTIAL 2-3 VIEWS 7 700 RADIOLOGY 7 710 2002509 SPIRE, CERVICAL, PARTIAL 2-3 VIEWS 7 700 RADIOLO						
Top						L
771 2002125 SACRUM & COCCYX >= 2 VIEWS				70 14 3	95.02	
772 2002368 [JARYNK-PHARYINX						
73 ± 2002309 Filts, BILATERAL >=4 VIEWS						
74						
752 2002286 SCAPILIA						
765 2002243 SHOLLDER, COMPLETE >= 2 VIEWS						1
77 2002440 [SHOULDER, PARTIAL I VIEWS 70260] \$ 35.08 \$ 59.37 [RADIOLOGY 7 PZ 200257] SKULL LESS THAN 4 WEWS 70260] \$ 70260 \$ 76.81 \$ 59.02 [RADIOLOGY 9 PZ 200257] SKULL LESS THAN 4 WEWS 70260] \$ 52.62 \$ 95.02 [RADIOLOGY 9 PZ 200257] SKULL LESS THAN 4 WEWS 70260 \$ 52.62 \$ 95.02 [RADIOLOGY 9 PZ 200257] SKULL LESS THAN 4 WEWS 70260 \$ 52.62 \$ 95.02 [RADIOLOGY 9 PZ 2002586] SPINE, CERVICAL, PARTIAL 4.5 VIEWS 70260 \$ 57.69 \$ 95.02 [RADIOLOGY 9 PZ 2002586] SPINE, ENTRE, PARTIAL 4.5 VIEWS 70260 \$ 157.69 \$ 95.02 [RADIOLOGY 9 PZ 2002586] SPINE, ENTRE, PARTIAL 2.3 VIEWS 70200 \$ 157.63 \$ 159.53 [RADIOLOGY 9 PZ 2002586] SPINE, ENTRE, PARTIAL 2.3 VIEWS 70200 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, LENGAL, PARTIAL 2.3 VIEWS 70200 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, TLUMBAR, PAP 2.2 VIEWS 70200 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 67.00 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 71.00 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 71.00 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 71.00 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 71.00 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 71.00 \$ 52.62 \$ 59.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 52.62 \$ 50.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 52.62 \$ 50.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 71.00 \$ 52.62 \$ 50.37 [RADIOLOGY 9 PZ 2002586] SPINE, THORACIC, APL 2 VIEWS 70200 \$ 52.62 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00 \$ 50.00				52.62	95.02	
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81 2002380 SPINE_ CERVICAL_PARTIAL 4-5 VIEWS						
82 2002808 SPINE, ENTIRE, PARTIAL. 72010 \$ 157.83 \$ 199.53 RADIOLOGY 83 2002822 SPINE, L-SACRAL, PARTIAL 2-3 VIEWS 72060 \$ 65.31 \$ 59.52 RADIOLOGY 84 2002858 SPINE, T-LUMBAR, APL 2 VIEWS 72070 \$ 5.62 \$ 59.52 RADIOLOGY 85 2002705 SPINE, T-LUMBAR, APL 2 VIEWS 72070 \$ 5.62 \$ 95.02 RADIOLOGY 86 2002774 SIERNUM = 2 VIEWS 72070 \$ 5.62 \$ 95.02 RADIOLOGY 87 2002767 SPANL CYST, TRANSLUMBAR 74470 \$ 202.09 \$ 813.20 RADIOLOGY 88 2002938 GU-URECYSTOGRAPHY, RETRO 74450 \$ 87.69 \$ 265.25 RADIOLOGY 88 2002938 GU-URECYSTOGRAPHY, RETRO 74450 \$ 87.69 \$ 265.25 RADIOLOGY 90 2002960 BARIUM, UPER G-I 74240 \$ 122.76 \$ 150.99 RADIOLOGY 91 2003060 UPPER EXTREMITY, INFANT >= 2 VIEWS 75092 \$ 73.49 \$ 95.02 RADIOLOGY 92 2003067 IGU-URGGRAPHY, RETROGRADE 74420 \$ 120.76 \$ 150.99 RADIOLOGY 93 2003063 IGU-URGGRAPHY, RETROGRADE 74420 \$ 140.29 \$ 255.25 RADIOLOGY 94 2003067 IGU-URGGRAPHY, RETROGRADE 74420 \$ 140.29 \$ 255.25 RADIOLOGY 95 2003159 INFANCA, NITEGRADE 74420 \$ 140.29 \$ 255.25 RADIOLOGY 96 2003668 IGU-URGGRAPHY, RETROGRADE 74420 \$ 140.29 \$ 255.25 RADIOLOGY 97 2003301 INFANCA, NITEGRADE 74420 \$ 140.29 \$ 255.25 RADIOLOGY 98 2003080 IGU-URGGRAPHY, RETROGRADE 74420 \$ 140.29 \$ 255.25 RADIOLOGY 99 2003080 IGU-URGGRAPHY, RETROGRADE 74420 \$ 140.29 \$ 255.25 RADIOLOGY 99 2003080 IGU-URGGRAPHY, RETROGRADE 74420 \$ 140.29 \$ 265.25 RADIOLOGY 99 2003080 IGU-URGGRAPHY, RETROGRADE 74420 \$ 140.29 \$ 265.25 RADIOLOGY 99 2003080 IGU-URGGRAPHY, RETROGRADE 74420 \$ 140.29 \$ 265.25 RADIOLOGY 90 2003159 IANG, VENOGRAM, INFO CAVA 758.25 \$ 296.72 \$ 813.20 RADIOLOGY 90 2003159 IANG, VENOGRAM, INFO CAVA 758.26 \$ 296.72 \$ 813.20 RADIOLOGY 90 2003159 IANG, VENOGRAM, INFO CAVA 758.26 \$ 296.72 \$ 813.20 RADIOLOGY 90 2003392 IANG, CTD CD, UNI S81 90 2003493 IA						
83 2002822 SPINE, ISACRAL, PARTIAL 23 VIEWS 72006 \$ 63.13 \$ 95.02 RADIOLOGY			72010 \$	157.83		<u> </u>
84 2002889 SPINE, T-LUMBAR, APL 2 VIEWS 72080	83			63.13	\$ 95.02	
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86 2002747 STERNUM >= 2 VIEWS	85	2002705 SPINE, THORACIC, APL 2 VIEWS				RADIOLOGY
88	86				\$ 5 9 .37	
89	87	2002762 RENAL CYST, TRANSLUMBAR	74470 \$	202.09	\$ 813,20	RADIOLOGY
89 2002945 GU-URETHROCYSTOGRAPHY, VOID 74456 122.76 \$ 265.25 RADIOLOGY 91 2003060 BARIUM, UPPER G-I 74240 \$ 122.76 \$ 150.99 RADIOLOGY 92 2003067 GU-URED REXTREMITY, INFANT >= 2 VIEWS 73992 \$ 73.49 \$ 95.02 RADIOLOGY 93 2003067 GU-UREDGRAPHY, ANTEGRADE 74425 \$ 140.29 \$ 265.25 RADIOLOGY 94 2003109 VENOGRAPHY, RETROGRADE 74426 \$ 87.69 \$ 265.25 RADIOLOGY 95 2003109 VENOGRAM, BILATERAL 75822 \$ 296.72 \$ 813.20 RADIOLOGY 96 2003169 VENOGRAM, INFV CAVA 75825 \$ 280.56 \$ 2,550.42 RADIOLOGY 97 2003321 ANG, AOR THO, S&I 75805 \$ 530.80 \$ 2,550.42 RADIOLOGY 98 2003455 ANG, AOR ABD CATH, S&I 75805 \$ 530.80 \$ 2,560.42 RADIOLOGY 99 2003331 ANG, AOR THO, S&I 75805 \$ 530.80 \$ 2,560.42 RADIOLOGY 99 2003351 ANG, AOR ABD CATH, S&I 75805 \$ 530.80 \$ 2,560.42 RADIOLOGY 910 2003372 ANG, CTD CD, UNI, S&I 36224 \$ 796.18 \$ 5,324.61 RADIOLOGY 100 2003372 ANG, CTD CB, BIL S&I 36224 \$ 796.18 \$ 5,324.61 RADIOLOGY 101 2003377 ANG, CTD CV, UNI S&I 36222 \$ 265.40 \$ 2,560.42 RADIOLOGY 102 20033982 ANG, CTD CV, UNI S&I 36222 \$ 336.95 \$ 2,560.42 RADIOLOGY 104 2004230 ANG, EXT, UNIL S&I 75710 \$ 424.65 \$ 2,560.42 RADIOLOGY 105 2004321 ANG, EXT, BIL S&I 75710 \$ 424.65 \$ 2,560.42 RADIOLOGY 106 2004523 ANG, EXT, BIL S&I 75726 \$ 530.80 \$ 2,560.42 RADIOLOGY 107 2004524 ANG, EXT, BIL S&I 75731 \$ 530.80 \$ 2,560.42 RADIOLOGY 108 2004651 ANG, PUL, UNIL, SEL S&I 75731 \$ 530.80 \$ 2,560.42 RADIOLOGY 109 2004779 ANG, PUL, UNIL, SEL S&I 75731 \$ 530.80 \$ 2,560.42 RADIOLOGY 110 2004776 ANG, PUL, UNIL, SEL S&I 75731 \$ 530.80 \$ 2,560.42 RADIOLOGY 111 2004834 ANG, PUL, UNIL, SEL S&I 75731 \$ 530.80 \$ 2,560.42 RADIOLOGY 111 2004776 ANG, PUL, UNIL, SEL S&I 75731 \$ 796.18 \$ 2,560.42 RADIOLOGY 111 2004776 ANG, PUL, UNIL, SEL S&I 75731 \$	88	2002929 GU-URECYSTOGRAPHY, RETRO	74450 \$	87.69	\$ 265.25	RADIOLOGY
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104 2004230 ANG, EXT, UNIL S&I 75710 \$ 424.65 \$ 2,560.42 RADIOLOGY	3					
105 2004321 ANG, EXT, BIL S&I 75716 \$ 530.80 \$ 2,560.42 RADIOLOGY 106 2004503 ANG, VISC, SEL S&I 75726 \$ 530.80 \$ 5,324.61 RADIOLOGY 107 2004594 ANG, ADR, UNIL, SEL S&I 75731 \$ 530.80 \$ 2,580.42 RADIOLOGY 108 2004651 ANG, ADR, BIL, SEL S&I 75733 \$ 796.18 \$ 2,560.42 RADIOLOGY 109 2004719 ANG, PELVIC, SEL S&I 75736 \$ 530.80 \$ 2,580.42 RADIOLOGY 110 2004776 ANG, PUL, UNIL, SEL S&I 75741 \$ 530.80 \$ 2,580.42 RADIOLOGY 111 2004834 ANG, PUL, BIL, SEL S&I 75743 \$ 796.18 \$ 2,560.42 RADIOLOGY 112 2010030 DRAINAGE SOFT TISSUE, PERC 10030 \$ 622.24 \$ 865.96 RADIOLOGY 113 2010160 PUNC ASPI OF ABSCESS, HEMATOMA, SEROMA OR FLUID 10160 \$ 106.24 \$ 161.96 RADIOLOGY 114 2019102 PUNC, ASPIR, BRST CYST ADD CYST 19083 \$ 365.59 \$ 1,052.63 RADIOLOGY 115 2020220 BONE BIOPSY, SUPERFICIAL 20220 \$ 189.88 \$ 826.58 RADIOLOGY 116 2020225 BONE BIOPSY, DEEP 20225 \$ 403.50 \$ 1,341.41 RADIOLOGY 117 2026990 DRAIN PELVIS/HIP, DEEP ABSCESS 26990 \$ 640.87 \$ 1,660.83 RADIOLOGY 118 2027301 DRAIN THIGH/KNEE, DEEP ABSCESS 27301 \$ 617.13 \$ 1,635.77 RADIOLOGY 119 2027603 DRAIN LEG/ANKLE, DEEP ABSCESS 27603 \$ 522.19 \$ 1,635.77 RADIOLOGY 120 2032201 DRAINAGE, ABSCESS VISCERAL 49405 \$ 339.34 \$ 1,052.63 RADIOLOGY 120 2032201 DRAINAGE, ABSCESS VISCERAL 49405 \$ 339.34 \$ 1,052.63 RADIOLOGY 120 2032201 DRAINAGE, ABSCESS VISCERAL 49405 \$ 339.34 \$ 1,052.63 RADIOLOGY 120 2032201 DRAINAGE, ABSCESS VISCERAL 49405 \$ 339.34 \$ 1,052.63 RADIOLOGY						
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120 2032201 DRAINAGE, ABSCESS VISCERAL 49405 \$ 339.34 \$ 1,052.63 RADIOLOGY						
121 2032421 THORACENTESIS NEEDLE ONLY 32554 \$ 313.86 \$ 489.35 RADIOLOGY	·					
	121	2032421 THORACENTESIS NEEDLE ONLY	32554	313.86	\$ 489,35	

