



COMMONWEALTH HEALTHCARE CORPORATION
HEALTH NETWORK PROGRAM
MEDICAL REFERRAL SERVICES



PATIENT & FAMILY USER GUIDE

WHAT YOU SHOULD KNOW

www.chcc.health

HNP MISSION



To provide residents of the CNMI with a means of receiving medical care and treatment not available in the Commonwealth for conditions that are life threatening, constitute a debilitating illness or an acute neurological problem, or may lead to the permanent loss of vision or other function. By sending approved patients to established referral health care facilities, they may obtain extended and/or advanced medical care and procedures unavailable in the CNMI

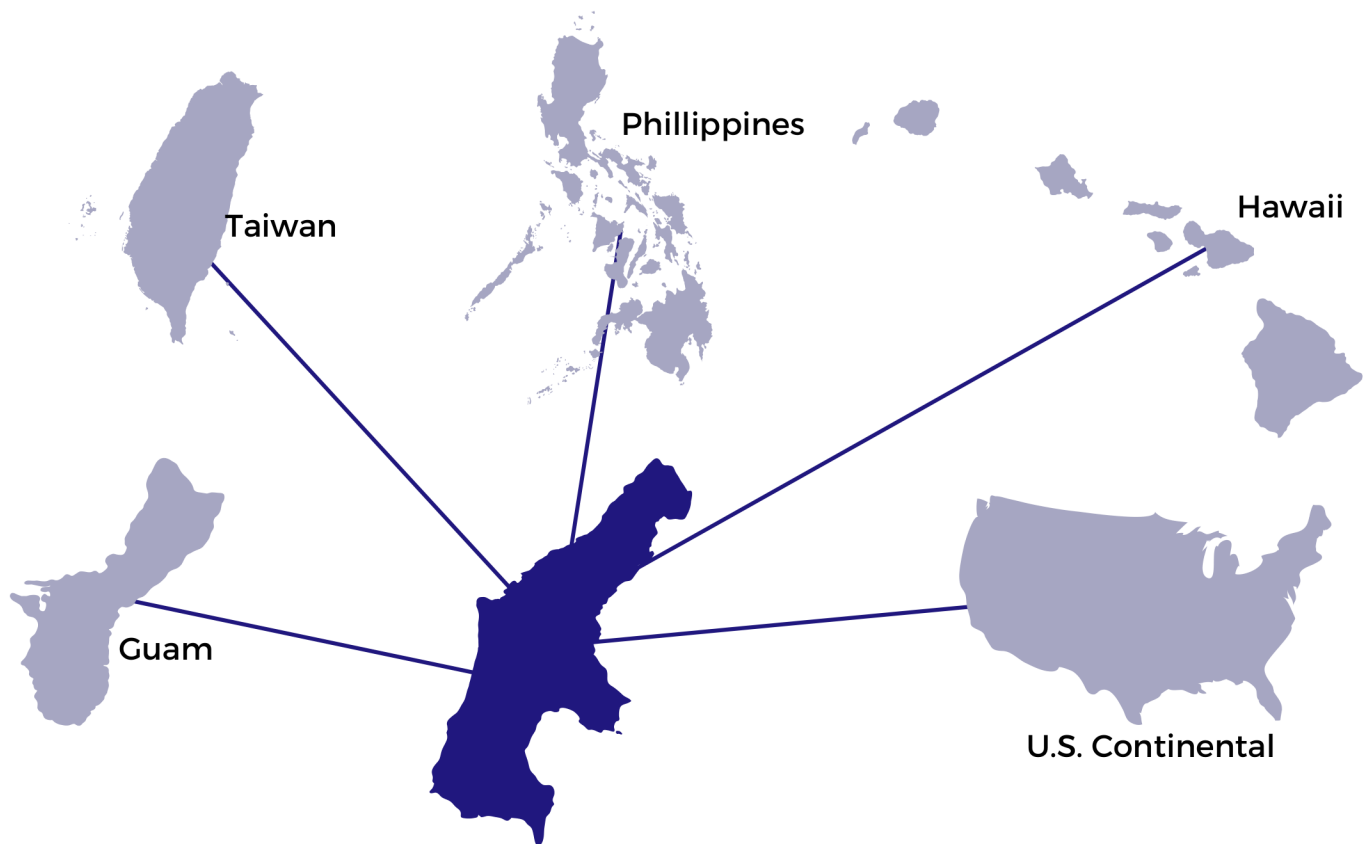
REFERRAL PROCESS



REFERRAL LOCATIONS

The referral location is dependent upon the availability of care (*that you will*) received.

Locations include: *Guam, Hawaii, Philippines, Taiwan and U.S. mainland (specifically California)*



Referral to other locations is dependent upon eligibility or medical care availability. Care provided, it must be the nearest possible location and critical to saving a life.

When traveling abroad, please be mindful of the location's laws and regulations to avoid civil and criminal penalties.

INTERNATIONAL REFERRAL

- Patients may be eligible for referral to foreign hospitals or providers if they meet ALL of the following criteria:
 - If the eligible/covered medical care is available within the foreign country, nearest location, and is critical to saving the patient's life or will significantly alter an adverse prognosis.
 - The hospital/provider accepts the patient's insurance.
 - The patient's medical insurance coverage includes medical care:
 - Co-payments, deductibles, and any patient share are the patient's responsibility and the patient can settle the balance due after discharge

NOTE: Medicaid does not currently cover medical care in foreign countries.

When all criteria mentioned in the "International Referral" section are met, the HNP Patient Coordinator will assist with air transportation and connect them with the agencies OR the receiving hospital to arrange accommodations and other necessary travel documents.

