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Benjamin J.F. Cruz <senator@senatorbjcruz.com>

GMHA Notice of 6/22/17 Public Hearing on New Fees

2 messages

Candy Chan <candy.chan@gmha.org> Tue, Jun 20, 2017 at 2:13 PM
To: senator@senatorbjcruz.com

To: The Honorable Speaker B.J. Cruz

Transmitted for your attention is the Press Release and the list of 73 new fee to be introduced at the 6/22/17 1:30 p.m. public hearing.

Thank you for your attention.

Candy Chan

Administrative Assistant

Fiscal Services

Guam Memorial Hospital Authority

850 Gov. Carlos G. Camacho Road

Tamuning, Guam 96913-3128

Web Site: www.gmha.org

Email: candy.chan@gmha.org

Ph: 671-648-7958

Fax: 671-647-2214

2017 JUN 21 PM 4:

in J.F.

6/21/17 Time: 4:14PM

Rec by:

GL# 34-17-649

2 attachments

Press Release for web page.pdf
85K

List of 73 New Fees for 6.22.17 Public Hearing.pdf
99K

Benjamin J.F. Cruz <senator@senatorbjcruz.com> Wed, Jun 21, 2017 at 4:09 PM
To: Guam Legislature Clerks <clerks@guamlegislature.org>
Cc: "<rennae@guamlegislature.org>" <rennae@guamlegislature.org>, BENJAMIN CRUZ <speaker@senatorbjcruz.com>

6/21/2017	6/20/2017	Guam Memorial Hospital Authority	GMHA Notice of 6/22/17 Public Hearing on New Fees *Emailed	34-17-649

---------- Forwarded message ----------
From: **Candy Chan** <candy.chan@gmha.org>
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Speaker Benjamin J.F. Cruz
I Mina'trentai Kuåttro Na Liheslaturan Guåhan
T 671-477-2520 | F 671-477-2522
http://www.senatorbjcruz.com

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Press Release for web page.pdf
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Guam Memorial Hospital Authority
Aturidåt Espetåt Mimuriåt Guåhan

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

PRESS RELEASE FOR IMMEDIATE RELEASE – June 12, 2017

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that the Guam Memorial Hospital Authority (GMHA) will be conducting a Public Hearing on hospital new rates, fees and charges. 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 648-7945 or *Ms. Benita A. Manglona,* Chief Financial Officer at 647-2367.

Date:	**Thursday, June 22, 2017**
Time:	**1:30 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 Tenorio, ADA Coordinator, at 647-2218/2418 to make appropriate arrangements.

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GUAM MEMORIAL HOSPITAL AUTHORITY
SUMMARY OF NEW FEE ITEMS/SERVICES
for Submission to the 34th Guam Legislature
Public Hearing on June 22, 2017

NO	CHARGE CODE	DESCRIPTION	FEE MODEL RATE	DEPARTMENT
1	1704831	CANNULA NASAL JR PEDS	$ 366.75	PEDIATRICS
2	1704832	CIRCUIT AIRVO 2 OPTIFLOW	$ 514.28	PEDIATRICS
3	1713261	GLOVES SURGEON NEOPRENE SZ-6	$ 7.19	CENTRAL SUPPLY ROOM
4	1790483	CANNULA NASAL JR INFANT	$ 366.75	PEDIATRICS
5	2002364	NEEDLE TRANSSEPTAL TSNC-18-71.0	$ 370.01	RADIOLOGY
6	2002365	NEEDLE TRANSSEPTAL TSNC-19-56.0	$ 665.31	RADIOLOGY
7	2006987	NEEDLE BX CHIBA DCHN-21-65.5-U	$ 276.61	RADIOLOGY
8	2007600	INTRODUCER PERF RCFW-10.0-38	$ 225.80	RADIOLOGY
9	2007762	INTRODUCER PERF RCFW-9.0-38	$ 185.43	RADIOLOGY
10	2068920	NEEDLE BX CHIBA DCHN-20-20.0-U	$ 85.30	RADIOLOGY
11	2104800	SET MICROPNCTRE 5F 10CM G48008	$ 296.95	RADIOLOGY
12	2105839	SET G-J 2-LUMEN C-A-COONS	$ 980.92	RADIOLOGY
13	2110208	DILATOR 7-38-20 AQ HDRPHL COAT	$ 62.79	RADIOLOGY
14	2110289	DILATOR 8-38-20 AQ HDRPHL COAT	$ 62.79	RADIOLOGY
15	2110446	CATH G-J ULT MC COAXIAL	$ 379.84	RADIOLOGY
16	2110448	SET G-J COAXIAL SYTEM	$ 998.10	RADIOLOGY
17	2114300	STENT USE-14-300A	$ 620.75	RADIOLOGY
18	2118300	STENT USE-18-300A	$ 620.75	RADIOLOGY
19	2123162	CATH CXI-2.3-14-135-269	$ 780.31	RADIOLOGY
20	2123523	COIL NESTER MWCE-35-7-3	$ 638.00	RADIOLOGY
21	2126993	COIL NESTER MWCE-35-14-4	$ 621.16	RADIOLOGY
22	2127047	SET G-J 2-LUMEN ULT C-A-COONS	$ 627.24	RADIOLOGY
23	2131027	INFLATION DEVICE G31027	$ 665.31	RADIOLOGY
24	2136901	CATH DIALYSIS CIRCUIT/ANG/IMG	$ 684.13	RADIOLOGY
25	2136902	DIALYSIS CIRCUIT W/ANGIOPLASTY	$ 4,825.20	RADIOLOGY
26	2136903	DIALYSIS CIRCUIT W/STENT/IMG	$ 9,752.43	RADIOLOGY
27	2136904	PERQ TRANLMN THRBECTMY D-C IMG	$ 4,825.20	RADIOLOGY
28	2136905	PERQ THRBECTMY D-C ANGIOPL/IMG	$ 9,752.43	RADIOLOGY
29	2150002	CATH ANG CXI-2.6-18-90-P-NS	$ 757.80	RADIOLOGY
30	2150003	CATH ANG CXI-2.6-18-150-P-NS	$ 757.80	RADIOLOGY
31	2150791	BALLOON PTA5-35-80-7-4.0	$ 720.28	RADIOLOGY
32	2151501	CATHETER 5FR .035X65 451-501V5	$ 765.65	RADIOLOGY
33	2152265	BALLOON PTA5-35-135-6-4.0	$ 666.75	RADIOLOGY
34	2152348	BALLOON PTA5-35-80-6-10.0	$ 666.75	RADIOLOGY
35	2152352	BALLOON PTA5-35-80-7-4.0	$ 666.75	RADIOLOGY
36	2152546	CATH CXI-4.0-35-90-P-NS-0	$ 757.80	RADIOLOGY
37	2152547	CATH CXI-4.0-35-90-P-NS-DAV	$ 757.80	RADIOLOGY
38	2152737	COIL NESTER MWCE-18-7-4	$ 617.47	RADIOLOGY
39	2152739	COIL NESTER MWCE-18-7-8	$ 617.47	RADIOLOGY
40	2152742	COIL NESTER MWCE-35-7-4	$ 617.47	RADIOLOGY