122	2022551	CHEST TUBE PLACEMENT	32551	1 0	251.45	1 0	490.25	RADIOLOGY
123		THORACENTESIS, W/ IMAGING	32555					RADIOLOGY
124		DRAIN PLEURA, PERC, W/ IMGNG	32557					RADIOLOGY
125		PLEURODESIS VIA TUBE/CATH	32560	•	····			RADIOLOGY
126		LYSE VIA CHEST TUBE/CATH, INIT	32561					RADIOLOGY
127		PERICARDIOCENTESIS, INIT	33010					RADIOLOGY
128		PERICARDIOCENTESIS, SUBSEQ	33010					RADIOLOGY
129		INSERT TEMP TRNSV SINGLE CHAM	33210					RADIOLOGY
130		INSERT TEMP TRNSV DUAL CHAM	33211					RADIOLOGY
131		PTA-TIBIOPERONEAL ART/BRANCHES	37228					RADIOLOGY
132		PTA-RENAL OR VISCERAL ARTERY	35471					RADIOLOGY
133		PTA-AORTA	35472	-				RADIOLOGY
134		PTA-ILIAC	37220					RADIOLOGY
135		PTA-FEMORAL POPLITEAL	37224					RADIOLOGY
136		PTA-BRACHIOCEPHALIC EACH VESSEL	35475					RADIOLOGY
137		PTA-VENOUS	35476					RADIOLOGY
138		ARTERIOVENOUS DIALYSIS SHUNT	36147					RADIOLOGY
139		NON SELECT CATH THORA AORTA	36221				2,560,42	RADIOLOGY
140		SEL CATH CCA/IA UNI XTRCRN CAR	36222					RADIOLOGY
141		SEL CATH CCA/IA UNI NTRCRN CAR	36223					RADIOLOGY
142		SEL CATH ICA UNI NTRCRN CAR	36224					RADIOLOGY
143		SEL CATH SCA UNI VERTEBRAL	36225					RADIOLOGY
144		SEL CATH VA UNI VERTEBRAL	36226					RADIOLOGY
145	2036252	RENAL SEL CATH (1ST-ORDER), BIL	36252		\$ 435.37	\$	2,560.42	RADIOLOGY
146		RENAL SEL CATH(2ND-ORDER), UNIL	36253					RADIOLOGY
147	2036254	RENAL SEL CATH (2ND-ORDER), BIL	36254			\$	2,560.42	RADIOLOGY
148	2036555	CV INSERTION, NON TUNNELED, < 5 YR OLD	36555					RADIOLOGY
149		ANGIO-PLACEMENT CV CATH ADULT >=5 YRS	36556	1				RADIOLOGY
150		ANGIO-INSERT TUNNEL CV ADULT >=5 YRS	36558	3				RADIOLOGY
151		ANGIO-INSERT TWIN TUNNEL, LINES	36565					RADIOLOGY
152		ANGIO-PICC <5 YRS OLD	36568					RADIOLOGY
153		ANGIO-PICC >=5 YRS OLD	36569					RADIOLOGY
154		ANGIO-REPAIR/NON TUNNEL/TUNNEL/CV	36575					RADIOLOGY
155		REPLACE CV NONTUNNEL SAME SITE	36580					RADIOLOGY
156		REPLACE CV TUNNEL SAME SITE	36581					RADIOLOGY
157		ANGIO-PICC REPLACEMENT	36584					RADIOLOGY
158		ANGIO-REMOVAL TUNNELED CV	36589					RADIOLOGY
159		DECLOTTING BY THROMBOLYTIC AGENT	36590					RADIOLOGY
160		REMOVE VIA VENOUS PERICATH ANG, REPOSITION CV LINE W/ FLOURO	3659					RADIOLOGY
161 162		CV CATH CONTRAST INJ EVAL	3659 3659					RADIOLOGY RADIOLOGY
163		CLOT REMOVAL ANY METHOD	3687					RADIOLOGY
164		PRIMARY ARTERIAL THROMBI INITIAL VESSEL	3718					RADIOLOGY
165		REMOVAL OF IVC FILTER	3719					RADIOLOGY
166		TRANSCATH RETRIEVAL FB	3719					RADIOLOGY
167		INFUSION FOR THROMBOLYSIS	3721					RADIOLOGY
168		EMBOLIZATION	3724					RADIOLOGY
169		INTRAVASCULAR STENT PERCUTANEOUS INIT	3723					RADIOLOGY
170		EXCHANGE MANI/PREV/CATH THROMBOLYTIC	3721					RADIOLOGY
171		THRMBLYSIS, ART, NON-COR INIT	3721					RADIOLOGY
172		THROMBOLYSIS, VENOUS, INITIAL	3721					RADIOLOGY
173		THRBLYSIS, ART/VEN, NO-COR SSQ	3721					RADIOLOGY
174		THRBLYSIS CESSTION, REMV CATH	3721					RADIOLOGY
175		TRANSCATH NTRVASC INIT ART	3723					RADIOLOGY
176		TRNSCATH NTRVASC STNT INIT VEN	3723					RADIOLOGY
177		EMBOLIZE, VEN OTHR HEMORRHAGE	3724					RADIOLOGY
178	203724	EMBOLIZE, ART OTHR HEMOR/TUMOR	3724		\$ 852.54			RADIOLOGY
179		BEMBOLIZE, ART TUMOR/ORGANS	3724	3	\$ 933.73	3];	9,627.86	RADIOLOGY
180	203724	4 EMBOLIZE, ART/VEN HEMORRHAGE	3724					RADIOLOGY
181		IVC FILTER PARTIAL/COMPLETE	3719	1	\$ 406.72			RADIOLOGY
182		1 BONE MARROW BIOPSY	3822	1	\$ 189.88	3 1	826.58	RADIOLOGY
183	203850	5 LYMPH NODE BIOPSY, SUPERFICIAL	3850	5	\$ 166.15			RADIOLOGY
184		2 NASO/ORO-GASTRIC TUBE PLACEMENT	4375	2	\$ 83.82	2	150,99	RADIOLOGY
185		1 REPOSITION FEED TUBE DUODENUM	4376	1	\$ 325.06			RADIOLOGY
186	204490	1 DRAINAGE ABSCESS APPENDICEAL	4940	6	\$ 360.32	2 :	1,052.63	RADIOLOGY