For patients with both private insurance coverage AND Medicaid, if the private insurance does not cover air transportation, CHCC may bill Medicaid for the cost of an economy airfare for the patient and their approved escort.

Please be sure to follow current Medicaid billing guidelines.

INFORMATION BY LOCATION

GUAM

POINT OF CONTACT	ADMINISTRATOR
HOTEL ACCOMODATION	WYNDHAM HOTEL
GROUND TRANSPORTATION	ACCESS VAN
SUBSISTENCE	PAYSIGN

HAWAII

POINT OF CONTACT	ADMINISTRATOR
HOTEL ACCOMODATION	PAGODA HOTEL
GROUND TRANSPORTATION	ACCESS VAN
SUBSISTENCE	PAYSIGN

U.S. MAINLAND - California

POINT OF CONTACT	ADMINISTRATOR
HOTEL ACCOMODATION	EXTENDED STAY
GROUND TRANSPORTATION	YELLOW CAB, HAPPY2HELP, LYFT, UBER
SUBSISTENCE	PAYSIGN

TRAVEL TIPS

Helpful pointers for patient and escorts while on referral, to ensure a hassle-free experience:

	<ul style="list-style-type: none">• Carry identification documents & passport on you at all times• Avoid carrying valuables and pack weather appropriate clothing• Familiarize yourself with the location• Prepare to purchase a prepaid SIM card• Budget for 1-week without subsistence• Bring health insurance/Medicaid card• Bring adequate supply of maintenance/prescription medications
	<ul style="list-style-type: none">• Adhere to hotel policy• Understand nearest fire exits and stairwell locations
	<ul style="list-style-type: none">• Public ground transportation provided - contact your location HNP Administrator• Plan and schedule your trips• Always have destination address to provide cab service (Uber, Lyft, Taxi, etc.)
	<ul style="list-style-type: none">• Subsistence available Fridays after arrival at your designated location (Chamorro Standard Time -ChSt)• Avoid carrying large amounts of money.• Report stolen checks or credit cards immediately.
	<ul style="list-style-type: none">• Always be timely to your appointment visits• Be attentive and remove yourself from strange situations• Be kind to hotel staff, healthcare facility staff, and ground transportation staff

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APPOINTMENT INFORMATION

APPOINTMENTS

Appointments are coordinated by our HNP to ensure proper coordination.

