

## **Table of Contents**

**State/Territory Name: American Samoa**

**State Plan Amendment (SPA) #: 19-001**

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 & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



## **Regional Operations Group**

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September 18, 2019

Sandra King Young, Director  
American Samoa Medicaid Agency  
P.O. Box 998383 Office of the Governor  
American Samoa Government  
Pago Pago, American Samoa 96799

Dear Ms. Young:

We have reviewed the proposed State Plan Amendment (SPA) 19-0001, which was submitted to the Centers for Medicare & Medicaid Services on June 28, 2019. This SPA updates 4.19-B, 3.1-A and 3.1-D to authorize, as part of the American Samoan Medicaid State Plan, the coverage and payment of transportation to include accommodations when a Medicaid beneficiary is receiving Off-Island medical care.

Based on the information provided, we are approving SPA 19-0001 with an effective date of April 1, 2019, as requested. We are enclosing the approved Form CMS-179 and the following Medicaid state plan pages to be incorporated into your State Plan:

- Page 15 to Attachment 3.1-A
- Page 1 to Attachment 3.1-D
- Page 16 and 17 to Attachment 4.19-B

If you have any additional questions or need further assistance, please contact Ronna Bach at (415) 744-3677 or [ronna.bach1@cms.hhs.gov](mailto:ronna.bach1@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen  
Director  
Western Regional Operations Group

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>19-0001</b>	2. STATE <b>American Samoa</b>
<b>FOR: Centers for Medicare and Medicaid Services</b>		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 <b>April 1, 2019</b>	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>42 CFR 440.170(a)(3)(i-iii)</b>		7. FEDERAL BUDGET IMPACT:  <b>FY 2019 \$214,000</b> <b>FY 2020 \$500,000</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 3.1-A - Page 15, Attachment 3.1-D Page 1, Attachment 4.19-B Page 16 and 17 (corrected page numbering).</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  <b>Attachment 3.1-A - Page 15, Attachment 3.1-D, Attachment 4.19-B Page 16 and 16 (incorrect numbering)</b>	
10. SUBJECT OF AMENDMENT: <b>The purpose of this State Plan Amendment is to amend Attachments 3.1-A, 3.1-D and 4.19-B to expand coverage of transportation services to include accommodation for patients and their attendants receiving medically necessary care out-of-state, and to correct a page numbering error.</b>			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ):			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input type="checkbox"/> OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan	
Amendment.			
12. SIGNATURE OF AGENCY OFFICIAL: 		16. RETURN TO:	
13. TYPED NAME: <b>Sandra King Young</b>		<b>Sandra King Young, Director</b> <b>American Samoa Medicaid Agency</b> <b>P.O. Box 998383</b> <b>Office of the Governor</b> <b>American Samoa Government</b> <b>Pago Pago, American Samoa 96799</b>	
14. TITLE: <b>Medicaid Director</b>			
15. DATE SUBMITTED: <b>June 28, 2019</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>June 28, 2019</b>		18. DATE APPROVED: <b>September 18, 2019</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>April 1, 2019</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Richard A. Allen</b>		22. TITLE: <b>Director, Western Regional Operations Group</b>	
23. REMARKS:			

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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 emergency and non-emergency air travel, land and sea, as medically necessary. (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 referring 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 Agency pursuant to its policies and procedure for off-island referral.

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TN# 19-0001

Approval Date: September 18, 2019

Supersedes TN# 17-001

Effective Date: April 1, 2019

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## TRANSPORTATION AND ACCOMMODATIONS

Attachment 3.1-D lists and describes the manner in which transportation services are provided to individuals presumed to be eligible for Medicaid benefits.

### Transportation

Transportation is provided by the American Samoa Medicaid State Agency when a Medicaid patient has no other means of getting to and from covered medical services, whether emergency or medically necessary non-emergency.

The following are the methods utilized to assure necessary transportation of patients to and from providers:

1. Air transportation to and from off-island will be provided through scheduled or chartered commercial, government or private aircraft. Such transportation will be provided to Medicaid patients and attendants who are authorized by Medicaid for off-island medical referral in accordance with its policies and procedures.
2. Transportation to and from outer islands of American Samoa will be provided through scheduled or chartered commercial, government or private carrier by land, air or sea. Such transportation shall be provided to Medicaid patients and attendants who are authorized by Medicaid.
3. Ground transportation in the U.S. or out-of-country will be covered by Medicaid when necessary to transport patients to and from emergency medical treatment and including non-emergency.
4. For on-island emergency or non-emergency transportation, Medicaid will cover transportation when necessary for emergency purposes or to transport patients to and from medical appointments.

The Medicaid agency assures that the transportation provided for off-island and on-island medical services are appropriate and sufficient to reasonably achieve the patient's needs. Transportation carriers must be approved Medicaid providers. In addition, all providers utilized by the Medicaid Agency shall be licensed and certified by recognized, national or international licensing authorities.

**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. For medical services, transportation and accommodations where there are no Medicare rates, Medicaid will pay based on the negotiated rates not to exceed 100% of the provider's usual customary charges.

(b) For out-of-country providers, Medicaid will pay medical services, including transportation and accommodations, reimbursable on a claims basis, based on the negotiated rates not to exceed 100% of the out of country provider's usual customary charges.

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**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES**  
**OTHER TYPES OF**  
**CARE**

- (a) ***Medically Necessary Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)***
- (1) If the item of DMEPOS is covered by Medicare, the Medicaid reimbursement will be the current Hawaii non-rural Medicare fee schedule (MFS) rate for the covered item, unless there is documentation that the MFS rate is insufficient for the item covered under the HCPCS code and the item is required by the Medicaid population. In such case, manual pricing will be utilized.
  - (2) Manual pricing is defined as, when there is no MFS rate available, the provider is reimbursed the current Manufacturer Suggested Retail Price (MSRP) less the current percentage outlined in (3) of this section.
  - (3) Manual pricing is reasonable when one HCPCS code covers a broad range of items with a broad range of costs, since a single fee may not be a reasonable fee for all items covered under the HCPCS code, resulting in access-to-care issues. Examples include: 1) HCPCS codes with a description of not otherwise covered, unclassified, or other miscellaneous items; and 2) HCPCS codes covering customized items. If manual pricing is used, the provider is reimbursed the documented MSRP less 10%. If there is no MSRP, the manufacturer's documented invoice cost is used as the basis for manual pricing.
  - (4) Prior authorization form provided by the Medicaid program along with supporting documentation for DMEPOS services must be submitted to the Medicaid program for payment of DMEPOS services. Incomplete forms or missing documentation will be denied payment.
  - (5) The Medicaid Program does not pay DMEPOS providers separately for services in this category that are included as part of the payment for another treatment program, e.g., inpatient treatment, or provided and covered under another territory or federal program.