

services based on terms of your Health Insurance Policy and the applicable law/Patient Protection and Affordable Care Act (PPACA). StayWell offers access to a broad network of on-island and off-island facilities and specialists. StayWell staff will be available to provide information to assist you in arriving at an informed decision. You may then opt to be transferred to Guam Memorial Hospital once stabilized to avoid the non-par charges.

**11. Is prior authorization/pre-certification required for members if GRMC is considered a Non-Participating Provider?**

Whether GRMC is a Participating Provider or Non-Participating Provider for your Health Plan, StayWell requires prior authorization for certain services, especially for services that are elective and that require imaging, surgery and inpatient admission. Please contact our Informed Choice/UM Department at (671) 477-5091 ext. 1140 to obtain a precertification.

**12. Do specialist consultations require prior authorization?**

No. StayWell does not require prior authorization for doctor consultations on-island. Coverage for services will be based on the terms of your Health Insurance Policy.

**13. What happens if I was managed by a Participating Provider Physician at GRMC but GRMC facility itself is not a Participating Provider under my Health Plan and how will my physician be paid?**

This will depend on who will bill for services. If the Participating Provider Physician will bill StayWell for covered and pre-certified services based on the terms of his/her separate practice contract, then the service may be reimbursed subject to your Health Plan's benefits at a Participating Provider. Otherwise, Non-Participating Provider benefits will apply.

**14. What will my Non-Participating Provider co-payment be if I go to the GRMC emergency room?**

The law prohibits higher copayments or higher co-insurance for out-of-network emergency room services involving emergency medical conditions. If your Health Plan has a 20% co-insurance for covered emergency services at an In-Network Par provider, then the same percentage will apply to covered emergency services at an out-of-

network Non-Par provider. You will be responsible for all applicable Deductible or Coinsurance expenses as well as the difference between what the Non-Participating Provider charges and the allowed percentage of the Eligible Charge for covered services. StayWell will pay for covered Non-Participating Provider Emergency services based on terms of your Health Insurance Policy and the Patient Protection and Affordable Care Act (PPACA). As mentioned above, your overall financial responsibility will be exceedingly higher while insurance coverage will be limited compared to your responsibility and coverage if you went to Guam Memorial Hospital emergency room instead.

**15. How long will it take for me to find out what my share of my GRMC bill is going to be?**

This will depend on how soon GRMC can bill you. Providers in Guam usually have 90 days to submit their claims. Before your hospital discharge, the hospital usually provides an estimate or a provisional bill.

**16. What if I went to the GRMC because of an emergency condition and after stabilization, I would need inpatient care? What will happen if the health care I need is only available at GRMC?**

You as a patient or your authorized care giver, have the option to decide where to continue care. Whether you remain at GRMC or you work out an arrangement with your physician for discharge or for transfer to another on-island or off-island facility, your Health Plan will cover services based on terms of your Health Insurance Policy and the applicable law/Patient Protection and Affordable Care Act (PPACA). StayWell offers access to a broad network of on-island and off-island facilities and specialists. StayWell staff will be available to provide information to assist you in arriving at an informed decision.

**17. What if I have primary coverage through StayWell that has GRMC as a Non-Participating provider and secondary coverage through Medicare or another health policy that has GRMC as a Participating Provider?**

Effective August 1, 2017, GRMC will directly bill you 100% of your health care expenses at the time of service. For reimbursement requests, you should promptly submit your proof of completed payment to StayWell together with required documents (kindly refer to page 8 of StayWell's

Member Handbook for details) including, but not limited to the itemized billing of charges, standard claim forms such as the CMS 1500/UB-04 as well as complete medical records. StayWell will process all reimbursement requests based on existing Guam/Federal laws involving provider reimbursement and on the Health Plan's eligibility requirements, claim submission deadline (you must submit within 90 days after the last day on which such Services were rendered), benefits, limitations, and exclusions at the time of service. Once StayWell pays what it is obligated to pay, you will be responsible for coordinating coverage with your secondary carrier.