After every doctor visit, please provide a copy of your next appointment slip to your location administrator. Please ensure to inform your location administrator of any changes prior to the appointment.

In the event, you are not provided a follow-up appointment or clearance please reach out to the HNP satellite office or location administrator.

In the event your doctor refers you to another specialist, most clinics require these reports from your provider to prevent delay:

- Referral letter,
- Clinical notes & documents,
- other necessary reports for your care.

**PLEASE BE
ADVISED**

Upon receiving clearance from your provider, please ensure medical records are obtained/sent to your:

- primary care provider,
- referring provider,
- HNP Patient Coordinator



GROUND TRANSPORTATION



GUAM

Ground transportation is provided for arrival, departure, medical appointments, and pharmacy (for medications).

Ground transportation for personal errands must be scheduled within 48-hours (Thursdays and Fridays)

IN THE EVENT THAT YOU HAVE AN IMMEDIATE NEED, CALL 911

REMINDERS

Inpatient status: Ground transportation provided for escort.

HNP field staff will be available for:

- **Patient and Escort Pick-up**
- **APPOINTMENTS BOOKED ONE (1) HOUR IN ADVANCE**
- **Patients must arrive 1-hour** prior to appointment

Always have your referral packets with you at ALL times.

Transit through Guam for 5-hours or less, patient and escort must remain at Guam Airport (**Exceptions:** *children and high risk patients*).

Follow specific advise from your doctor. Patients must check in at your clinic, hospital, or other facilities at the time specified to avoid delays, cancellations, or fees.

HAWAII

Ground transportation is provided for arrival, departure, medical appointments, and pharmacy (for medications).

Ground transportation for personal errands must be scheduled within 48-hours (Thursdays and Fridays)

IN THE EVENT THAT YOU HAVE AN IMMEDIATE NEED, CALL 911

GROUND TRANSPORTATION AVAILABILITY

- Straub Hospital,
- Queens Medical Center,
- Shriners Hospital,
- Kapiolani Hospital,
- Rehab Hospital of the Pacific
- Adventist Health Castle

- **MONDAYS thru FRIDAYS**
 - 7 AM to 4 PM
 - One trip in the morning
 - One trip in the afternoon
- **SATURDAY, SUNDAY, HOLIDAY**
 - Morning pick-up from hotel to health care facility
 - Afternoon drop-off from healthcare facility to hotel

NON-MEDICAL SERVICES

- Must be scheduled two days in advance.
- Time limit will be 1 to 2 hours max.
- Drivers will drop off and pick-up only
- **AVAILABLE ON WEEKDAYS - 9AM - 3PM only**

U.S. CONTINENTAL

San Diego & Los Angeles (CALIFORNIA)

Upon landing in Los Angeles or San Diego, follow the Yellow Cab Taxi Service instructions.

Give the taxi driver two numbers:

- The confirmation number you received from the CONUS administrator
- **The account number you were given**

If you have any questions, the CONUS administrator is available on WhatsApp. Connect to the airport's WiFi and call the CONUS administrator.

Types of Transportation

San Diego Yellow Radio Cab Services

1 (855) 279-6026

Inform dispatch that the ride will be billed to account #27901 for the Commonwealth Healthcare Corporation

Los Angeles Yellow Radio Cab Services

1 (800) 808-7293

Inform dispatch that the ride will be billed to account #12650 for the Commonwealth Healthcare Corporation

Uber

Airport or lodging-to-lodging transport. If you are familiar with using the app, call CONUS administrator to set it up.

Lyft

If you are familiar with using the app, call CONUS administrator to set it up.

Happy 2 Help Transport

Wheelchair transportation only to be set up by CONUS administrator



HOTEL ACCOMODATIONS

HOTEL ACCOMODATIONS

GENERAL INFORMATION

Hotel lodging is provided for all those eligible. Self-arranged lodging and/or designated hotels is at your cost.