107	20.47020	DIODOV OF LIVED PEDOLITANEOUS	47000	_	220 50 1	4.050.02	Intologocy
187		BIOPSY OF LIVER, PERCUTANEOUS DRAINAGE ABSCESS CYST LIVER	47000 49405		230.50 360.32		RADIOLOGY RADIOLOGY
189		CHOLECYSTOSTOMY PERCUTANEOUS	49400		360.32		RADIOLOGY
190		PERCUTANEOUS BILL STRICT W/ INT STENT	47552	<u> </u>	325.06		RADIOLOGY
191		CHOLANGIO PERCUTANEOUS W/ BIOPSY	47553		325.06		RADIOLOGY
192		CHOLANGIO CALCULUSALI REMOVAL	47554		325.06		RADIOLOGY
193		PERC BILI STRICT WAO INT STENT	47555		325.06		RADIOLOGY
194		PERC BILL STRICT W/ INT STENT DILATION BILL	47556		325.06		RADIOLOGY
195		DRAIN PANCREATIC, PSEUDOCYST	49405		360.32		RADIOLOGY
196		IMAGE CATH FLUID RETROPERI	49406		360.32		RADIOLOGY
197		PARACENTESIS WITH IMAGE GUIDE	49083		293.36		RADIOLOGY
198		DRAIN, VISCERAL, PERC	49405		331.86		RADIOLOGY
199		DRAIN, RETRO/PERITONEAL, PERC	49406		352.60		RADIOLOGY
200		DRAIN, RETRO/PERITONEAL, TV/TR	49407		385.68		RADIOLOGY
201		DRAIN ABSCCESS CHANGE INJECT	49423		360.32		RADIOLOGY
202		REPLACE G-J TUBE, PERS	49452		188.93		RADIOLOGY
203		MECH REMOVAL OBSTRUCT MATERIAL	49460		68.40	7	RADIOLOGY
204		DRAINAGE PERI/RENAL PERCUTANEOUS	49405		360.32		RADIOLOGY
205		HAND, PARTIAL 2 VIEWS	73120		82.68		RADIOLOGY
206		NEPHROSTOMY PERCUTANEOUS	74480		439.82		RADIOLOGY
207		GU-NEPHROSTOGRAM	74475		439.82		RADIOLOGY
208		US-BRAIN INFANT	76508		90.83		RADIOLOGY
209		US-CHEST	76604		131.04		RADIOLOGY
210		REMOVE NEPHRO TUBE W/ FLUORO	50389		118.68		RADIOLOGY
211		INTRO GUIDE PELVIS, URETER DILATION	50395		360.32		RADIOLOGY
212		SUPRAPUBIC CATHETER INSERTION	51102		272.41		RADIOLOGY
213		BIOPSY OF PROSTATE	55700		213.62		RADIOLOGY
214		NEUROLYTIC INJ, EPI, CERV/THOR	62281		308.56		RADIOLOGY
215		NEUROLYTIC INJ, EPI, LUMB/SACR	62282		332.30		RADIOLOGY
216		NON-NEUROLYTIC INJ, CERVITHOR	62310		379.77		RADIOLOGY
217		NON-NEUROLYTIC INJ, LUMB/SACR	62311		356.03		RADIOLOGY
218		MRI-BRAIN, OPEN INTRACRANIAL, W/O CONTRAST	70557		279.17		RADIOLOGY
219		MRI-BRAIN, OPEN INTRACRANIAL, W/ CONTRAST	70558		338.65		RADIOLOGY
220		CHEST, MIN 4 VIEWS	71030		66,56		RADIOLOGY
221		RIBS, BILATERAL, 3 VIEWS	71110		66.56		RADIOLOGY
222	2072072	SPINE, THORACIC, 3 VIEWS	72072	\$	66.56		RADIOLOGY
223		ugi with kub	74241		98.53		RADIOLOGY
224	2074240	UGI WITH AIR CONTRAST	74246	\$	116.21	\$ 150.99	RADIOLOGY
225	2075563	MRI-CARDIAC MORPH, FUNCTION COMBINED; STRESS	75563	\$	789.50	\$ 1,140.54	RADIOLOGY
226	2075650	ANGIO-CERVICOCEREBRAL	36223	\$	237.85	\$ 2,560.42	RADIOLOGY
227	207565	ANGIO-BRACHIAL, RETROGRADE	75658	\$	247.34	\$ 2,560.42	RADIOLOGY
228		ANGIO-SPINAL, SELECTIVE	75705	\$	266.33	\$ 5,324.6	RADIOLOGY
229	2075740	ANG-PULMO, NONSELECTIVE CATH OR VENOUS INJ	75746	\$	554.40	\$ 827.52	RADIOLOGY
230		ANGIO-INTERNAL MAMMARY	75758	\$	257.29		2 RADIOLOGY
231		ANGIO-AV SHUNT EVAL DIALYSIS	75791		302,51		2 RADIOLOGY
232		VENOGRAPHY-ADRENAL, UNILATERAL, SELECTIVE	75840		218.85		Z RADIOLOGY
233		VENOGRAPHY-ADRENAL, BILATERAL, SELECTIVE	75842		246.44		2 RADIOLOGY
234		VENOGRAPHY-VENOUS SINUS, JUGULAR	75860		554.40		2 RADIOLOGY
235		VENOGRAPHY-EPIDURAL	75872		554.40		2 RADIOLOGY
236		VENOGRAPHY-ORBITAL	75880		147.81		2 RADIOLOGY
237		PERC TRANSHEPATIC PORTOGRAPHY WI HEMO EVAL	75885		229.26		2 RADIOLOGY
238		PERC TRANSHEPATIC PORTOGRAPHY W/O HEMO EVAL	75887	_	232,42		2 RADIOLOGY
239		HEPATIC VENOGRAPHY W/ HEMODYNAMIC EVAL	75889		223.38		2 RADIOLOGY
240		HEPATIC VENOGRAPHY W/O HEMODYNAMIC EVAL	75891		223.38		2 RADIOLOGY
241		3 VENOUS SAMPLING W/ OR W/O ANGIO	75893		212.07		2 RADIOLOGY
242		BIANGIO THROUGH EXISTING CATH, FOLLOW UP	75898		60.09		2 RADIOLOGY
243		1 RETRIEVAL, TRANSCATH, PERC, INTRAVASC FB	37197		273.12		8 RADIOLOGY
244		B ANGIO-TRANSLUMINAL BALLOON, VENOUS	75978		257.29		7 RADIOLOGY
245		RADIOLOGY EXAM, NOSE TO RECTUM FOREIGN BODY, CHILD	76010		35.86		7 RADIOLOGY
246		9 US-OPTHALMIC, FOREIGN BODY LOCALIZATION	76529		98.53		5 RADIOLOGY
247	207677	US-RETROPERITONEAL, REAL TIME W/ IMAGE DOCU, LIMIT	76775		106.26		5 RADIOLOGY
248		1 US-OB REAL TIME TO INCLIDET FETAL ANA, TRANSAB SIN	76811		123,85	\$ 189.6	2 RADIOLOGY
249		3 US-OB REAL TIME, 1ST TRIM FETAL NUCHAL MEAS	76813		73.90		5 RADIOLOGY
250		5 US-GESTATIONAL, LIMITED	76815		115.47	\$ 134.8	5 RADIOLOGY
251	207681	6 US-OB REAL TIME, FOLLOW UP(FETAL SZ,AFI, ORGANS)	76816	\$	73.90	\$ 91.6	9 RADIOLOGY

