

## **Table of Contents**

**State/Territory Name: American Samoa**

**State Plan Amendment (SPA) #: 17-001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

JUN 21 2017

Sandra King Young  
Medicaid Director  
American Samoa Medicaid Agency  
P.O. Box 998383  
Pago Pago, American Samoa 96799

RE: American Samoa State Plan Amendment 17-001

Dear Ms. King Young:

We have reviewed the proposed amendment to Attachments 2.7-A, 3.1-A, 4.19-A, and 4.19-B of your Medicaid state plan submitted under transmittal number (TN) 17-001. This amendment proposes coverage and reimbursement of emergency and certain other medical services furnished by off-island and out-of-country providers, effective April 1, 2017.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid state plan amendment TN 17-001 is approved effective April 1, 2017. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Mark Wong at (415) 744-3561.

Sincerely,

A solid black rectangular box used to redact the signature of Kristin Fan.

Kristin Fan  
Director

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: Centers for Medicare and Medicaid Services</b>	1. TRANSMITTAL NUMBER: 17-001	2. STATE American Samoa
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2017	

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN     
 AMENDMENT TO BE CONSIDERED AS NEW PLAN     
 AMENDMENT

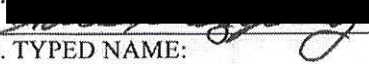
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 431.52	7. FEDERAL BUDGET IMPACT:  FY2017 \$300,000.00 FY2018 \$500,000.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 2.7-A, Pages 1 and 2; Attachment 4.19-A, Page 15; Attachment 4.19-B, Page 16; Attachment 3.1-A, Pages 14 and 15.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attach. 3.1-A, Page 14 and 15

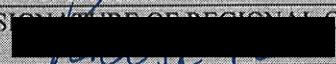
10. SUBJECT OF AMENDMENT:  
The purpose of this State Plan Amendment is to provide access for Medicaid beneficiaries to out-of-country providers and establish a payment method for U.S. and out-of-country providers.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT     
 OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED     
 The Governor's Office does not wish to review the State Plan  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Sandra King Young, Director American Samoa Medicaid Agency P.O. Box 998383 Office of the Governor American Samoa Government Pago Pago, American Samoa 96799
13. TYPED NAME: Sandra King Young	
14. TITLE: Medicaid Director	
15. DATE SUBMITTED: May 8, 2017	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:	18. DATE APPROVED: JUN 21 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: APR 01 2017	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Kristin Fan	22. TITLE: Director, FMCG
23. REMARKS:	

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**MEDICAID SERVICES OUTSIDE OF THE UNITED STATES**

A. Medicaid services outside of the United States may be furnished to eligible individuals under the following conditions:

1. Emergency or medically necessary service is not available in American Samoa;
2. The out-of-country provider is the nearest source of care;
3. The aggregate cost of the needed care is less than the aggregate cost of the same care when provided in the United States. Transportation costs shall be taken into consideration to calculate the aggregate cost of care.

B. In order for American Samoa Medicaid to reimburse an out-of-country provider for the services referenced in subsection (A) above, the out-of-country providers must meet the following requirements:

1. Out-of-country institutional providers must have The Joint Commission International (JCI) accreditation;
2. Out-of-country non-institutional providers must have JCI hospital privileges and must have passed the credentialing standards of the JCI accredited hospitals. non-institutional providers having JCI hospital privileges and credentials will be considered to have fulfilled functionally equivalent licensing and credentialing requirements as those in effect in American Samoa;
3. Out-of-country providers must have a signed provider agreement with the American Samoa Medicaid Agency;
4. Out-of-country providers must satisfy all Medicaid conditions of participation, with the exception of the requirement that providers must be licensed to practice medicine and surgery by the American Samoa Health Regulatory Services Board;
5. Out-of-country providers must be subject to the same utilization standards as in-state providers

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6. Out-of-country providers must bill at the U.S. exchange rate in effect at the time the service was provided;

7. Payment must be made and received through a U.S. bank account (pursuant to the Affordable Care Act's Medicaid Prohibition on Payments to Institution or Entities Located Outside of the United States).

C. Statement on Benefit Limitations and Authorizations

1. Out-of-country medical care described in subsection (A) above, must be essential to save life or significantly alter an adverse prognosis. Palliation will not qualify nor will experimental procedures.

2. Medicaid coverage for medical care and transportation services furnished for out-of-country referral must receive prior authorization for reimbursement from the American Samoa Medicaid Agency in accordance with Medicaid's standard operating procedures for out-of-country referral.

3. The attending physician is required to submit a written request to Medicaid including a detailed description of the patient's health problems, consultant recommendations and/or the reasons for the referral. The out-of-country medical treatment request shall be reviewed and approved by the American Samoa Medicaid program.

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(2) For women 35-39 years of age, one baseline mammogram;

(3) For women 40-49 years of age, one mammogram every two years;

(4) For women 50 years of age or older, one mammogram every twelve months;

(5) For women age 40 and over with a history and/or family history of breast cancer, one mammogram every twelve months.

c. Pap Smear

Once every 12 months or every 3 years after 3 consecutive satisfactory normal or negative pap smear for female age 16 and over.

d. Tobacco-Use Cessation

Provider Eligible Requirements: Public Health licensed providers practicing within their scope of practice to provide tobacco counseling services to eligible individuals.

Benefit Limitation: Provide counseling and medication coverage for at least two cessation attempts per year.

i. Face-to-face counseling. Each cessation attempt is at least four sessions of at least 30 minutes each.

14. Intermediate care facility (ICF/MR) services---not provided.

15. Inpatient psychiatric facility services for individuals under 21 years of age---not provided.

16. Nurse-midwife Services---not provided.

17. Hospice---not provided.

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18. **Off-Island Care and Procedures Not Available on American Samoa**

Patients referred off-island for emergency services, or medical services not available on island, are handled in accordance with the policies and procedures of the American Samoa Medicaid Agency. The off-island vendor of choice will be determined by the American Samoa Medicaid Agency. Patients referred under the Medicaid Program shall be covered for medical and transportation services only. Services may be on an inpatient or outpatient basis depending upon the medical necessity as determined by the Medicaid agency's referral policies. Transportation includes air travel and needed ambulance service only. (Refer to Attach. 3.1-D)

Statement on Benefit Limitations and Authorizations

1. Off-island medical care described above, must be essential to save life or significantly alter an adverse prognosis. Palliation will not qualify nor will experimental procedures.
2. Medicaid coverage for medical care and transportation services furnished for off-island referral must receive prior authorization for reimbursement from the American Samoa Medicaid Agency in accordance with Medicaid's standard operating procedures for off-island referral.
3. The attending physician is required to submit a written request to Medicaid including a detailed description of the patient's health problems, consultant recommendations and/or the reasons for referral. The off-island medical treatment request shall be reviewed and approved by the American Samoa Medicaid program.

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TN # 17-001

Approval Date JUN 21 2017

Supersedes TN # 12-001

Effective Date April 1, 2017

**PAYMENT RATES  
FOR OFF-ISLAND INPATIENT MEDICAL SERVICES**

1. Off-Island rates

(a) For all U.S. jurisdictions, Medicaid will pay based on the providers' Medicare rate for the service, reimbursable on a claims basis.

(b) For out-of-country providers, Medicaid will pay based on negotiated rates not to exceed 100% of the out of country provider's usual customary charges.

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