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State/Territory Name: Guam

State Plan Amendment (SPA) #: 21-0001

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



Financial Management Group

March 25, 2021

MA Theresa L. Arcangel
Health Services Administrator
Department of Public Health & Social Services
Bureau of Health Care Financing Administration
520 West Santa Monica Avenue
Dededo, Guam 96929

RE: Guam State Plan Amendment (SPA) 21-0001

Dear Ms. Arcangel:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 21-0001. This amendment revises Guam's nursing facility rate methodology effective January 1, 2021.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), and 1903(a) 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 21-0001 is approved effective January 1, 2021. We are enclosing the CMS-179 (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 redacting the signature of the sender.

For
Rory Howe
Acting Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
21-0001

2. STATE
Guam

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2021

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:

Title XIX of the Social Security Act
42 CFR 447.205, 447.252 and 447.272
Section 1902(a)(13)(A) of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2021 \$724,755.00 **99,060**
b. FFY 2022 \$491,797.00 **91,929**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D Pg. 1, **Page 2 (NEW)**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-D Pg. 1
~~Attachment 4.19-D Pg. NEW~~

10. SUBJECT OF AMENDMENT:

Guam Medicaid Skilled Nursing Facility (SNF) Payment Methodology

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

[Redacted Signature]

16. RETURN TO:

Department of Public Health & Social Services
Bureau of Health Care Financing Administration
ITC Building Ste 219
590 S. Marine Drive
Tamuning, GU 96913-3532

13. TYPED NAME:

LOURDES A. LEON GUERRERO

14. TITLE:

GOVERNOR OF GUAM

15. DATE SUBMITTED:

January 27, 2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

January 27, 2021

18. DATE APPROVED:

3/25/21

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL:

[Redacted Signature]

For

21. TYPED NAME:

Rory Howe

22. TITLE:

Acting Director, Financial Management Group

23. REMARKS:

Pen-and-ink changes made to Boxes 7, 8, and 9 by CMS with Guam Medicaid concurrence.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

Skilled Nursing Facility (SNF) Reimbursement Methodology

Effective 01/01/2021, Guam Medicaid will reimburse for Skilled Nursing Facility services on a per diem rate that is developed based on total Medicaid payments made for fiscal year 2019, divided by total Medicaid days paid for the same period, increased by an inflation factor equal to the change in the CMS skilled nursing facility market basket index levels from fiscal year 2019 to fiscal year 2021. The per diem rate is \$357.25, which will be effective from January 1, 2021 to September 30, 2021.

For each fiscal year thereafter, Guam Medicaid will adjust the per diem with an annual inflation factor equal to the change in CMS skilled nursing facility market basket index levels between the fiscal years.

Guam Medicaid will not pay in excess of the provider's customary charges to the general public. Furthermore, Guam Medicaid will ensure that such Medicaid payments will not exceed the nursing facility upper payment limit as defined in 42 CFR 447.272. Guam Medicaid will require the provider to submit a copy of its current Medicare cost report.

Non-Payment for Health Care-Acquired Conditions and Provider-Preventable Conditions [42 CFR 447,434,438, and 1902(a)(4), 1902(a)(6), and 1903]

- Payment Adjustment for Provider-Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

- Other Provider-Preventable Conditions (OPPC)

Guam identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19-D of this State Plan.

X Wrong surgical or other invasive procedure performed on a patient;
surgical or other invasive procedure performed on the wrong body part;
surgical or other invasive procedure performed on the wrong patient.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Guam

_____ Additional Other Provider-Preventable Conditions identified below:

Guam performs utilization reviews on all on-island SNF claims; the additional skilled nursing facility days associated with the OPPC will be identified and denied for per diem payments.