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252	2076817 US-OB REAL TIME, TRANSVAGINAL	76817		3.90			RADIOLOGY
253	2076819 US-OB FETAL BIOPHYSICAL PROFILE; W/O NONSTRESS	76819	\$ 7	7.71	\$	134.85	RADIOLOGY
254	2076820 US-DOPPLER VELOCIMETRY, FETAL UMBILICAL ARTERY	76820	\$ 7	3.90	\$	91.69	RADIOLOGY
255	2076821 US-DOPPLER VELOCIMETRY, FETAL MID CEREBRAL ARTERY	76821		3.90			RADIOLOGY
256	2076826 US-ECHO, FETAL CV, REAL TIE, 2D W/&W/O M-MODE	76826					
				0.19			RADIOLOGY
257	2076828 US-DOPPLER ECHO, FETAL PULSED WAVE, CONT WAVE COMP	76828		3.90			RADIOLOGY
258	2076831 US-SONOHYSTEROGRAPHY, SALINE INF, COLOR DOPPLER	76831	\$ 12	3.85	\$	189.62	RADIOLOGY
259	2076882 US-EXTREMITY, NON-VASC, LMTD	76882	\$ 1	9.95	S	91.69	RADIOLOGY
260	2093453 R&L HEART CATH, W/O CORONARY ANGIO	93453		1.95			RADIOLOGY
261	2093501 ANG, RIGHT HEART CATHETERIZATION						
		93451		7.52			RADIOLOGY
262	2093503 ANG, SWANZ-GANZ INSERTION	93503		7.52			RADIOLOGY
263	2093510 ANG, LEFT HEART RETRO CATHETERIZATION	93452		7.52		2,576.34	RADIOLOGY
264	2093980 US, DUPLX SCAN ART IN, VEN OUT OF PENILE VES COMP	93980	\$ 15	3.74	\$	189.62	RADIOLOGY
265	2911434 ADMINISTRATION:BLD/BLD COMPONENT	36430		8.45			LABORATORY
266	3000038 EEG PROLONGED 41-60 MIN	95812		5.44			SPECIAL SERVICES
	3000053 EEG						
267		95824		3.89			SPECIAL SERVICES
268	4000000 INTRATHECAL LUMBAR PUNCT	62270		5.53			NUCLEAR MED
269	4000001 NM-VENOGRAM, UNILATERAL	78457	\$ 28	2.36	\$	337.03	NUCLEAR MED
270	4000004 NM-CARDIAC BLD POOL, 1ST, MULTI	78473	\$ 36	9.71	\$	373,56	NUCLEAR MED
271	4000006 NM-GASTRIC MUCOSA IMAGING	78261		1.49			NUCLEAR MED
272	4000008 NM-METS I-131, MULTIPLE	78018		0.29			NUCLEAR MED
							<u> </u>
273	4000010 NM-MYOCARDIAL, PLANAR, EJECT	78468		9.71			NUCLEAR MED
274	4000011 NM-MYOCARDIAL PERF, MULTI	78454		6.91			NUCLEAR MED
275	4000012 NM-VENOGRAM, BILATERAL	78458	\$ 28	2.36	\$	337.03	NUCLEAR MED
276	4000017 NM-MYOCARD PERF, SPECT, SINGLE	78451		9.71			NUCLEAR MED
277	4000018 NM-PULMO VENT, AERO, MULTI	78598		4.37		warmening and a second	NUCLEAR MED
278							
1	4000019 NM-MYCCARDIAL, PLAN, SPECT	78469		9.71			NUCLEAR MED
279	4000020 NM-LIVER IMAGING, STATIC	78201		2.77			NUCLEAR MED
280	4000025 NM-BONE MARROW, LIMITED	78102	\$ 18	4.85	\$	369.60	NUCLEAR MED
281	4000027 NM-VASCULAR FLOW STUDY	78445	\$ 2	2.36	\$	337.03	NUCLEAR MED
282	4000028 NM-LIVER & SPLEEN, STATICS	78215		5.92			NUCLEAR MED
283	4000031 NM-MYOCARDIAL, PLAN, QUALI/T	78466		1.47			NUCLEAR MED
284	4000033 NM-CARDIAC BLD POOL, GATED, SINGLE	78472		1.47			NUCLEAR MED
285	4000035 NM-CARDIAC BLD POOL, 1ST, SINGLE	78481		9.71			NUCLEAR MED
286	4000036 NM-METS THYROID, LIMITED	78015	\$ 2	34.76	\$	377.33	NUCLEAR MED
287	4000046 NM-LIVER IMAGING, V-FLOW	78202	\$ 3	24,44	18	373.05	NUCLEAR MED
288	4000052 NM-DTPA AEROSOL EVAL	78597		57.49			NUCLEAR MED
289	4000056 NM-GASTRIC EMPTYING	78264		77.44			
\$							NUCLEAR MED
290	4050210 NM-TESTICULAR	78761		5.92			NUCLEAR MED
291	4050212 NM-GASTRO-ESOPHAGEAL REFLUX	78262		55.84		326.95	NUCLEAR MED
292	4050213 NM-ESOPHAGEAL TRANSIT	78258	\$ 2	08.89	\$	326.95	NUCLEAR MED
293	4078012 NM-THYROID UPTKE, SL/MUL QUANT	78012		37.75			NUCLEAR MED
294	4078075 NM-ADRENAL CORTEX/MEDULLA	78075		11.63			NUCLEAR MED
						 	