CHECKING OUT

Please check out at the latest 30-minutes before your driver arrives.

HNP will not be held responsible for any damage or loss caused to the hotel's property by your act or omissions, defaults, accidents, or neglect.

Any damage or loss caused by you, and HNP will be deducted from your PaySign card (subsistence)

Violations to hotel policy and procedures that jeopardize the safety of guests, staff, owners, and property, will result in eviction.

(Any additional amenities should be paid by the patient and/or escort.)



RETURNING TO CNMI

GENERAL INFORMATION

Upon medical clearance by your physician (at your location), HNP staff will coordinate your arrangements to return to the CNMI.

The arrangement back to the CNMI happens no later than 48 hours after clearance.

PLEASE REMEMBER:

- Any change to the return flight will be out of pocket (extended, additional stop, transit, etc.)
- Waiver must be signed before any changes to the itinerary.
- Signed HNP Release of Liability (ROL) waiver means that you are releasing any liability for your extended stay, including subsistence allowance check, ground transportation, and travel arrangements.
- Any additional baggage that incurs cost is out-of-pocket.

COMPLETION OF REFERRAL

Upon return to the CNMI, please follow-up with your referring provider and primary care provider.

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IMPORTANT LISTING FOR YOU

HNP CONTACT LIST

CENTRAL OFFICE

HNP Customer Service	(670) 323-1411/1445
HNP On Call	(670) 483-6771
HNP Lead Logistics	(670) 483-6778
Paysign	(670) 483-0011
Guam Contact	(671) 929-3726
Hawaii Contact	(808) 592-0300
CONUS Contact	(725) 259-7688

CONT. HNP CONTACT LIST

CNMI PHYSICAL ADDRESS

Central Office
1178 Hinemlu' St. Garapan
Saipan, MP 96950

GUAM PHYSICAL ADDRESS

Guam Medical Referral
Suite 205 426 Chalan San Antonio, Tamuning, 96913,

HAWAII PHYSICAL ADDRESS

Marianas Hawaii Medical Referral Office
1221 Kapiolani Blvd. Suite 230
Honolulu, HI 96814

GUAM HOTEL, TRANSPORTATION, HEALTH FACILITY

HOTEL

Wyndham Hotel

240 Ypao Rd
Tamuning, Guam 96913

TRANSPORTATION

Medical Referral Van

Medical Referral Wheelchair
Access Van

PARTNERED HEALTHCARE FACILITIES

Guam Radiology Consultant

Guam Surgicenter

Pacific Cardiology Consultants

Guam Medical Plaza

Guam Medical Imaging Center

Lombard Health Eye Clinic

Guam Urology Clinic

Guam Regional Medical City

Pacific Retina Specialist

Guam Memorial Hospital

St. Lucy's Eye Clinic

Marianas Footcare Clinic

Pacific Medical Group

Fresenius Kidney Care

--HAWAII--

HOTEL, TRANSPORTATION, HEALTH FACILITY

HOTEL

Pagoda Hotel

1525 Rycroft St.
Honolulu, HI 96814

TRANSPORTATION

Medical Referral Van

Red Carpet Transport (Wheelchair
Accessible)

PARTNERED HEALTHCARE FACILITIES

Queen's Medical Center

Straub Medical Center

Pali Momi Medical Center

Orthopedic Associates of Hawaii

Kapi'olani Medical Center for
Women & Children

Shriners Children's Hospital

Queens Physicians Building 1

Queens Physicians Building 2

Queens Physicians Building 3

--U.S. CONTINENTAL-- HOTEL

SAN DIEGO, CALIFORNIA

NAME	ADDRESS
Ronald McDonald Main House	2929 Children's Way, San Diego, CA 92123
Ronald McDonald North House	3101 Berger Avenue, San Diego, CA 92123
Extended Stay America - San Diego - Mission Valley - Stadium	3860 Murphy Canyon Road San Diego, CA 92123
Extended Stay America - San Diego - Fashion Valley	7444 Mission Valley Road San Diego, CA 92108
Extended Stay America - San Diego - Hotel Circle	2087 Hotel Circle South San Diego, CA 92108