**CONTACT INFORMATION**

GUAM

M-F Hours 8:00am – 5:00pm

Phone Line (671) 477-5091

Toll Free Line 1-866-782-9955

- Ext 1120 Customer Care (Health)
- Ext 1180 Provider Relations
- Ext 1140 Informed Choice (Pre-certification and referrals)

After Hours Access: 5:00pm - 8:00pm

- Customer Care (Health) (671) 688-4128
- Informed Choice (671) 977-0988
- (671) 971-1190
- (671) 482-9356
- (671) 747-5028

Fax Line (671) 477-5096

SAIPAN

M-F Hours 8:00am – 5:00pm

Phone Line (670) 323-4260



# GRMC is a Non-Participating Provider

Frequently Asked Questions

## IMPORTANT

Claims for services at a Non-Participating Provider or Out-of-Network Provider are reimbursed at a rate substantially less than claims for services at a Participating or In-Network Provider. Therefore, if you have a StayWell Plan with GRMC as a Non-Participating Provider you must be aware that GRMC will bill you 100% for all services rendered beginning August 1, 2017. You will be personally responsible for much higher out-of-pocket expenses when you receive services at a Non-Participating Provider for any type of service, including emergency services.

### 1. Is Guam Regional Medical City (GRMC) a Participating Provider of StayWell?

It depends. StayWell offers health plans with GRMC as a Participating Provider and also offers health plans with GRMC as a Non-Participating Provider. For Clients that chose to purchase a Health Plan with GRMC as a Participating Provider or as an In-Network Provider (Par), the answer is Yes. Though StayWell offered GRMC network access to its group members, there were some Clients that opted to purchase a Health Plan with GRMC as a Non-Participating Provider or as an Out-of-Network Provider. For these Clients, the answer is No.

### 2. How will I know if I have Participating Provider (Par) access to GRMC?

You can refer to your newly re-issued member ID. If your health plan includes GRMC as a Participating Provider, the top right of your member ID will indicate "Guam Hosp: GMH/GRMC". This means that both GMH and GRMC are participating providers for your group health plan. If your health plan has GRMC as a Non-Participating Provider, your member ID will indicate "Guam Hosp: GMH". This means that GRMC is a Non-Participating Provider.

Another method of verifying is through the StayWell Web Portal: StayWell Access. This portal provides real-time information 24/7. If you are a first time user, you would have to contact the StayWell Customer Care Department at 477-5091 ext. 1120 to retrieve your login information. Once you have your username and password, you may log in by visiting [www.secure.staywellguam.com](http://www.secure.staywellguam.com).

### 3. Last policy year, my health plan had GRMC as a Participating Provider. Why is GRMC a Non-Participating Provider this policy year?

The group health plan that was selected and purchased did not include GRMC as a Participating Provider for this policy year.

### 4. If I have Non-Participating Provider access to GRMC, can I still receive care from there?

Yes. Though StayWell can provide you with coverage information, you will ultimately decide where you will receive care. If you receive services from a Non-Participating Provider, StayWell will pay only a percentage of Eligible Charges. Eligible Charges at a Non-Participating Provider means the lesser of (a) the actual billed charge or (b) the fee which would have been applicable had the service been rendered by the lowest cost Participating Provider in the same/similar geographic region as determined by StayWell. You should also be aware of the following when obtaining care at a Non-Participating provider such as GRMC hospital and its Specialty clinic:

- Coverage is limited and your claim may not be covered.
- You will have to self-pay. Gather complete documents and file reimbursement with StayWell within 90 days of receiving service. GRMC will only bill you directly and will not bill StayWell.
- You will end up paying for a bill that will not go through the standard insurance checks and audit procedures that ensure claims are accurate and truly payable.
- Your financial responsibility will be exceedingly higher while insurance coverage is limited. Thus, you do not maximize your insurance coverage. According to GRMC, through a news article that came out in 2017, "the going rate for a private room at GRMC is \$2,400, compared to \$600 for a semi-private room at the Guam Memorial Hospital".
- You will be responsible for notifying StayWell within 48 hours of emergency and non-emergency admissions because GRMC will not notify StayWell.
- If you ask GRMC for medical records and claim forms that you will use to file for reimbursement from StayWell, you will be billed for reproduction/copying charges.
- You will be responsible for obtaining pre-certification or prior authorization from