295	4078110 NM-PLASMA VOL, SINGLE SAMPLE	78110		35,81			NUCLEAR MED
296	4078120 NM-RED CELL, SINGLE SAMPLE	78120		05.81			NUCLEAR MED
297	4078121 NM-RED CELL, MULTI SAMPLE	78121	\$ 2	05.81	\$	628,19	NUCLEAR MED
298	4078122 NM-WHOLE BLOOD VOLUME	78122	\$ 2	74.43	\$	628.19	NUCLEAR MED
299	4078135 NM-RED CELL, DIFF, ORGAN, TISSUE	78135		08.72			NUCLEAR MED
300	4078140 NM-RED CELL, LABEL, ORGAN, TISSUE	78140		08.72			NUCLEAR MED
301	4078185 NM-SPLEEN IMAGING ONLY	78185		05.81			NUCLEAR MED
302	4078195 NM-LYMPHATICS/LYMPH NODE	78195	\$ 3	08.72	\$	369.60	NUCLEAR MED
303	4078199 NM-HEMATOPOIETIC, RETICULOENDOTHELIAL	78199		66.52		369.60	NUCLEAR MED
304	4078205 NM-LIVER SPECT	78205		43.04			NUCLEAR MED
305	4078230 NM-SALIVARY GLAND IMAGING	78230		05.81			NUCLEAR MED
306	4078231 NM-SALIVARY GLAND, SERIAL IMG	78231		05.81		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	NUCLEAR MED
307	4078232 NM-SALIVARY GLAND, FUNCTION	78232		22.97		326.95	NUCLEAR MED
308	4078270 NM-VIT B-12, W/O INTRINSIC FACT	78270	\$ 2	05.81	\$	280.27	NUCLEAR MED
309	4078271 NM-VIT B-12, ABSORPTION STUDY W/O INTRINSIC FACTOR	78271		44.38			NUCLEAR MED
				05.81			
310	4078272 NM-VIT B-12, COMBINED	78272					NUCLEAR MED
311	4078290 NM-INTESTINE, MECKELS	78290	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	05.81	-		NUCLEAR MED
312	4078291 NM-PERITONEAL VENOUS SHUNT PATENCY TEST	78291	\$ 2	49.14	\$	326.95	NUCLEAR MED
313	4078451 NM-MYOCARDIAL PERFUSION SPECT <1STUDY	78451		19.07			NUCLEAR MED
314	4078452 NM-MYOCARDIAL PERFUSION SPECT >1STUDY	78452		19.07		····	NUCLEAR MED
\$				~~~~			
315	4078453 NM-MYOCARDIAL PERFUSION PLANAR <1STUDY	78453		19.07			NUCLEAR MED
316	4078454 NM-MYOCARDIAL PERFUSION PLANAR >1STUDY	78454	 \$ 6	19.07	\$	1,140.54	NUCLEAR MED

317	4078456	NM-ACUTE VENOUS THROMBOSIS	78456	\$	502.51	\$ 813.20	NUCLEAR MED
318		NM-MYOCARDIAL IMAGING, INFARCT AVID, PLANAR	78466		244.24		NUCLEAR MED
319		NM-MYOCARDIAL IMAGING, INFARCT AVID, PLANAR W/ E.F	78468		244.24		NUCLEAR MED
320		NM-CARDIAC BLOOD POOL, GATED EQUILIBRIUM, SPECT	78494		244.24		NUCLEAR MED
321		NM-BRAIN IMAGING, SPECT	78607		938.52		NUCLEAR MED
322		NM-BRAIN IMAGING VASCULAR	78610		434.96		NUCLEAR MED
323		NM-CEREBRAL FLUID FLOW IMAGING	78635		327.16		NUCLEAR MED
324	4078645	NM-CEREBRAL FLUID FLOW SHUNT	78645		327.16		NUCLEAR MED
325		NM-KIDNEY IMAGING MORPHOLOGY	78700		320.60	420.66	NUCLEAR MED
326	4078709	NM-KIDNEY IMAG, VAS, FLOW/FUNCT	78709	\$	378.71	\$ 420.66	NUCLEAR MED
327	4078710	NM-KIDNEY W/ TOMO (SPECT)	78710	\$	320.60		NUCLEAR MED
328	4078802	NM-RADPHARM LOCAL OF TUMOR 1 DAY	78802	\$	553.55	706.73	NUCLEAR MED
329	4078804	NM-RADPHARM LOC TUMOR WHOLE >=2 DAYS	78804		1,063.09	\$ 1,188.74	NUCLEAR MED
330		NM-RADPHARM INFLAM LIMITED AREA	78805		374.02		NUCLEAR MED
331		NM-RADPHARM INFLAM WHOLE BODY	78806	_	616.92		NUCLEAR MED
332		NM-CARD BLOOD POOL/FL	78483		265.93		NUCLEAR MED
333		NM-BONE SPECT IMAGE	78320		199.17		NUCLEAR MED
334		DRESSING APPLICATION	97602			\$ 	REHABILITATIVE SVCS
335		PEAK FLOWMETER, PRE & POST	94060	~	169.42	 ***************************************	RESPIRATORY THERAPY
336		INCENTIVE SPIROMETRY, SUBSEQUENT	94640		7.58		RESPIRATORY THERAPY
337		WEANING PARAMETERS	94799		35.06		RESPIRATORY THERAPY
338		CHEST PHYSIO, INITIAL	94667	·	35.06	 	RESPIRATORY THERAPY
339		CUFF PRESSURE MEASUREMENT	94799		35.06		RESPIRATORY THERAPY
340		SUCTION (PROCEDURE)	94799 94060		35.06		RESPIRATORY THERAPY RESPIRATORY THERAPY
341		SPIROMETRY, P/P BRONCHODIL	94060		35.06		
342		O2 SATURATION, CONTINUOUS CHEST PHYSIO, SUBSEQUENT	94668		35.06 35.06		RESPIRATORY THERAPY RESPIRATORY THERAPY
344		AEROSOL INHAL, SUBSEQ	94640		18,94		RESPIRATORY THERAPY
345	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	AEROSOL INHAL	94640		18,94	 	RESPIRATORY THERAPY
346		INCENTIVE SPIROMETRY, INITIAL	94640		24.32	~~~~	RESPIRATORY THERAPY
347		BRONCHODILATOR (HHN) TX, FIRST HOUR	94644		32.43		RESPIRATORY THERAPY
348		SPUTUM INDUCTION PER TX	94640			****	RESPIRATORY THERAPY
349		CONT POS AIRWAY PRESSURE	94660				RESPIRATORY THERAPY
350		AEROSOL INH-SPUTUM INDUCT, INIT	94640		54.76		RESPIRATORY THERAPY
351		AEROSOL INH-SPUTUM INDUCT, SUBSEQ	94640		54.76		RESPIRATORY THERAPY
352		DEMO & EVAL UTILIZ AERO GEN, MDI, NEB & IPPB	94664	\$		164.63	RESPIRATORY THERAPY
353	5394770	CAPNOGRAPHY	94770	\$	75.11	\$ 236.86	RESPIRATORY THERAPY
354	5493797	CARDIAC REHAB, O-P W/O EKG MONITOR	93797			103.30	REHABILITATIVE SVCS
355	5493798	CARDIAC REHAB, O-P W/EKG MONITOR	93798			103.30	REHABILITATIVE SVCS
356		DRESSING APPLICATION	9760				REHABILITATIVE SVCS
357		PT-WOUND DEBRIDEMENT, 20SQCM OR <	9759		~~~~		REHABILITATIVE SVCS
358		INCOMPATIBLE X-MATCH	86920				LABORATORY
359	6803068		8692				LABORATORY
360		BONE MARROW ASPIRATION	3822				LABORATORY
361		BONE MARROW SMEAR:INTERPRETATION	8509				LABORATORY
362		BONE MARROW STAINING	8831				LABORATORY
363		LEUKOCYTE MYLOPEROXIDASE	8831				LABORATORY
364		ANTIBODY IDENTIFICATION	8687				LABORATORY
365		ANTIBODY TITER RH.ET	8688				LABORATORY
366		ANTIBODY ELUTION	8686				LABORATORY
367		ANTIBODY ABSORPTION	8697				LABORATORY
368 369		ANTIBODY DETECT W/ ENZYMES	8697 8692				LABORATORY LABORATORY
370		PCROSSMATCH PER UNIT TRANSFUSION RXN WORKUP	8607				LABORATORY
371		ABO, SERUM GROUP	8690			·····	LABORATORY
372		7 RH TYPING, D	8690				'ILABORATORY
373		RH SUBTYPES EACH	8690				LABORATORY
374		RBC ANTIGEN TYPING-PATIENT	8690				' LABORATORY
375		ANTIBODY SCRN, DIR COOMBS	8688				LABORATORY
376		AB SCREEN, INDIRECT COOMBS	8688				LABORATORY
377		CYTOLOGY, EXC GENITAL, SMEARS	8810				LABORATORY
378		I GROSS ONLY	8830				LABORATORY
379		S SPECIAL STAIN:GROUP 1	8831				B LABORATORY
380		2 TISSUE SLIDES, EACH	8832				LABORATORY
381		7 GROSS & MICRO COMPLIC	8830	~~~			LABORATORY
		CONTRACTOR OF THE PROPERTY OF			:41144	 ,00.01	