LOS ANGELES, CALIFORNIA

NAME	ADDRESS
Extended Stay America - Los Angeles - Glendale	2867 Sunset Place Los Angeles, CA 90005

--U.S. CONTINENTAL-- HEALTHCARE FACILITIES

SAN DIEGO, CALIFORNIA

NAME	ADDRESS
Rady Children's Hospital	<ul style="list-style-type: none">• Main Campus: 3020 Childrens Way, San Diego, CA 92123• Rose Pavillion: 7910 & 7920 Frost St, San Diego, CA 92123
Sharp Chula Vista Medical Center	751 Medical Center Ct, Chulas Vista, CA 91911
Sharp Grossmont Hosp	5555 Grossmont Center Dr, La Mesa, CA 91942
Sharp Memorial Hosp (Kearny Mesa)	7901 Frost St San Diego, CA 92123
UCSD Health	9300 Campus Point Drive La Jolla, CA 92037

--U.S. CONTINENTAL-- CONT. HEALTHCARE FACILITIES

LOS ANGELES, CALIFORNIA

NAME	ADDRESS
PIH Health Good Samaritan	1225 Wilshire Blvd, Los Angeles, CA 90017
PIH Health Whittier Hospital	12401 Washington Blvd, Whittier, CA 90602
USC KECK	1500 San Pablo St, Los Angeles, CA 90033



2023 FINANCIAL GUIDELINES



2023 POVERTY GUIDELINES

2023 FINANCIAL GUIDELINES ON ELIGIBILITY

The CHCC HNP utilizes the latest financial (poverty) guidelines for Hawaii to determine eligibility.

2023 POVERTY GUIDELINES FOR HAWAII

PERSONS IN FAMILY/ HOUSEHOLD	POVERTY GUIDELINE	Maximum Annual Income Levels based on 133%
1	\$16,770	\$22,304.10
2	\$22,680	\$30,164.40
3	\$28,590	\$38,024.74
4	\$34,500	\$45,885.00
5	\$40,410	\$53,745.30
6	\$46,320	\$61,605.60
7	\$52,230	\$69,465.90
8	\$58,140	\$77,326.20

For families/households with more than 8 persons, add \$7,860.30 for each additional person



TERMS, CONDITIONS, LIMITATIONS

COVERED BENEFITS

(a) Inpatient Medical Care. Inpatient medical care at a referral healthcare facility for the following health care services:

- (1) necessary admission to special units such as intensive care coronary care;
- (2) necessary admissions to the operating room and recovery room;
- (3) anesthesia services;
- (4) x-rays, radiology services, and other such investigatory services;
- (5) radiation, chemo, physical, occupational, and speech therapy;
- (6) normal blood transfusions;
- (7) laboratory tests;
- (8) regular nursing care services;
- (9) prescribed rehabilitative therapy;
- (10) medical supplies such as casts, surgical dressings, and splints;
- (11) drugs furnished by the health care facility during the hospital stay;
- (12) use of appliances and/or equipment such as wheelchairs;
- (13) A semiprivate room (2 to 4 beds to a room) or a non-private room (more than 4 beds to a room);
- (14) all hospital meals, including those which require special preparation for particular diets.

(b) Outpatient Care. Outpatient medical care at a referral health care facility for the following health care services:

- (1) services in an emergency room or outpatient clinic, including ambulatory and surgical procedures;
- (2) normal blood transfusions furnished to the patient on an out-patient basis;
- (3) laboratory tests;
- (4) x-rays, radiology services, and other such investigatory services;
- (5) radiation, chemo, physical, occupational, and speech therapy;
- (6) medical supplies such as casts, surgical dressings, and splints;
- (7) drugs and biological products which cannot be self-administered.

