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State/Territory Name: American Samoa

State Plan Amendment (SPA) #: 19-0002

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 601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

March 24, 2020

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) 19-0002, which was submitted to the Centers for Medicare & Medicaid Services on December 30, 2019. This SPA updates Attachments 2.7A and 3.1-A to authorize, as part of the American Samoan Medicaid State Plan, the Off-Island coverage of comprehensive diagnostic, screening, other lab and x-ray services not available on-island for purposes of early disease detection, intervention and to control costs associated with delayed treatment.

Based on the information provided, we approved SPA 19-0002 on March 23, 2020, with an effective date of October 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:

- Attachment 2.17-A
- Page 15 to Attachment 3.1-A

If you have any additional questions or need further assistance, please contact Barbara Prehmus at (303) 844-7472 or barbara.prehmus@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 19-002	2. STATE American Samoa
FOR: Centers for Medicare and Medicaid Services		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 October 1, 2019	
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: 42 CFR 440.170(a)(3)(i-iii)		7. FEDERAL BUDGET IMPACT: FY2020 \$7,000,000.00 FY2021 \$8,000,000.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.7-A, Attachment 3.1-A - Page 15		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 2.7-A, Attachment 3.1-A - Page 15	
10. SUBJECT OF AMENDMENT: The purpose of this State Plan Amendment is to amend Attachments 2.7-A and 3.1-A – Page 15, to provide off-island medical referral benefits limitation based on availability of American Samoa’s capped block grant and local match and to add a provision for disease prevention diagnostic services not available on island that will help control Medicaid costs.			
11. GOVERNOR’S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR’S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR’S OFFICE ENCLOSED The Governor’s Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan			
12. [REDACTED] NCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Sandra King Young		Sandra King Young, Director American Samoa Medicaid Agency P.O. Box 998383 Office of the Governor American Samoa Government Pago Pago, American Samoa 96799	
14. TITLE: Medicaid Director			
15. DATE SUBMITTED: December 29, 2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/30/2019		18. DATE APPROVED: March 23, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/01/2019		20. [REDACTED]	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	
23. REMARKS:			

MEDICAID SERVICES OUTSIDE OF THE UNITED STATES

A. Subject to the availability of local and federal matching funds, Medicaid services outside of American Samoa may be furnished to eligible individuals under the following conditions:

1. Emergency or medically necessary services are not available in American Samoa; “Emergency” is defined as an immediate, catastrophic injury caused by an accident putting a patient at immediate risk of loss of life or limb.
2. Comprehensive diagnostic, screening, other lab and x-ray services not available on-island for purposes of early disease detection, intervention and to control costs associated with delayed treatment.
3. The out-of-country provider is the nearest source of care;
4. The aggregate cost of the needed care is less than the aggregate cost of the same care when provided in the United States. Transportation and accommodation 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 or the highest level accreditation available in that country meeting international standards;
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 and a Procurement Contract with the American Samoa Government Office of Procurement;
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;

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Supersedes TN # 17-001 Effective Date October 1, 2019

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5. Out-of-country providers must be subject to the same utilization standards as in-state providers;
 6. Out-of-country providers must bill at the U.S. exchange rate in effect at the time the service was provided;
 7. Payments 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 not be available on island and must be essential to save life, significantly alter an adverse prognosis or promote disease prevention through early disease detection through diagnostic services not available on island. Health benefits are subject to the limitation under 3.1-A. Palliation, experimental and cosmetic procedures will not qualify for coverage.
2. Medicaid coverage for medical care, transportation and accommodation 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.
3. The attending physician is required to submit a written request for emergency and medically necessary care not available on island to Medicaid. The referral shall include a detailed description of the patient's health problems, consultant recommendations and/or the reasons for the referral. The out-of- country medical referral request shall be reviewed and approved by the American Samoa Medicaid program. All medical care not detected on island but related to the patient's original referral must be pre-approved by Medicaid to be eligible for coverage once the patient is in the accepting county. Any medical care not related to the original referral require prior authorization from Medicaid.
4. To help control and manage American Samoa's Medicaid program from costly acute and emergency care, referrals for comprehensive disease prevention medical care shall be initiated from and approved by Medicaid pursuant to a rigorous screening plan.

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

Medicaid may refer patients off-island for medical care under certain conditions. Patients may be referred off-island for emergency services, acute medical services, or comprehensive diagnostic screening, other lab, and x-ray services not available on-island for purposes of early disease detection, intervention and to control costs associated with delayed treatment. All referrals are handled in accordance with the policies and procedures of the American Samoa Medicaid Agency. Patients referred under the Medicaid Program shall be covered for medical, transportation and accommodations 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 must be necessary to provide patient with access to medical care with providers and includes emergency and non-emergency air travel, land and sea. (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, significantly alter an adverse prognosis, or provide early diagnostic disease prevention not available on island for purposes of intervention, early disease detection and cost controls of the Medicaid program.
2. Off-island medical services are subject to the benefits limitations under Attachment 3.1-A requiring certain services shall be done on-island. Palliation, experimental or cosmetic procedures shall not qualify for off-island referral.
3. Medicaid coverage for medical care, transportation and accommodations 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.
4. Emergency and acute medical care not available on island require the referring physician to submit to Medicaid a written request including a detailed description of the patient's health problems, treatment recommendations and the reasons for referral. Patients must provide their medical records as needed for complete medical evaluation for acceptance by the accepting provider. 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.
5. Diagnostic disease prevention referral services are done directly by the Medicaid State Agency pursuant to Medicaid's standard operating procedures for such referrals, and are limited to persons determined at-risk for serious medical conditions based upon medical necessity and health survey results.
6. All referrals must be accepted by the receiving providers to be eligible for approval by Medicaid.