382	6886903 ANTIGEN SCREEN-FOR COMPATIBLE UNITS	86902	\$	22.27	\$ 76.07	LABORATORY
383	6886921 CROSSMATCH, PREWARM	86921	\$	66.29	\$ 	LABORATORY
384	6886923 CROSSMATCH, ELECTRONIC	86923		49.72	\$ 125.12	LABORATORY
385	6895008 BLOOD UNIT: SPLITTING	86985	\$	18.22		LABORATORY
386	6895010 PLATELETS:POOLED	86965	\$	36,41	125.12	LABORATORY
387	6896023 T4 CELL COUNT	88184	\$	94.96	183.69	LABORATORY
388	6990004 LAB HANDLING FEE	89240	<u> </u>	15.95	54.28	LABORATORY
389	6991955 PHLEBOTOMY THERAPEUTIC	99195	\$	37.86	78.82	LABORATORY
390	7883428 PATHO-IMMUNOHISTOCHEMISTRY STAIN	88342	\$	153.20	183.69	LABORATORY
391	9096000 HEMO ACUTE CARE 1HR	90935	\$	149.66	613.57	HEMODIALYSIS
392	9096100 HEMO ACUTE CARE UP	90935	\$	119.68	\$	HEMODIALYSIS
393	9300002 EKG, TRACING 12-LEAD	93005	\$	53.08	78.47	SPECIAL SERVICES
394	9304007 EKG, RHYTHM STRIP 1-3 LEAD	93041	\$	15.16		SPECIAL SERVICES
395	9400001 ECHO FOLLOW UP	93308	\$	35.06	189.62	SPECIAL SERVICES
396	9400003 FLOW VOLUME LOOP	94375	\$	110.45	161.28	RESPIRATORY THERAPY
397	9400031 LUNG VOLUME-FRC	94727	\$	59,41	\$ 	RESPIRATORY THERAPY
398	9400042 ECHOCARDIOGRAM, 2-D	93307	\$	91.58		SPECIAL SERVICES
399	9400154 CARDIO STRESS TEST	93017	\$	115.47	\$ 238.04	SPECIAL SERVICES
400	9493312 TRANSESOPHAGEAL ECHO, COMPREHENSIVE	93312	\$	514.87	594.44	SPECIAL SERVICES
401	9493318 TEE, 2-D IMAGE ACQUISITION	93318	\$	299.17	\$	SPECIAL SERVICES
402	9494200 MAXIMUM VOLUNTARY VENTILATION	94200	\$	55.27	\$ 131.75	RESPIRATORY THERAPY



SENATOR DENNIS G. RODRIGUEZ, Jr., Chairman

COMMITTEE ON HEALTH, ECONOMIC DEVELOPMENT, HOMELAND SECURITY &SENIOR CITIZENS Mina'trentaiTres Na Liheslaturan Guåhan • 33rdGuam Legislature

PUBLIC HEARING DATE / Thursday, October 22, 2015

5:30pm

•Bill 189-33 (COR) - Introduced by Sen. Dennis G. Rodriguez, Jr.

An act to adopt the proposed GMHA fee schedules submitted to I Liheslaturan Guåhan, (doc 33gl-15-0944) - Guam Memorial Hospital Authority - proposed hospital rate adjustment to reflect current year Medicare reimbursement; and the addition of fourteen new fees and services, as provided pursuant to §80109 of chapter 80, division 4 of title 10, Guam Code Annotated.

PRINT NAME	SIGNATURE	AGENCY	ORAL TESTIMONY	WRITTEN TESTIMONY	IN FAVOR	OPPOSE	CONTACT NUMBERS	EMAIL ADDRESS
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Bill 189-33 (COI	R) Page	/ of	<u>/</u> .					



Guam Memorial Hospital Authority Aturidåt Espetåt Mimuriåt Guåhan



850 Governor Carlos G. Camacho Road Tamuning, GU 96931 Tel: (671) 647-2367 Fax: (671) 649-0145

October 22, 2015

Senator D.G. Rodriguez, Jr.
Chairman, Committee on Health, Economic Development,
Homeland Security and Senior Citizens
I Mina'trentai Tres Na Liheslaturan Guahan
33rd Guam Legislature
176 Serenu Avenue Suite 107
Tamuning, Guam 96913

Buenas yan Hafa Adai Chairman Rodriquez and Committee Members:

Thank you for expeditiously scheduling this public hearing for GMHA's proposed rate adjustment. 10 GCA §80109 gives the Authority to GMHA to set its rates and to adjust its methodology for calculating and adjusting fees in order for GMHA to fund its operations, capital expenditures, and other obligations.

It is well documented that GMHA has been operating at a deficit for many years and that rate adjustments need to be made to account for the increase in healthcare costs. As stated in the Office of Inspector General's Report, which was released in December 2014, "GMHA... has not adjusted its fees since the early 1990's. Current fees are not sufficient to cover operating costs". Simply put, we cannot reasonably expect the hospital to continue to provide quality health care services without this much needed rate increase.

GMHA proposes using Medicare APC (Ambulatory Payment Classifications) rates for pricing of procedures as a benchmark for determining the rate adjustments. This benchmark was recommended by our consultant whom the hospital contracted to review GMHA's ChargeMaster, which is GMHA's fee schedule. Medicare APC rates are significantly lower than most rates.

The processing of claims by Medicare for both outpatient and inpatient requires that claims information be consistent for the Medicare Administrative Contractor payment logic. With the implementation of electronic transaction sets about 10 years ago, most of the claim submission regulations are the same for GMHA as they are for other hospitals that are paid under the APC and DRG (Diagnosis Related Group). We use the same code sets in compliance with the claims processing requirements. Other payers also use and apply the regulatory guidance of their standard claims requirements, typically modeled after the APC and DRG guidance from Medicare.

GMHA needs to adjust its rates to at least align charges to Medicare APC rates, which are among the lowest, if not the lowest, rates in the healthcare industry. Thus, the rationale to raise GMHA's rates to at least Medicare APC rates is reasonable.

Senators, based on the reasons stated earlier, I ask that you approve GMHA's rate adjustment request. Si Yu'os Ma'ase.

Senseramente,

Benita A. Manglona, CPA, CGMA
Chief Financial Cff

Chief Financial Officer



October 23, 2015

VIA EMAIL: senatordrodriguez@gmail.com AND HAND DELIVERY

Senator Dennis G. Rodriguez, Jr.
CHAIRMAN, COMMITTEE ON HEALTH & HUMAN
SERVICES, ECONOMIC DEVELOPMENT, SENIOR
CITIZENS AND ELECTION REFORM
33RD GUAM LEGISLATURE
176 Serenu Avenue, Suite 107
Tamuning, Guam 96931

Re: <u>Legislative Hearing on Guam Memorial Hospital Authority Proposed</u> <u>Fee Increases</u>

Dear Senator Rodriguez and Members of the Legislative Committee:

Thank you for the opportunity to submit testimony on the proposed fee increases at Guam Memorial Hospital Authority ("GMH"). I am the President of TakeCare Insurance Company, Inc. ("TakeCare") and provide these comments in that capacity.

TakeCare supports GMH. Currently, GMH is the only full service public hospital on Guam and many island residents including our TakeCare insured members rely on it for healthcare services. GMH has had a long and storied history of financial issues over the many years it has operated, yet despite those issues they have provided hospital services with caring and compassion. GMH and its staff has been tasked with an impossible assignment of operating it services without the proper funding or budget necessary to operate. GMH is not unlike public hospitals in the mainland that must compete with private hospitals and low public payer reimbursement rates. We recognize the challenges GMH faces; however, we do not see the solution to these challenges as passing exorbitant and excessive rate increases on to the commercially insured population on Guam.