(c) Professional Fees. Fees for professional health care services specifically authorized by the Medical Referral Committee in the Medical Treatment Authorization Form. Professional fees for health care services beyond those approved by the Medical Referral Committee, or for health care services of medical specialists not related to the original diagnosis in the Medical Treatment Authorization Form are not covered by Medical Referral Services unless authorized by the Director after consultation with at least two voting members of the Medical Referral Committee, or authorized by at least two voting members of the Medical Referral Committee independently of the Director, prior to the rendering of such additional health care services in non-emergency situations.

FOLLOW-UP, EXCLUSIONS, EMERGENCIES

Part 600 - Follow-up; Exclusions; Emergencies

§ 75-50-601 Follow-up Medical Appointments

(a) Medical referral patients are not automatically entitled to a follow-up medical appointment at a referral health care facility. Patient petitions for follow-up appointments shall be treated in the same manner as initial petitions for medical referral, and shall be subject to the same standards and procedures as initial medical referrals.

(b) Patients may be allowed one follow up after medical procedures or completion of treatment upon the Committee's review and approval of new petition with updated medical information.

§ 75-50-605 Medical Referral Program Exclusions

The following charges shall be excluded from coverage under the Medical Referral Program, and shall be the financial responsibility of the patient, unless the Committee confirms the medical condition of the patient is severe and life threatening:

(a) Any charges related to medical treatment or care that could have been adequately provided at the Commonwealth Health Center.

(b) Any charges for occupational diseases or injury that are covered by worker's compensation benefits.

(c) Any charges incurred at a Veterans Administration facility.

(d) Any charges related to health care services provided by a government-funded public health program.

(e) Any charges incurred for personal comfort items or medically unnecessary upgrades, including telephone, radios, private housing accommodations, movie and car rentals, hospital room or amenities upgrades, and special order meals.

(f) Any charges related to nursing home-type care provided by an institution not qualified as

CONT. FOLLOW-UP, EXCLUSIONS, EMERGENCIES

a hospital under federal, state, or territorial law.

- (g) Any charges related to cosmetic surgery, except as required for repair of catastrophic injury or congenital malformation.
- (h) All medical charges related to organ or bone marrow transplant surgery (with or without stem cells). MRS may only assist with maintenance costs in such circumstances if block rooms and ground transportation are available at the referred location.
- (i) Orthopedic procedures including bone extension or other elective procedures. Exceptions may be made at the Medical Referral Committee's discretion.
- (j) Dermatology, rheumatology, and endocrinology evaluation and consultation. Exceptions may be made at the Medical Referral Committee's discretion.
- (k) Any charges relating to a patient obtaining a second opinion on a recommended treatment or procedure.
- (l) Any charges relating to medical treatment rendered for investigatory or experimental purposes, or medical treatment for which there is no established benefit to the patient's health.
- (m) Any charges for medical care not authorized by the Medical Referral Committee or charges for medical care provided by a facility or provider other than a recognized referral health care facility or recognized provider.
- (n) Any charges related to tertiary, palliative care or services that may be identified by the Medical Referral Committee as so expensive as to impact the overall financial integrity of Medical Referral Services.
- (o) Any charges in excess of the lifetime limit specified in § 75-50-715.
- (p) Any charges for treatment for persons who refused treatment during a prior referral for the same medical diagnosis. Exceptions may be made at the Medical Referral Committee's discretion.

REMINDER

Due to limited funding of the program, HNP benefits such as subsistence, lodging, airfare, and ground transportation can be interrupted. Therefore, all logistics will be at the expense or an out-of-pocket cost of the patient (and their escort). HNP are able to still assist with appointments.

ELIGIBILITY: MEDICAL CRITERIA

Part 200 - Program Eligibility

§ 75-50-201 Introduction

For a patient to be eligible for consideration for medical referral through Medical Referral Services each of the following criteria set forth in §§ 75-50-205 and 75-50-210 must be satisfied.

