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**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
**DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT**



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Medicaid and Medically Indigent Program (MIP) Providers

Re : MAP & MIP Request for Prior Authorization or Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Referral

In this post typhoon recovery process, DPHSS has had difficulties with maintaining sustainable infrastructure to effectively run our normal day to day operations. The Bureau of Health Care Financing Administration (BHCFA) Castle Mall office have been moved temporarily to the Ran Care building in Tamuning.

As such, we would like to kindly request your assistance to submit requests for prior authorizations or referrals via emailed at [pa@dphss.guam.gov](mailto:pa@dphss.guam.gov) / [epsdt@dphss.guam.gov](mailto:epsdt@dphss.guam.gov) or facsimilie at (671) 300-7354 so that the recipients won't have to visit our offices to submit the requests and a more efficient process until we are able to resume with our normal operations.

Should you have any questions, please contact Ms. Catherine Angcao, BHCFA Quality Improvement Coordinator, at (671) 735-7470.

Terésita C. Gumataotao  
BHCFA Administrator