You will note that GMH traditionally raises its fees at least 5% annually as allowed by law without legislative oversight. It should also be noted that GMH frequently adds new services at current market rates to their charge master almost monthly. These adjustments and additions should allow GMH to keep pace with national healthcare cost trends without the need for massive adjustments such as those proposed. The real issue we should be addressing is the amount of uncollected revenue from various public payers and uninsured patients that have driven GMH into financial disarray.

Senator Dennis G. Rodriguez, Jr. October 23, 2015 Page 2 of 3

To be clear, we are not opposed to a reasonable increase in GMH rates and would be open to increases in line with medical trends nationally. We are however opposed to the exorbitantly high amount of the proposed increase and more specifically the substantial increases for the types of services provided by 3rd party providers.

It will come as no surprise to anyone on this committee that a health insurer is going to oppose a fee increase from its main supplier of hospital services, but it's the substantial negative impact that the amount of the fee increase will have on businesses, families, and the people of Guam who carry private commercial insurance.

I am here today to collectively represent our nearly 35,000 members and more than 300 employer groups at TakeCare to oppose the GMH proposed fee increase in the amount submitted.

- GMH requested fees will increase rates from around 200% of current year (CY)
 Medicare to around 380% of CY Medicare. This is a 191% increase over current
 fees. This proposed increase translates to around a 26-28% impact to the average
 health insurance premiums based on historical GMH claims utilization and bed days
 trend.
- 2. It should be noted that some fees are increasing by a staggering 500% 2500% (Embolization, IV Stenting etc. see pg. 3 of 7). This is a shockingly large increase that should raise red flags, and this body should demand to know why such astronomical increases are occurring at a rate substantially greater than healthcare trends. Clearly a more reasonable approach to managing fee increases can be achieved without these enormous increases.
- 3. Several of the fee increases (Radiology, Nuclear Medicine etc.) are for services not provided directly by GMH, rather they are services provided by a third party. Who vetted the 3rd party rates and was there a formal RFP and competitive bid put out by GMH for these services provided outside GMH where the fees are increasing so dramatically? It would seem inappropriate for these increases to be passed through GMHA's charge master without a competitive bid, RFP, oversight or analysis of the 3rd party and there fees.
- 4. GMH has not addressed the largest share of their receivables, such as Medicare, Medicaid, MIP, and self-payers/uninsured which accounts for more than 65% of their revenue. Without addressing this portion of their receivables we will only find ourselves in the same position one year from now trying to address the same issues of financial solvency at GMH.

- 5. GMH seems to have ignored the suggestions made at the public hearing for a reasonable increase rather than the proposed large increase which will disproportionately and negatively impact private insurers and insured rate payers.
- 6. A 191% blended increase, which is being requested by GMH, will substantially impact businesses and the people of Guam as it will require a more than 25% plus rate increase in medical insurance premiums. Most working families on Guam simply cannot and will not be able to afford private insurance moving forward.
- 7. Blended increases are misleading as some items that are rarely used may have low increases, which permits or allows items often used to have a large increase masked within the overall number of fees that increase.
- 8. For the Government of Guam Health Insurance Plan alone the proposed rate increase will translate into an approximate \$20 Million increase in premiums for the Government of Guam Health Insurance Plan.
- 9. Increasing insurance premiums will result in people dropping their commercial insurance coverage and joining either Medicaid or MIP, or even worse going without any health insurance which will result in lesser payments to GMH. Not only does this situation create a government liability that is worse than any losses or deficits at GMH, but would expose the public health system to potential insolvency.
- 10. Neither Medicare nor Medicaid will be affected by the increases as these two programs establish their fee reimbursement models regardless of what GMH charges. What GMH has projected as increased revenue is flawed and will not result in the anticipated revenue.

If you have any questions regarding these comments you may contact me by email at jeffrey.larsen@takecareasia.com or by telephone at 300-7107.

JEFFREY P. LARSEN

President

Sincerely.

cc:

COMMITTEE ON RULES



I Mina trentai Tres na Liheslaturan Guåhan • The 33rd Guam Legislature 155 Hesler Place, Hagåtña, Guam 96910 • www.guamlegislature.com E-mail: roryforguam@gmail.com • Tel: (671)472-7679 • Fax: (671)472-3547

Senator Rory J. Respicio CHAIRPERSON MAJORITY LEADER

Senator Thomas C. Ada Vice Chairperson Assistant Majority Leader

Speaker Judith T.P. Won Pat, Ed.D. Member

> Vice-Speaker Benjamin J.F. Cruz Member

Legislative Secretary Tina Rose Muna Barnes Member

Senator Dennis G. Rodriguez, Jr. Member

> Senator Frank Blas Aguon, Jr. Member

Senator Michael F.Q. San Nicolas Member

Senator Nerissa Bretania Underwood Member

> V. Anthony Ada MINORITY LEADER

Mary C. Torres
MINORITY MEMBER

Certification of Waiver of Fiscal Note Requirement

This is to certify that the Committee on Rules submitted to the Bureau of Budget and Management Research (BBMR) a request for a fiscal note, or applicable waiver, on Bill No. 189-33 (COR) – Dennis G. Rodriguez, Jr., "AN ACT TO ADOPT THE PROPOSED GMHA FEE SCHEDULES SUBMITTED TO I LIHESLATURAN GUÅHAN, (DOC 33GL-15-0944) - GUAM MEMORIAL HOSPITAL AUTHORITY - PROPOSED HOSPITAL RATE ADJUSTMENT TO REFLECT CURRENT YEAR MEDICARE REIMBURSEMENT; AND THE ADDITION OF FOURTEEN NEW FEES AND SERVICES, AS PROVIDED PURSUANT TO § 80109 OF CHAPTER 80, DIVISION 4 OF TITLE 10, GUAM CODE ANNOTATED.," – on October 15, 2015. COR hereby certifies that BBMR confirmed receipt of this request October 15, 2015 at 1:32 P.M.

COR further certifies that a response to this request was not received. Therefore, pursuant to 2 GCA §9105, the requirement for a fiscal note, or waiver thereof, on Bill 189-33 (COR) to be included in the committee report on said bill, is hereby waived.

Certified by:

Senator Rory J. Respicio

Chairperson, Committee on Rules

PLACE J. Respice

November 13, 2015

Date

COMMITTEE ON RULES

I Mina'trentai Tres na Liheslaturan Guåhan • The 33rd Guam Legislature 155 Hesler Place, Hagåtña, Guam 96910 • www.guamlegislature.com

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Senator Rory J. Respicio CHAIRPERSON MAJORITY LEADER

October 15, 2015

Senator

Thomas C. Ada Vice Chairperson Assistant Majority Leader

Speaker Judith T.P. Won Pat, Ed.D.

Member

Vice-Speaker Benjamin J.F. Cruz

Member

Legislative Secretary Tina Rose Muna Barnes Member

Senator

Dennis G. Rodriguez, Jr. Member

Senator

Frank Blas Aguon, Jr. Member

Senator

Michael F.Q. San Nicolas Member

Senator

Nerissa Bretania Underwood

Member

V. Anthony Ada MINORITY LEADER

Mary C. Torres MINORITY MEMBER VIA E-MAIL

joey.calvo@bbmr.guam.gov

Jose S. Calvo

Director

Bureau of Budget & Management Research

P.O. Box 2950

Hagåtña, Guam 96910

RE: Request for Fiscal Note - Bill No. 189-33(COR)

Hafa Adai Mr. Calvo:

Transmitted herewith is a listing of *I Mina'trentai Tres Na Liheslaturan Guåhan's* most recently introduced bill. Pursuant to 2 GCA §9103, I respectfully request the preparation of fiscal note for the referenced bill.

Si Yu'os ma'åse' for your attention to this matter.