§ 75-50-205 Medical Criteria

- (a) The patient has a medical condition or conditions that cannot be adequately be treated in the Commonwealth and require that the patient be transferred to a tertiary or other hospital in order to receive a higher level of care. Such conditions include, but are not limited to: acute urgent cardiac conditions, oncology evaluation and treatment, difficulties in access for hemodialysis or peritoneal dialysis including fistula malfunction or acute neurological emergencies, urgent/emergency urological conditions, and urgent pediatric conditions.
- (b) The patient must be evaluated by a CNMI licensed physician, who is their primary care provider. Medical specialists visiting the CNMI to provide limited term health care services may not initiate, but may recommend, a medical referral through the patient's primary care physician.
- (c) After a thorough diagnosis of the patient's case and whether the full utilization of the resources available within the CNMI, including consideration of forthcoming visits by medical specialists, would provide adequate care for the patient, the primary care physician must determine that the health care services required to satisfactorily treat the patient's illness or condition cannot adequately be provided within the CNMI.
- (d) The patient's illness or condition including diagnosis and prognosis must substantiate the need for medical referral. The primary care physician must be prepared to demonstrate to the Medical Referral Committee that medical referral would be likely to significantly benefit the patient's health outcome.

ELIGIBILITY: RESIDENCY CRITERIA

§ 75-50-210 Residency Criteria

(a) The patient must be a United States citizen or a green card holder residing in the CNMI, the immediate relative of a U.S. citizen, or another individual who has established legal permanent residence in the CNMI as defined by federal immigration law, including, but not limited to, United States nationals.

(b) For purposes of these rules and regulations, “residence” shall mean “the place where a person maintains an abode with the intention of remaining permanently or for an indefinite period of time legally.” It shall be the responsibility of the patient or the patient’s representative to demonstrate residence in the CNMI to the satisfaction of the Medical Referral Services staff. In determining the residence of a patient, the Medical Referral Services staff shall consider the patient’s overall situation in the CNMI, including the following, if applicable:

- (1) Proof of the patient’s citizenship and immigration status (e.g., birth certificate, passport, green card, permanent residence card, marriage or adoption certificate, social security card);
- (2) the patient’s country of origin and the number of days the patient spends in the CNMI each year;
- (3) the patient’s CNMI employment history;
- (4) whether the patient is enrolled in a CNMI school, college, or other educational institution;
- (5) whether the patient possesses a valid CNMI driver’s license;
- (6) whether the patient is a registered voter in the CNMI;
- (7) whether the patient has public utilities billings under his or her name in the CNMI;
- (8) whether the patient has a CNMI postal address;
- (9) whether the patient has made tax filings in the CNMI;
- (10) the patient’s enrollment in CNMI assistance programs such as Medicaid, WIC, food stamps, or Low Income Housing Energy Assistance; and
- (11) any other documents indicative of permanent residence in the CNMI.

INELIGIBILITY

§ 75-50-215 Persons Ineligible for Participation in the Program

The following categories of persons are ineligible for participation in the Medical Referral Program:

- (a) Common-law spouses of United States citizens;

CONT. INELIGIBILITY

- (b) United States citizens who are not permanent residents of the CNMI;
- (c) CNMI residents studying abroad;
- (d) CNMI residents living abroad or in another area of the United States;
- (e) CNMI residents who are traveling abroad;
- (f) residents of the CNMI and/or their dependents who exercise their right to obtain medical care outside the CNMI government health care system and obtain medical care which has not been previously authorized by the Medical Referral Committee; and
- (g) persons who have entered the CNMI or are present in the CNMI in violation of United States immigration laws.

--NOTES--

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CONTACT US



www.chcc.health



+1 (670) 323-1411/1445



patient-relations@chcc.health



**Admission
Booklet QR
Code**



**Survey QR
Code**