

## **Table of Contents**

**State/Territory Name: GU**

**State Plan Amendment (SPA) #: 21-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 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**

December 8, 2021

MA Theresa L. Arcangel  
Chief Human Services Administrator  
Department of Public Health & Social Services  
Division of Public Welfare  
155 Hesler Place  
Hagatna, GU 96910

RE: Guam State Plan Amendment (SPA) 21-0004

Dear Ms. Arcangel:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0004. This amendment revises Guam's inpatient hospital rate methodology effective October 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 21-0004 is approved effective October 1, 2021. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Mark Wong at (415) 744-3561 or [mark.wong@cms.hhs.gov](mailto:mark.wong@cms.hhs.gov).

Sincerely,

Rory Howe  
Director

Enclosures

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

**1. TRANSMITTAL NUMBER:**  
21-004

**2. STATE**  
Guam

**3. PROGRAM IDENTIFICATION:**  
Title XIX of the Social Security Act (Medicaid)

**4. PROPOSED EFFECTIVE DATE:**  
October 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, Section 1902  
42 CFR 447, Subpart C

**7. FEDERAL BUDGET IMPACT:**  
a. FFY 2022 \$ 4,039,739.00  
b. FFY 2023 \$ 4,241,725.00

**8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-A, page 1 of 2

Attachment 4.19-A, page 1 of 2

**10. SUBJECT OF AMENDMENT:**

Guam Inpatient Hospital Services Reimbursement 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:

**12. SIGNATURE OF STATE AGENCY OFFICIAL:**

**13. TYPED NAME:**  
LOURDES A. LEON GUERRERO

**14. TITLE:**  
GOVERNOR OF GUAM

**15. DATE SUBMITTED:**  
November 4, 2021

**16. RETURN TO:**

Department of Public Health & Social Services  
Bureau of Health Care Financing Administration  
155 Hesler Place  
Hagatna, GU 96910

**FOR REGIONAL OFFICE USE ONLY**

**17. DATE RECEIVED:**  
November 4, 2021

**18. DATE APPROVED:**  
December 8, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

**19. EFFECTIVE DATE OF APPROVED MATERIAL:**  
October 1, 2021

**20. SIGNATURE OF REGIONAL OFFICIAL:**

**21. TYPED NAME:**  
Rory Howe

**22. TITLE:**  
Director, Financial Management Group

**23. REMARKS:**

Pen-and-ink changes made to Boxes 6, 8, 9 and 15 by CMS with Guam concurrence.

2021-14862  
RCVD AT CENTRAL FILES  
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**Georgiana  
Rodrigues**

State/Territory: GUAM**INPATIENT HOSPITAL SERVICES REIMBURSEMENTS****I. Reimbursement Rates****1) Guam Hospitals**

- (a) Medicaid will reimburse all Guam inpatient hospital covered allowable services based on the hospital's current Medicare Interim Rate.

**2) Off-Island Hospitals**

- (a) For Hawaii hospitals, Medicaid will reimburse based on the hospital's Medicare rate for the service, reimbursable on a claims basis.
  - (b) For California hospitals, Medicaid will reimburse based on the hospital's Medicare rate for the service, reimbursable on a claims basis.
  - (c) All other hospitals, Medicaid will reimburse based on the hospital's Medicare rate for the service, reimbursable on a claims basis.
  - (d) For services that cannot be provided by a provider that accepts payments under (a) through (c), Medicaid will reimburse based on the Charged Master w/discount of 45% to 55% or at negotiated rates that will not exceed the provider's customary charge.
  - (e) Out of Country hospitals, Medicaid will pay based on negotiated rates not to exceed 90% of Provider's Usual Customary Charges.
- 3) For Guam hospitals, the Medicare Interim Rate is Medicare's computed interim payment rate, based on the hospital's latest available cost report, which estimates as closely as possible the Medicare actual reimbursable inpatient hospital cost for the service period.
- 4) Administrative Days. Reimbursement for patients receiving services at a Skilled Nursing Facility (SNF) level of care in an acute bed under conditions similar to those described in Section 1861 (v)(1)(G) of the Social Security Act will be at the same rate paid for SNF services provided to patients in GMH's SNF. The methodology and standards used to determine these rates are described under 4.19 Attachment D of this State Plan.
- 5) Medicaid shall not reimburse providers more than the billed charges.