Very Truly Yours,

Senator Rory J. Respicio

1 Comy J. Respicio

Chairperson of the Committee on Rules

Attachment (1)

Cc: Clerk of the Legislature

Bill No.	Sponsor	Title
189-33 (COR)	Dennis G. Rodriguez, Jr.	AN ACT TO ADOPT THE PROPOSED GMHA FEE SCHEDULES SUBMITTED TO I LIHESLATURAN GUÅHAN, (DOC 33GL-15-0944) - GUAM MEMORIAL HOSPITAL AUTHORITY - PROPOSED HOSPITAL RATE ADJUSTMENT TO REFLECT CURRENT YEAR MEDICARE REIMBURSEMENT; AND THE ADDITION OF FOURTEEN NEW FEES AND SERVICES, AS PROVIDED PURSUANT TO § 80109 OF CHAPTER 80, DIVISION 4 OF TITLE 10, GUAM CODE ANNOTATED.

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Senator Rory J. Respicio CHAIRPERSON

MAJORITY LEADER

October 13, 2015

Senator Thomas C. Ada VICE CHAIRPERSON ASSISTANT MAJORITY LEADER

Speaker Judith T.P. Won Pat, Ed.D. Member

> Vice-Speaker Benjamin J.F. Cruz Member

Legislative Secretary Tina Rose Muna Barnes Member

Senator Dennis G. Rodriguez, Jr. Member

> Senator Frank Blas Aguon, Jr. Member

Senator Michael F.Q. San Nicolas Member

Senator Nerissa Bretania Underwood Member

> V. Anthony Ada MINORITY LEADER

Mary C. Torres
MINORITY MEMBER

MEMORANDUM

To: Rennae Meno

Clerk of the Legislature

Attorney Therese M. Terlaje Legislative Legal Counsel

From: Senator Rory J. Respicio

Chairperson, Committee on Rules

Subject: Referral of Bill No. 189-33(COR)

As the Chairperson of the Committee on Rules, I am forwarding my referral of Bill No. 189-33(COR).

Please ensure that the subject bill is referred, in my name, to the respective committee, as shown on the attachment. I also request that the same be forwarded to all members of *I Mina'trentai Tres Na Liheslaturan Guåhan*.

Should you have any questions, please feel free to contact our office at 472-7679.

Si Yu'os Ma'åse!

Attachment

I Mina'Trentai Tres Na Liheslaturan Received Bill Log Sheet

BILL NO.	SPONSOR	TITLE	DATE INTRODUCED	DATE REFERRED	CMTE REFERRED	PUBLIC HEARING DATE	DATE COMMITTEE REPORT FILED	FISCAL NOTES
	Dennis G. Rodriguez, Jr.	AN ACT TO ADOPT THE PROPOSED GMHA FEE	10/13/15	10/13/15	Committee on Health,			
****		SCHEDULES SUBMITTED TO I LIHESLATURAN	3:41 p.m.		Economic Development,			
****		GUÂHAN, (DOC 33GL-15-0944) - GUAM			Homeland Security, and			
**********		MEMORIAL HOSPITAL AUTHORITY - PROPOSED			Senior Citizens			
189-33 (COR)		HOSPITAL RATE ADJUSTMENT TO REFLECT						
189-33 (COK)		CURRENT YEAR MEDICARE REIMBURSEMENT;			-			
-		AND THE ADDITION OF FOURTEEN NEW FEES AND						
ASSESSMENT OF THE PROPERTY OF		SERVICES, AS PROVIDED PURSUANT TO § 80109						
4		OF CHAPTER 80, DIVISION 4 OF TITLE 10, GUAM						
		CODE ANNOTATED.						



Joe Mesngon <joe@toduguam.com>

FIRST NOTICE OF PUBLIC HEARING on Thursday, October 22, 2015

Joe Mesngon <joe@toduguam.com>
To: phnotice@guamlegislature.org

Wed, Oct 14, 2015 at 8:02 AM

October 14, 2015

MEMORANDUM

To: All Senators, Media and Members of the Public

From: Senator Dennis G. Rodriguez, Jr.

Subject: FIRST NOTICE of PUBLIC HEARING

Hafa Adai!

The Committee on Health, Economic Development, Homeland Security and Senior Citizens will conduct a hearing on Thursday, October 22, 2015 at 5:30pm in the Public Hearing Room of I Liheslatura.

The Committee will hear and accept testimony on the following:

Bill No. 189-33 (COR) - Introduced by Sen. D.G. Rodriguez, Jr.; is an act to adopt the proposed GMHA fee schedules submitted to I Liheslaturan Guåhan, (doc 33gl-15-0944) - Guam Memorial Hospital Authority - proposed hospital rate adjustment to reflect current year medicare reimbursement; and the addition of fourteen new fees and services, as provided pursuant to §80109 of chapter 80, division 4 of title 10, Guam Code Annotated.

Individuals who wish to submit written testimony may address: Sen. Dennis G. Rodriguez, Jr., Chairman, and send to senatordrodriguez@gmail.com or deliver to 176 Serenu Ave. Suite 107 Tamuning, Guam or the Legislature's Mailroom at 155 Hesler Pl. Hagatna. Guam.

Individuals who may require special accommodations are asked to contact 649-8638/0511 no later than 48 hours prior to the hearing.

Si Yu'os Ma'ase'!

Joseph A. Q. Mesngon

Office of Senator Dennis G. Rodriguez, Jr. Committee on Health, Economic Development, Homeland Security and Senior Citizens I Mina'trentai Tres Na Liheslaturan Guahan 33rd Guam Legislature 176 Serenu Ave. Suite 107 Tamuning, Guam 96931 649-8638/0511 www.toduguam.com



Joe Mesngon <joe@toduguam.com>

SECOND NOTICE OF PUBLIC HEARING on Thursday, October 22, 2015

1 message

Joe Mesngon <joe@toduguam.com>
To: phnotice@guamlegislature.org

Tue, Oct 20, 2015 at 10:30 AM

October 20, 2015

MEMORANDUM

To: All Senators, Media and Members of the Public

From: Senator Dennis G. Rodriguez, Jr.

Subject: SECOND NOTICE of PUBLIC HEARING

Hafa Adai!

The Committee on Health, Economic Development, Homeland Security and Senior Citizens will conduct a hearing on Thursday, October 22, 2015 at 5:30pm in the Public Hearing Room of I Liheslatura.

The Committee will hear and accept testimony on the following:

Bill No. 189-33 (COR) - Introduced by Sen. D.G. Rodriguez, Jr.; is an act to adopt the proposed GMHA fee schedules submitted to I Liheslaturan Guåhan, (doc 33gl-15-0944) - Guam Memorial Hospital Authority - proposed hospital rate adjustment to reflect current year medicare reimbursement; and the addition of fourteen new fees and services, as provided pursuant to §80109 of chapter 80, division 4 of title 10, Guam Code Annotated.

Individuals who wish to submit written testimony may address: Sen. Dennis G. Rodriguez, Jr., Chairman, and send to senatordrodriguez@gmail.com or deliver to 176 Serenu Ave. Suite 107 Tamuning, Guam or the Legislature's Mailroom at 155 Hesler PI. Hagatna, Guam.

Individuals who may require special accommodations are asked to contact 649-8638/0511 no later than 48 hours prior to the hearing.

Si Yu'os Ma'ase'!

Joseph A. Q. Mesngon

Office of Senator Dennis G. Rodriguez, Jr. Committee on Health, Economic Development, Homeland Security and Senior Citizens I Mina'trentai Tres Na Liheslaturan Guahan 33rd Guam Legislature 176 Serenu Ave. Suite 107 Tamuning, Guam 96931 649-8638/0511 www.toduguarn.com

Public Hearing Notice Listserv phnotice@guamlegislature.org (Media, All Senators, and Staff)

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SENATOR DENNIS G. RODRIGUEZ, JR.

PUBLIC HEARING AGENDA

Thursday, October 22, 2015 5:30pm

Public Hearing Room, I Liheslatura

- I. Call to order
- II. Items for public consideration:

5:30 P.M.

• Bill No. 189-33 (COR) – Introduced by D.G. Rodriguez, Jr. - An act to adopt the proposed GMHA fee schedules submitted to I Liheslaturan Guåhan, (doc 33gl-15-0944) - Guam Memorial Hospital Authority - proposed hospital rate adjustment to reflect current year Medicare reimbursement; and the addition of fourteen new fees and services, as provided pursuant to §80109 of chapter 80, division 4 of title 10, Guam Code Annotated.

III. Adjournment

Thank you for your participation in today's hearing.