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State/Territory Name:GU

State Plan Amendment (SPA) #: 25-0002

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

December 3, 2025

Annabel A. Estrada Crisostomo
Acting Human Service Program Administrator
DPHSS BHCFA Medicaid and MIP Program
Guam Medicaid Agency
Ran Care Building CBU#106
761 South Marine Corps Drive
Tamuning, Guam 96913

RE: TN 25-0002

Dear acting Director Estrada Crisostomos:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Guam territory plan amendment (SPA) to Attachment 4.19-B GU 25-0002, which was submitted to remove a specific source for Average Wholesale Price (AWP) for prescription drugs and update links to several fee schedules.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact DRR analyst James Moreth at (206) 615-2043 or via email at James.Moreth@CMS.HHS.GOV.

Sincerely,

[Redacted Signature]

Todd McMillion
Director, Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 5 — 0 0 0 2

2. STATE

GU

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT ☒ XIX ☐ XXI

4. PROPOSED EFFECTIVE DATE

07/01/2025

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a FFY 2025

\$ 0

b FFY 2026

\$ 0

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

ATTACHMENT: 4.19-B, Page 3

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

ATTACHMENT: 4.19-B, Page 3

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

Title XIX of the Social Security Act Section 1902

9. SUBJECT OF AMENDMENT

Remove reference to a specific source used for the Average Wholesale Price (AWP) for Prescription Drugs, and to reflect the websites on which the Medicare Fee Schedule is published for Physical and Occupational Therapy and Prosthetic and Orthotic Devices.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

JOSHUA F. TENORIO

13. TITLE

ACTING GOVERNOR OF GUAM

14. DATE SUBMITTED

9/28/25

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED

9/28/25

17. DATE APPROVED

December 3, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

7/1/25

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillon

21. TITLE OF APPROVING OFFICIAL

Director, DRR

22. REMARKS

11/12/25 P&I change to box 14 to add submission date.

State/Territory: GUAM

J. Dental Services

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of services. The agency's fee schedule rate for dental services was set as of July 1, 2025, and is effective for services provided on or after that date. All rates are published at <http://dphss.guam.gov/resources-bhcf/>.

K. Physical and Occupational Therapy

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of services. The agency's fee schedule rate for physical and occupational therapy services rendered in a non-facility setting is 100% of the current Hawaii/Guam Medicare Fee Schedule, was set as of July 1, 2025, and is effective for services provided on or after that date. All rates are published at <https://med.noridianmedicare.com/web/jeb/fees-news/fee-schedules/mpfs>. CMS periodically updates the Medicare Fee Schedule, which will be used by the agency.

L. Hearing Aids

The agency pays the provider's charges not to exceed the provider's acquisition cost, effective for services on or after July 1, 2025.

M. Prescribed Drugs

The Medicaid Drug Formulary consists of the drug name and strength, the MAC and maximum and minimum allowable quantity. Effective for services on or after July 1, 2025, the MAC is based on the Average Wholesale Price (AWP), plus a dispensing fee of \$4.40. MAC, as used by Guam Medicaid, means the upper limit payable for any service under Medicaid.

If the pharmacist has drugs with an ingredient price less than the MAC, the pharmacist is required to charge Medicaid the lower price. If the AWP is not available, Medicaid will utilize the pharmacist's acquisition cost unless the drug is subject to a Federal Upper Limit (FUL), in which case Medicaid must use the FUL rate set by CMS under the authority of the Secretary of HHS.

N. Prosthetic and Orthotic Devices

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of services. The agency's fee schedule rate for prosthetic and orthotic devices is 100% of the Hawaii/Guam Medicare 1st Quarter Fee Schedule, not to exceed the provider's acquisition cost, was set as of July 1, 2025, and is effective for services provided on or after that date. All rates are published at <https://med.noridianmedicare.com/web/jddme/fees-news/fee-schedules/dmepos>. CMS periodically updates the Medicare Fee Schedule, which will be used by the agency.

O. Eyeglasses

The agency pays the provider's charges for corrective eyeglasses, not to exceed one hundred fifty dollars (\$150.00) and bifocal eyeglasses not to exceed two hundred dollars (\$200.00) including lens and frame, effective for services on or after July 1, 2025.

P. Mental Health Rehabilitative Services

Effective for services on or after July 1, 2025:

1. Service Plan Development/Crisis Evaluation Plan: The agency will reimburse the first 15 minutes at \$24.80; the next 15-minute increments at \$16.00; maximum 3 hours.
2. Therapy and Medication Management: The agency will reimburse individual therapy, group therapy, family counseling, and medication management as outlined in sections (F) and (G).