41	2152743	COIL NESTER MWCE-35-7-6	$	617.47	RADIOLOGY
42	2152939	CATHETER HMW-14-300-ST	$	730.98	RADIOLOGY
43	2319000	PUNC ASP BRST W/O IMG	$	539.11	RADIOLOGY
44	4200436	DOXYCYCLINE 100MG INJ	$	119.00	PHARMACY
45	4200472	INSULIN REGULAR-PER ML	$	5.38	PHARMACY
46	4204384	DEXTROSE 25% 10ML INJ	$	29.60	PHARMACY
47	4205450	INSULIN GLARGINE-PER ML	$	29.36	PHARMACY
48	4213496	DUONEB 0.5MG/0.3MG 3ML INHAL	$	0.98	PHARMACY
49	4215668	INSULIN NPH-PER ML	$	5.07	PHARMACY
50	4220004	BARIUM EZ HD 750 96% W-W	$	15.66	PHARMACY
51	4220008	BARIUM EZ HD 764 98% W-W	$	24.85	PHARMACY
52	4233255	FACTOR VII A	$	2,000.00	PHARMACY
53	4233265	RASBURICASE 1.5MG VIAL	$	1,516.75	PHARMACY
54	4233270	ZEGERID ORAL SUSP 20MG PACKET	$	128.22	PHARMACY
55	4236070	PROBIOTICS ADULT	$	7.42	PHARMACY
56	4236075	CYCLOSERINE 250MG CAP	$	124.79	PHARMACY
57	4236080	PASER 4GM GRANULES	$	30.77	PHARMACY
58	4237583	OXYCODONE 5MG TAB	$	0.98	PHARMACY
59	4257400	INSULIN 70/30-PER ML	$	5.07	PHARMACY
60	5297165	OT EVAL-LOW COMPLEX 30 MIN	$	99.66	REHABILITATIVE SVCS.
61	5297166	OT EVAL-MOD COMPLEX 45 MIN	$	107.97	REHABILITATIVE SVCS.
62	5297167	OT EVAL-HIGH COMPLEX 60 MIN	$	116.27	REHABILITATIVE SVCS.
63	5297168	OT RE-EVAL EST PLAN CARE	$	66.26	REHABILITATIVE SVCS.
64	5300610	KIT NEBULIZER CONTINUOUS	$	107.03	RESPIRATORY
65	5304953	MASK CPAP/BIPAP-PEDS	$	688.34	RESPIRATORY
66	5497161	PT EVAL-LOW COMPLEX 20 MIN	$	103.14	REHABILITATIVE SVCS.
67	5497162	PT EVAL-MOD COMPLEX 30 MIN	$	111.74	REHABILITATIVE SVCS.
68	5497163	PT EVAL-HIGH COMPLEX 45 MIN	$	120.33	REHABILITATIVE SVCS.
69	5497164	PT RE-EVAL EST PLAN CARE	$	70.50	REHABILITATIVE SVCS.
70	6887449	CLOSTRIDIUM DIFFICILE, QUALI	$	32.88	LABORATORY
71	6887807	RESP SYNCYTIAL VIRUS, QUALI	$	32.88	LABORATORY
72	7888361	TUMOR IMMUNOHISTOCHE, COMPUTER	$	262.00	LABORATORY
73	7888366	FISH PROBE, EACH STAIN	$	208.00	LABORATORY

**********LAST ITEM**********

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

6/9/17
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

6/9/17
Date

6/9/17