StayWell in order for services to be covered.  
h. StayWell may not be able to provide you with valuable health referral, case management, care planning and plan benefit information because it will not have access to your GRMC medical records.

### 5. What happens if I go to the GRMC emergency room because that is the closest hospital facility?

As a hospital, GRMC will provide screening and stabilization services for your emergency medical condition. StayWell will pay for charges according to the terms of your Health Insurance Policy as well as the applicable law governing emergency services at a Non-Participating Provider. You will be responsible for any amount by which the Non-Participating Provider's charge exceeds the amount the Company is obligated to pay the Provider for the Emergency Services rendered.

### 6. What happens if my doctor refers me to GRMC or if he tells me that he will be performing surgery at GRMC?

You should ask your doctor for your options. You can also request assistance from our Informed Choice/UM Department at (671) 477-5091 ext. 1140 so that your questions can be addressed.

### 7. What happens if I was not informed by my employer that GRMC is not a Participating Provider for my StayWell Health Plan?

Open Enrollment for the StayWell Health Plan is usually conducted December through January for a January 01 new policy effective date. Certain groups that do not follow the calendar year will have odd renewal periods throughout the year. It is during the open enrollment period when plan/provider information are disseminated. We recommend that you confer with your Human Resources Department Staff for clarification on this matter.

### 8. If GRMC is not part of my Health Plan's Participating Provider network, how will my services at GRMC be covered by StayWell?

Your Health Plan states that Covered Persons will be responsible for all applicable Deductible or Coinsurance expenses as well as the difference between what the Non-Participating Provider charges and 70% of the Eligible Charges (60% for the StayWell 7030 Plan) for covered services. If applicable, the Plan will also pay for covered Non-Participating Provider Emergency services

based on terms of your Health Insurance Policy and the Patient Protection and Affordable Care Act (PPACA).

Effective August 1, 2017, GRMC will directly bill you 100% of your health care expenses at the time of service. For reimbursement requests, you should promptly submit your proof of completed payment to StayWell together with required documents (kindly refer to page 8 of StayWell's Member Handbook for details) including, but not limited to the itemized billing of charges, standard claim forms such as the CMS 1500/UB-04 as well as complete medical records. StayWell will process all reimbursement requests based on existing Guam/Federal laws involving provider reimbursement and on the Health Plan's eligibility requirements, claim submission deadline (you must submit within 90 days after the last day on which such Services were rendered), benefits, limitations, and exclusions at the time of service.

### 9. What if I made an arrangement with GRMC to settle my Non-Participating Provider Services claims at an installment basis?

If you made a payment arrangement with GRMC, you must submit to StayWell a copy of the GRMC itemized charges, statement of account, complete medical records, standard billing record sets (e.g. CMS 1500 and UB-04), the payment arrangement or promissory note plus any other document that StayWell will require to process claims, within 90 days after the last day on which such Services were rendered. StayWell will process your bill for covered services based on your Health Plan benefit/limitations and based on available information. Any appropriate reimbursement or payment may then be issued to you or to GRMC directly, at StayWell's discretion.

### 10. Do emergency services require prior authorization?

No. Emergency room services needed to screen, treat and stabilize emergency medical conditions do not require prior authorization. After stabilization, you as a patient or your authorized care giver, have the option to decide where to continue care. You will need to notify StayWell within forty eight (48) hours of admission. Whether you remain at GRMC or you work out an arrangement with your physician for discharge or for transfer to a participating on-island or off-island facility, your Health Plan will have to cover